

MRD CHECKLIST

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



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

MHI/IPD/2022/002



Every heart beat counts

ADMISSION SLIP

Admitting Doctor:

Speciality:

Advised Date & Time:

Provisional Diagnosis:

Reason for Admission:

☐

Medical Management

☐

Surgical Management

☐

Others (please specify details)

Admission Type:

☐

Day Care

☐

ER

☒

Ward

☐

ICU

(Specify details)

Surgery / Procedure Name (if planned):

Blood Product Requirement:

☐

No

☒

Yes

(Kindly specify details of components required in space below)

Expected Duration of Stay:

Expected Cost of Treatment (as per Financial Counseling Form)

Payer:

☐

Self

☐

Insurance

☒

Others:

Instructions to Nurse (if any):

Any other Instructions (if any):

Doctor's Signature

Name

Reg. No.

Date

Time

Dr. Rajesh
183573

Dr. Rajesh

62794

2/1/24

12:15 PM

For admission desk staff only:

Room Category: ☒ General Ward

☐ Single Room

☐ Twin Sharing

☐ Deluxe Room

☐ Suite Room

☐ Others _____

Admission intimation Receipt Details

Admission Time in HIS

Date

Time

Date

Time

2/1/24.

12.15 PM

02/01/2023

1.00 PM

Source: ☒ OPD

☐ ER

☐ Direct

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

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

Front office Staff Signature

Name

Emp. No.

Date

Time



Asst.

169

02/01/23

1.00 PM



Mr. KARUNA GANDHI.A
56/Male/MHI202380036
02/01/2024/IPH2024000014
Dr. RAJESH.V C.E
[Barcode]

ADMISSION FORM

Marital Status M	Full Address 5/129 Mariyamman koil st, Nemilichery, Thiruninravur, Thiruvallur		Telephone Number 9566082223 8939498228
Occupation Grim			
Referred from EST	Date of Time of Admission 02/01/2023 01/1/24	Date & Time of Discharge 8/1/24	Total No. of Days 7 days
UNIT Cardiothoracic	MLC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes AR No. :		
FINAL DIAGNOSIS			ICD Code
SEVERE TRIPLE VESSEL CORONARY ARTERY DISEASE			I25.1
ACC - NSTEMI WITH ACUTE PULMONARY EDEMA			I21.4 I50.1
TREATED - SEPTEMBER - 2023, ISCHEMIC CARDIOMYOPATHY			I25.5
SEVERE LV SYSTOLIC DYSFUNCTION - EF: 28%			I50.1
TYPE II DIABETES MELLITUS			E11.9
SYSTEMIC HYPERTENSION			I10
OLD CEREBRO VASCULAR ACCIDENT - LEFT HEMIPARESIS RECOVERED			I69.4
DATE	OPERATION / PROCEDURES		ICPM Code
3/1/24	OFF PUMP CORONARY ARTERY BYPASS GRAFTING X 3 GRAFTS		36.13
DATE	TYPE OF ANESTHESIA		
3/1/24	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPINAL <input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> EPIDURAL		
DISCHARGE STATUS			
<input checked="" type="checkbox"/> Cured <input type="checkbox"/> Discharge at Request <input type="checkbox"/> Expired < 48 hours <input type="checkbox"/> Improved <input type="checkbox"/> Against Medical Advice <input type="checkbox"/> Expired > 48 hours <input type="checkbox"/> Unchanged <input type="checkbox"/> Absconded <input type="checkbox"/> Post-Operative Death <input type="checkbox"/> Transferred to			
Signature of the Consultant [Signature] 62795		Signature of Medical Records Officer [Signature]	

AUTHORISATION FOR TREATMENT I PAYMENT

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

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

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

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

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

சிகிச்சை, பணம் செலுத்துதல் முதலியவை செய்ய அதிகாரம் வழங்குதல்

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

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

மருத்துவமனையின் பொது சட்ட திட்டங்கள் பற்றி தெரிவிக்கப்பட்டிருக்கிறேன்.

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

மேற்குறிப்பிட்ட அனைத்தும் எனக்கு விவரிக்கப்பட்ட பிறகுதான் கையொப்பமிட்டேன்.

40116
செவிலியர் கையொப்பம்

02-01-2024
தேதி

A. Karunagandhi
எனது/உறவினர்/காப்பாளர் கையொப்பம்

Signature of Admitting Nurse

Date 01.00PM -

Signature of the Patient / Relative / Gurdian

A. Karunagandhi
உறவுமுறை

Nature of Relationship



GENERAL CONSENT FOR ADMISSION

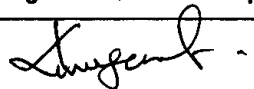
I, A. Karunagandhi the ☒ Patient or ☐ Representative of patient have
(please tick the correct option above and below)

☐ Read

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

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

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

	Signature / Thumb Impression*	Name	Date	Time
Patient		A. Karuna Gandhi	02/01/2023	01.00 PM
Surrogate/Guardian (if applicable #)	K. Santhi	K. Santhi (Write name and relationship with patient)	02/01/2023	01.00 PM
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	K. Santhi	K. Santhi	02/01/2023	1.00 PM
Interpreter (if applicable)				

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

ADMISSION CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE	
1	Hemodynamic instability defined as		
	Pulse less than 40 or more than 150 beats/minute		
	Systolic arterial pressure less than 80 mm Hg or 20 mm Hg below the patient's usual pressure		
	Mean arterial pressure less than 60 mm Hg		
	Diastolic arterial pressure more than 120 mm Hg		
2	Respiratory rate more than 35 breaths/minute		
	Cardio-vascular System		
	Acute myocardial infarction		
	Cardiogenic shock		
	Complex arrhythmias requiring close monitoring and intervention		
	Acute congestive heart failure with respiratory failure and / or requiring hemodynamic support		
	Hypertensive emergencies		
	Unstable angina, particularly with dysrhythmias, hemodynamic instability, or persistent chest pain		
	Post cardiac arrest		
	Cardiac tamponade or constriction with hemodynamic instability		
3	Dissecting aortic aneurysms		
	Complete heart block		
	Miscellaneous Conditions		
	Septic shock with hemodynamic instability		
4	Hemodynamic monitoring		
	Clinical conditions requiring ICU level nursing care		
	Post procedure elective admission		
5	Post Coronary Angioplasty		
	Post Cardio-vascular Surgery		
	Following angiographic procedure		
	Complication resulting from the angiographic procedure including any significant change in pulse in the affected extremity, neurologic changes, persistent bleeding, or persistent nausea and vomiting post-procedure		
6	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		
	Pulmonary System		
	Acute respiratory failure requiring ventilatory support (Invasive / Non-Invasive)		
	Pulmonary emboli with hemodynamic instability		
	Patients in an intermediate care unit (HDU / Recovery room) who are demonstrating respiratory deterioration		
7	Need for nursing / respiratory care not available in such intermediate care units		
	Massive hemoptysis		
	Respiratory failure needing imminent intubation		
	Renal failure		
	Oliguria or anuria for more than 12 hours		
	Metabolic acidosis (pH <7.1)		
	Patients requiring hemodialysis can be performed in ICU when the blood pressure is borderline		

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
8	Endocrine System and Metabolism related				
	Diabetic ketoacidosis complicated by hemodynamic instability, altered mental status, respiratory insufficiency, or severe acidosis				
	Thyroid storm or myxedema coma with hemodynamic instability				
	Hyperosmolar state with coma and/or hemodynamic instability or Serum Glucose more than 800 mg/dl				
	Other endocrine problems such as adrenal crises with hemodynamic instability				
	Severe hypercalcemia (Serum Calcium more than 15 mg/dl) with altered mental status, requiring hemodynamic monitoring				
	Hypo or hypernatremia (Serum Sodium less than 110 mEq/L or more than 155 mEq/L) with seizures, altered mental status				
	Hypo or hypermagnesemia with hemodynamic compromise or dysrhythmias				
	Hypo or hyperkalemia (Serum Potassium less than 2.0 mEq/L or more than 6.0 mEq/L) with dysrhythmias or muscular weakness				
	Hypophosphatemia with muscular weakness				
Doctor	Signature	Name	Reg. No.	Date	Time
	S	Dr. praveen	112236	3/1/24	14.30

DISCHARGE CRITERIA FOR INTENSIVE CARE UNIT

S. No.	PARAMETERS	MARK ✓ AS APPROPRIATE			
1	Stable hemodynamic parameters				
2	Stable respiratory status (Pt. extubated with stable arterial blood gases) & airway patent	✓			
3	Minimal oxygen requirement (not more than 3 L by nasal prongs)	✓			
4	Intravenous / Inotropic / Vasopressor support and vasodilators are no longer necessary	-			
5	Cardiac dysrhythmias are controlled	-			
6	Presence of distal pulses	-			
7	No signs of bleeding and hematoma at puncture site	✓			
	End of life care pathway chosen	-			
Doctor	Signature	Name	Reg. No.	Date	Time
	S	Dr. praveen	112236	5/1/24	12.10



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DISCHARGE SUMMARY

IP No.	: IPH2024000014	D.O.A	: 02/01/2024
UHID	: MHI202380036	D.O.D	: 08/01/2024
Name	: Mr. KARUNA GANDHIA	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

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



94557 94557
1800 572 3003

Medway Group of Hospitals

Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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E-mail : info@medwayhospitals.com | Website : www.medwayhospitals.com | CIN : U74900TN2011PTC083665

Medway Centre of Excellence (Chennai)

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



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NAME : Mr. KARUNA GANDHIA UHID : MHI202380036 IP.NO.:IPH2024000014

ON EXAMINATION:

Patient Conscious, Oriented and afebrile.

TEMP - 97 ° F
HR - 87bpm
BP - 130/80 mmHg
SPO₂ - 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 Female : 11.2 - 15.7	gms%
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 Female : 1.5 - 3.7	Cells/cumm
Urea	12.45	14 - 40	mgs/dl
Creatinine	0.73	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
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

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

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.Systemic Embolism: 3.0 - 4.5 INR	
INR	1.2		
HBA1C	6.4	Normal: Below 6.0 Good control: 6.1-7.0 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 Child upto 14yrs: 1.0-9.0	uIU/ml
T4	1.05	"Adult : 4.6 - 9.3 New born - 4 days : 11.0 - 21.3 1 - 11 months: 5.8 - 16.1 1 - 9 yrs : 6.3 - 13.16	ug/dl

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.

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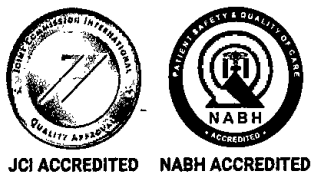
Kodambakkam 044-2473 4455	Mogappair 044-26530011	Chengalpattu 044-27426829	Villupuram 04146-242000	Kumbakonam 044-2473 4455	Kakinada 0884-2333367
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Medway Centre of Excellence (Chennai)

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



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

NAME : Mr. KARUNA GANDHIA UHID : MHI202380036 IP.NO.:IPH2024000014

CONDITION ON DISCHARGE:

HR - 108/min BP - 124/82mmHg
SPO2 - 99% in room air

POST OP INVESTIGATIONS:

BLOOD:

Test Name	Result	Reference Value	Units
HAEMOGLOBIN	8.0	Male : 13.7 - 17.5 Female : 11.2 - 15.7	gms%
Urea	36	14 - 40	mgs/dl
Creatinine	0.99	Male : 0.7 - 1.2 Female : 0.5 - 1.0 Child : 0.2 - 0.8	mgs/dl
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.



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

ADVICE MEDICATIONS:

Sl. NO.	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
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	½	ORAL	AFTER FOOD	TO CONTINUE
8	TAB. MOSAPRIDE	1 TABLET	5MG	1	0	1	ORAL	30 MINUTES BEFORE FOOD	X 1 WEEK
9	SYP. CREMAFFIN PLUS (SODIUM PICOSULFATE+ LIQUID PARAFFIN + MILK OF MAGNESIA)	15ML		0	0	1	ORAL	AFTER FOOD	BED TIME (IF CONSTIPATION)
10	TAB. BEPLEX FORTE (ANTIOXIDANTS +MULTIVITAMINS+ MULTIMINERALS)	1 TABLET		1	0	0	ORAL	AFTER FOOD	1 MONTH
11	SYP ALEX PLUS (DEXTROMETHORPHAN 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

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94557 94557
1800 572 3003

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

DIABETIC MEDICATIONS:

Sl. NO	NAME OF THE DRUGS WITH GENERIC NAME	STRENGTH	DOSAGE	FREQUENCY			ROUTE	RELATIONSHIP WITH MEAL	DURATION
				M	A	N			
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

DISCHARGE ADVICE	
DIET	HIGH PROTEIN, LOW SALT LOW FAT AND DIABETIC DIET
PHYSICAL ACTIVITIES	RESTRICTED.
FLUID RESTRICTION	1500ML/DAY
REVIEW	TO DO FBS, PPBS, HB, UREA, 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.

K. Soori:
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
discharge summary."

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

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MHI/HOSP/2022/118

INPATIENT INITIAL ASSESSMENT

Date: 2/1/24 Time of arrival in ward: 14:00

Allergies (if Yes, specify details):

Drugs ☐ Yes ☒ No

Blood Transfusion ☐ Yes ☒ No

Food ☐ Yes ☒ No

Others

Vital Signs: Temp: 97 (°F) | Pulse / HR: 87 (beats/min) | BP: 130/80 (mmHg)
Respiration: 18 (breaths/min) | SpO₂: 97 (%) | Height: 171 (cms) | Weight: 61 (kgs) | BMI: 20.9 kg/m²

Pain: ☐ Yes ☒ No. If Yes, Score: 0/10
Pain Scale Used: ☒ Numerical Rating Scale (> 12 years) ☐ CPOT (ventilator / comatose)
Duration: Location:
Pain Character: ☐ Dull ☐ Aching ☐ Sharp ☐ Stabbing ☐ Shooting ☐ Burning ☐ Referred / Radiant Pain

CHIEF COMPLAINTS & HISTORY OF PRESENT ILLNESS

56 yrs old male K/C/O T2DM/HTN/Old CVA - (L)
hemiparesis / ACS - NSTEMI / Ischemic cardiomyopathy/
Acute Pulmonary edema - resolved. T2D has come for CABG.
Patient was apparently (N) 3 months before when he developed Sudden
Onset breathlessness (NYHA Class - III). He was managed conservatively.
He was referred from ESIC to MHI for Coronary angiogram.

PAST MEDICAL HISTORY (with duration of illness):

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

Others:

NH/Cb Bronchial Asthma / COPD / CKD / PTB.
He underwent CAG on 5/10/23 which showed
T2D. He was advised early CABG.

Past Surgical History:

Nil

Present Medication (for Medication Reconciliation):

S. No.	Current Medication	Dose	Route	Frequency	Date & Time of last dose	To be continued during hospital stay
1.	T. Aspirin	150mg	PO	QID	13/12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	T. Clopilet	75mg	"	QID	13/12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	T. Atorva	10mg	"	QID	1/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	T. Nitroglycerin	2.5mg	"	QID	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	T. Lasix	40mg	"	1/2-00	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	T. Aldactone	25mg	"	QID	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	T. Envas	2.5mg	"	1/2-0/2	13/12	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	T. Cardivas	3.125mg	"	QID	1/1/24	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	T. Pantac	150mg	3	QID	"	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Family History:

Nil

Personal / Social History (Tick whichever is applicable):

Lifestyle: ☐ Sedentary ☐ Active

Occupation:

Smoking: ☐ Yes ☒ No

Alcohol: ☐ Yes ☒ No

Recreational Drug Use: ☐ Yes ☒ No

Others:

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

General Physical Examination:

Pallor: ☐ Yes ☒ No

Icterus: ☐ Yes ☒ No

Clubbing: ☐ Yes ☒ No

Edema: ☐ Yes ☒ No

Lymphadenopathy: ☐ Yes ☒ No

SYSTEMIC EXAMINATION

CVS:

S₁S₂(+)

low! no murmurs

Respiratory System:

BAG(+), no added sounds.

Gastrointestinal System:

soft, NT

Central Nervous System:

No focal neurological deficit

Urinary / Reproductive / Locomotor System:

(N)

Skin / Ophthalmic / ENT

(N)

Suspected of contagious disease: ☐ Yes ☒ No

Immuno compromised status: ☐ Yes ☒ No

Isolation required:

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

Psychological Evaluation:

☒ Normal ☐ Anxious ☐ Depressed ☐ Others: _____

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

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

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

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

Is the BMI < 20.5? ☐ Yes ☒ No

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

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

Provisional Diagnosis:

CAD - T2DM / HTN / Severe LV dysfunction
Old CVA - (+) hemiparesis.

Plan of Care:

- Plan: CABG & AAA Tomorrow
- Monitor vitals
- To follow drug chart
- Consent, to get anaesthetic fitness

Investigations Advised:

Reports enclosed

Diet Advice:

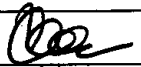

- ☐ Nil per Oral ☐ Clear liquid diet ☐ Normal liquid diet ☐ Diabetic liquid diet
☐ Semisolid diet ☐ Soft solid diet ☐ South Indian normal diet ☐ North Indian normal diet
☐ Neutropenic liquid diet ☐ Others: low salt, low fat

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

PFE: Patient Family Education

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

Others:

	Signature	Name	Reg. No.	Date	Time
Resident Doctor		Dr. Mohamed Lyhous	16527	2/1/24	14:00
Consultant		DR. RAJESH	62794	03/01/24	09:00
Patient Attendant	K. S. S. S. S.	Relationship WIFE	-	2/1/24	14:00

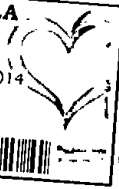


Mr.KARUNA GANDHI.A

56/Malc/MHI202380036

02/01/2024/IRH202400001

Dr. RAJESH.V



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Institute
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~~134557~~

[illegible]



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Mr. KARUNA GANDHI.A

56/Malc/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



MHI/IP/2022/041



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DOCTOR'S PROGRESS NOTES


DATE	NOTES
3/1/24.	Mr. Karuna Gandhi underwent OPCAB x 3 grafts.
9:30	He was shifted to SICU to follow hemodynamics.
	HR: 88/min
	BP: 110/70 mm Hg
	CVP: 12 mm Hg
	SPB: 100% on 6 liter mask
	Supports:
	Dr. Nor-adrenaline - 0.054 mcg/min.
	Dr. Dopamine - 5 mcg/min
	Plan: ABG, ACT, x-ray.
	Monitor vitals
	Watch for stroke
	for Dr. Rajesh
	Dr. Rajesh
	RA Rajesh
	MHI0028

DATE	NOTES
04/10/2024	S/P: Dr. Anbarasu / Dr. Rajesh / Dr. Praveen
@ 8.00	
	S/P: OPCAB x 3 grafts.
<u>POD#11</u>	patient comfortable
Hb - 11.1	O/E: conscious, oriented, Afebrile
U - 21	• BP - 120/60 mmHg
Cr - 0.86	• HR - 98 Bpm
Na - 138	• SpO ₂ - 94% on nasal prongs (2 litres of O ₂)
K - 4.56	• D10 - 2790.8 ml / 2556 ml ; Bal (+) 234.8 ml
	• on ucath
RBS - 115 mg/dL	• Adequate urine output
<u>ABG</u>	• tolerating feeds
pH - 7.410	• peripheries warm(+)
pO ₂ - 87.9	supportive inj. dopamine 2.5 µg/kg/min
pO ₂ - 63.7	inj. noradrenaline 0.05 µg/kg/min
HCO ₂ - 23.5	total drain: 320ml
BE - (-) 1.1	
	plan
	• RF - 1.2 litres/day
	• good chest physio
	• Remove drains by 11AM
	• mobilize
	• Nebulization
	• Spirometry
	• Tapn off NORAD. Keep Dopamine
	• Restart OHA
	• keep him here today
	<u>Praveen</u> 12/24



DOCTOR'S PROGRESS NOTES

DATE	NOTES
05/01/2024 @8-10	S/P/O P/LAB x 3 grafts; patient comfortable O/E conscious, oriented, Afebrile BP - 116 / 72 mmHg HR - 106 Bpm SpO ₂ - 96% on nasal prongs (2 litres of O ₂) Dio - 1575.9 ml / 2250 mL; Bal → 674.1 mL U cath removed.
RBS - 150 mg/dL	Adequate urine output Tolerating feeds
	plan
	- RF = 1.4 Litres/day
	- Good chest physio
	- mobilize
	- Nebulization
	- spirometry
	- shift to ward.
	Goveran 112236

DATE	NOTES
	<u>S/B Dr. Mohamed Luthan</u>
<u>5/1/24</u> SPM	Post op care of OPCABX 3 grafts POD - 2.
	Patient continues oriented afebrile
<u>Vitals</u> Stable	C/S → S/S ⊕ N/S → B/A ⊕ P/A → S/T, NT
	<u>Act</u> - Monitor vitals - To follow drug che - R.F 1.4 l/d - mobilise the Patie - nebulisation / spiran
	 (1600)



DOCTOR'S PROGRESS NOTES

DATE	NOTES
05/01/24	S/B Dr. C. Sai Laxmi.
10:30 PM.	Post op care of OPCAB x 3 grafts Pop-2.
BP- 119/50 mmHg PR- 122 bpm SpO2- 97% EKA	No specific complaints Q/a. pt is conscious, oriented, afebrile. S/B. Cvs. O/S 2 H), - RS: B/L A/C @ P/A: Soft, INTAD.
Dr. C. Sai Laxmi 12/4/2025	<u>Advice</u> - Monitor vitals. - To follow drug chart. - R.F 1-4 4/day. - Mobilise the patient. - Nebulisation / Spirometry.

DATE	NOTES
6/1/24 10:00 AM	SB - Dr. Sujith B. (Dmo)
POP-3	SP - DPCABX 3gr aft -
	pt reviewed
	do - vomiting episodes.
Inpt 1550ml outpt 2500ml	pt reviewed.
BP - 140/70 mmHg.	of pt. conscious, oriented, Afebrile
HR - 98 bpm	SE - CUS +, 1, 2 (+)
SpO2 - 97-100% RA.	RS - BAE (+)
	PA - soft
	<p><u>Adm</u></p> <ul style="list-style-type: none"> - vitals monitoring - Follow up chart - w/f desaturation. - RR < 1.4/dy. - Mobilise the patient - Nebulisation / Spirometry
	<p><u>BQ</u> 183573</p>



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Mr. KARUNA GANDHI.A MHI/IP/2022/041
56/Male/MHI202380036
02/01/2024/IPH2024000014
Dr. RAJESH.V
Inst tute counts

DOCTOR'S PROGRESS NOTES

DATE	NOTES
06/01/24 6:30pm.	S/B Dr. C. Sai Laya DMD. OP CAB X 3 grafts pt reviewed No specific complaints. o/e. pt conscious, oriented, afebrile s/e. CR-S, S2 G7 R-BAE (H) PA-SFT Dr. C. Sai Laya Laya
6/1/24 10pm.	S/B Dr. Mohamed Hydross Post OP care of OPCABX 3 grafts POD-III. Patient Conscious oriented afebrile vitals stable. CR-S, S2 G7 R-BAE (H) PA-SFT, NT Rt - VLB monitoring - Follow drug chart - W/F decontam. - Mobilize the patient - Nebulization / spirometry - R.F < 1.5 litre/day

DATE	NOTES
02/01/24	S/B: Dr. C. Sin Lopez (DMD)
DA: 30 PM	S/P: ORAB x 3 gpts
POD-4	pt reviewed
	No complaints-
Vital Abde	O/S: pt conscious, oriented, stable
	S/S: Cxs - S, S2 Q
	RS: B/C 4000
	P/A - SH
	<div data-bbox="1185 752 1364 862" data-label="Text"> <p><u>Res.</u></p> </div> <div data-bbox="1120 840 1494 1172" data-label="Text"> <p>Follow along chest Nebulize / Spirometry Mobilize R.F < 1.9C/day</p> </div>



counts

DATE	NOTES
7/1/24	Sgt. Dr. Sijit R. B. (One)
10:00 PM	
(POB-4)	OP-CAB x 3 gray +
	AD present - NO confusion
Input record output 1880 J.	of E - ht under, overweight Aphasia
B.P. - 130 / 70 mm	
H.R. - 88 bpm	DR - Cus P. S. P. RE - PAR (P) PA - POFA
SpO ₂ - 97% / 100%	<u>Act</u> - vitals normal - following diet - wheelchair use - PR < 1.6 L/dy - Defecates
	R. [Signature] 183873

DATE	NOTES
<u>8/1/24</u>	<u>S/S Dr. Mohamed Hydros</u>
	Post OP case of CABG & Graft
	BD-5
	Patient comfortable
	Consensus
	oriented
	Afebrile
	C/S → S/S ⊕
	N → BAC ⊕
	P/A → Soft NT
	<div> <div> <div>vitals</div> <div><u>stable</u></div> </div> <div> <div>Adm</div> <div> <ul style="list-style-type: none"> - Monitor vitals - To follow drug chart - R.F - 1.4 litre/day - Mobilise the Patient </div> </div> </div>


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Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



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MEDWAY HOSPITALS CARDIAC SURGICAL CHECK LIST

Name *Mr. Karuna Gandhi.A* Age *56/M* UHID *MH 2354884*

ACB - *NOTED*

Diagnosis *CAD - Triple vessel disease / Plan CABG*
Severe LV dysfunction / Acute

Serology *Negative* *Pulmonary edema - resolved*

EURO Score / STS Score *1.29*
7 aspirin 5 7 Clopidogrel stopped on
PRE OP DRUGS (ACE/ARB/ANTIPLATELETS): *13/12/23*

Diabetes Mellitus (HB1AC) *8.4*
Old CVA / T2DM / SH TN
Associated Illness

Carotid Doppler

Thyroid Enzymes

Sr. Creatinine *0.73*

Any other illness of concern

JNR 1.2

Allen's Test

Myocardial viability if needed

Varicose Veins

Pulmonologist Clearance

Nephro Clearance:

Carotid: Small vessel ischemia / Chronic lacunar infarct in bilateral
7 Neurology Clearance: *Cleared for surgery*

Dental Clearance: *corona radiata*

Mitral Regurgitation Assessment

Mild MR / Mild PPH

Nursing:

Billing Clearance:

Physiotherapy

Spirometry taught

Concerns from Surgical Team:

SIGNATURE:

Dr. Manoj (MHI0217)

ECG: 70 bpm, Sinus rhythm, L1/H (+)
CXR: Pn film, BONE (+), cardiomegaly (+).

Mr. Karuna Gandhi 56/M, a K/C/O T2DM /
Old CVA - (C) Hemiparesis / ACS. NSTEMI / Ischemic
cardiomyopathy / Acute Pulmonary edema - resolved /
Triple vessel disease has come for CABG. Pt. was
apparently well 3 months ago when he developed sudden
onset breathlessness which rapidly progressed to NYHA Class II-III.
Initially, he went to tertiary hospital where his Echo
showed severe LV dysfunction with global LV hypokinesia
and TnT I 7.7.
He was managed conservatively. He was then referred
from EIC to NHI for coronary angiogram. ~~on 5/10/2022~~
He underwent CAG on 5/10/2022 which showed Triple
vessel disease, He was advised early CABG.



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 Balasubramaniam Nagar, Pilliyam Pettai, Ammachathiram (Post),
Thiruvudaimarudhur (Taluk), Kumbakonam - 61 2103. (Tanjore Dist). Ph: 0435 - 2412345 | Mob : 7397720491

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

PRE-OPERATIVE CHECKLIST

Mr. KARUNA GANDHI.A 56/Male/MHI202380036 Name : 02/01/2024/IPH2024000014 Dr. RAJESH.V Ward : No.		Age : Gender : UHID No. :	
Bed No. :		B.S.	A.S.
Clinical Diagnosis : <p style="text-align: center;">CAD - TVD</p>		✓	✓
Proposed Procedure : <p style="text-align: center;">CABG</p>		✓	✓
CHECKLIST			
1.	Identification Band on Hand Checked ?	✓	✓
2.	Surgical consent Signed? a. Special Consent signed if required.	✓	✓
3.	Anesthetist Consultation (If required?)	✓	✓
4.	History AND Physical Onchart? a. Height..... 171 cm b. Weight..... 61.05 kg		
5.	Allergic to drugs ?	✓	✓
6.	Surgical Preparation done ?	✓	✓
7.	Nill by Mouth From 00:00	✓	✓
8.	Blood Grouping & Rh Typing O Negative	✓	✓
9.	Investigation <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> ECG <input checked="" type="checkbox"/> LAB	✓	✓
10.	Blood Sugar 93 mg/dl Time 6.00	✓	✓
11.	TPR Chart Pulse 82 b/m Temp 78.6 b/m BP 130/70 RR 20	✓	✓
12.	Time Voided a. Retention <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
13.	Enema <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	✓	✓

Pat	Mr. KARUNA GANDHI.A
Nat	56/Male/MHI202380036
UHI	02/01/2024/IPH2024000014
DOB	Dr. RAJESH.V

CONSENT FOR SURGERY

1. Mr./Ms./Mrs KARUNA GANDHI.A ☒ the Patient or ☐ Representative of patient have (Please tick 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 CORONARY ARTERY DISEASE / DOUBLE VESSEL DISEASE ^{SEVERE LV DYSFUNCTION} and about the procedure CORONARY ARTERY BYPASS GRAFTING (full name of operation / procedure given below in this consent form)

- 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.

- I have been told about additional procedure that may be come necessary during the surgery which includes Re-exploration, TAPP insertion

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. Stroke
4. Arrhythmia 5. Prolonged ICU stay 6. Mild risk to life

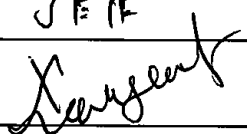

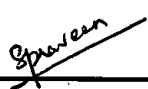
▪ Benefits Symptom free survival


▪ Alternatives High risk PTCA

▪ The likelihood of success of the surgery (Percentage / Other comments) 92%.

▪ Possible results of non-treatment 1. Myocardial infarction
2. Heart Failure.

- 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	K. Sonti
Relationship	SELF	WIFE
Signature		
Date & Time	21/12/24 at 15.15	21/12/24 at 15.15
Name & Signature of Doctor with Registration No.:  Dr. PRAVEEN JAYAKUMAR		


62794
Dr. V. RAMESH

112236.

Doctor Seal

நோயாளி விவரங்கள்: (Affix Label here)

வயம் :

UHID :

பிறந்த தேதி :

பாலினம் :

அறுவை சிகிச்சை ஒப்புதல் படிவம்

1. நான் நோயாளி அல்லது நோயாளியின் பிரதிநிதி தயவுசெய்து மேலேயும் கீழேயும் பொருத்தமானதை

தேர்வு செய்யவும்

☐ படியுங்கள்

☐ எனது / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளேன்.

இந்த ஒப்புதல் படிவம் ஆங்கிலத்தில் விளக்கப்பட்டுள்ளது. இந்த ஒப்புதல் படிவத்தில் கொடுக்கப்பட்ட சிகிச்சையின் செயல்பாட்டின் முழுப்பெயர்

செயல்முறை 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 அறிவிக்கிறேன். பெரும்பாலான நோயாளிகளுக்கு சீரற்ற செயல்பாடு மற்றும் மீட்பு இருக்கும்போது சில வழக்குகள் சிக்கல்களுடன் தொடர்பு 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 திட்டமிடப்பட்ட செயல்பாடு / நடைமுறைகளை ஒத்திவைக்க அல்லது ரத்து செய்ய வேண்டும் என்பதையும் நான் புரிந்து கொள்கிறேன். 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 நிர்வாகம் 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 மற்றும் சிக்கல்கள் _____

• நன்மைகள் _____

• மாற்றுவழிகள் _____

• அறுவை சிகிச்சையின் வெற்றி வாய்ப்பு (சதவீதம் / பிற கட்டளைகள்) _____

• சிகிச்சையின்றி சாத்தியமான முடிவுகள் _____

• செயல்பாடு / நடைமுறை மற்றும் வழங்கப்பட வேண்டிய கவனிப்புக்குப் பிறகு எதிர்பார்க்கப்படும் போக்கையும் நான் அறிவேன். சிகிச்சை நேரங்களில் தீவிரமான பராமரிப்பு அலகு மற்றும் / அல்லது மருத்துவமனையில் அனுமதிக்கப்படும் கால அளவு தேவைப்படலாம் மற்றும் / அல்லது கூடுதல் மருந்துகள் அல்லது சிகிச்சைகளின் தேவை இருக்கலாம். இதன் மூலம் உடல் சிகிச்சையில் அதிகரிக்கும்.

• இந்த செயல்பாடு / நடைமுறையை நடத்தும் நோக்கத்திற்காக மற்றும் பொருத்தமான முறையில் எனது உடலில் இருந்து அகற்றக்கூடிய எந்தவொரு தீர்மானம் அல்லது உடல் பகுதியை அகற்ற மருத்துவமனையை நான் அங்கீகரிக்கிறேன். இந்த ஒப்புதல் வடிவத்தில் வழங்கப்பட்ட தகவல்களை நான் பெற்றேன் மற்றும் முழுமையாகப் புரிந்து கொண்டேன் என்று அறிவிக்கிறேன். எனது வியாதி, செயல்பாடு / நடைமுறை தொடர்பான கேள்விகளைக் கேட்க எனக்கு வாய்ப்பு வழங்கப்பட்டது. அதன் அபாயங்கள், விளைவுகள், சிக்கல்கள் மற்றும் நோக்கம் கொண்ட நன்மைகள் மற்றும் மீட்பு மற்றும் எனது கேள்விகள் அனைத்தும் பதிலளிக்கப்படவில்லை. இந்த வடிவத்தில் நான் கையெழுத்திடுகிறேன் நேரத்தில் என் முன்னிலையில் செருகல் மற்றும் நிறைவு செய்ய வேண்டிய அனைத்து துறைகளும் (இந்த வடிவத்தில்) நிரப்பப்பட்டன என்று நான் மேலும் அறிவிக்கிறேன்.

விபரங்கள்	நோயாளி / உறவினர்	சாட்சியம்
பெயர்		
உறவுமுறை		
கையொப்பம்		
நாள் & நேரம்		
மருத்துவரின் பெயர் மற்றும் பதிவு எண், கையொப்பம்:		

CONSENT FOR ANAESTHESIA SERVICES

I, KARUNA GANDHI.A. ☒ the patient or ☒ the representative of patient have,
(please tick the correct option above and below)

☒ Read

☒ 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
Operation / Procedure CORONARY ARTERY BYPASS GRAFTING,

(full name of operation / procedure given below in this consent form)

- My surgeon has explained the risks of the procedure and has advised me of alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anaesthesia services are needed for this operation, so that my doctor can perform the operation or procedure.
- It has been explained to me that all forms of anaesthesia involve some risks. Although rare, unexpected severe complications with anaesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death.
- I understand that these risks apply to all forms of anaesthesia and that additional or specific risks have been identified below, as they may apply to a specific type of anaesthesia. I understand that the type(s) of anaesthesia service checked below will be used for my procedure and that the anaesthetic technique to be used is determined by many factors including my / my relative's physical condition, the type of procedure, my doctor's preferences, as well as my own desire.
- It has been explained to me that sometimes an anaesthetic technique which involves the use of local anaesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anaesthesia.

It has been explained to me that the following may be needed as part of anaesthesia during or after surgery

- ☒ Central Venous catheter ☒ Arterial Line ☐ Lumbar Puncture ☒ Tracheostomy
☒ Transesophageal ☒ Blood & Blood product Transfusion ☒ ICU Admission / Recovery ☒ Others

<input checked="" type="checkbox"/> General Anaesthesia Alternatives <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Others	Expected Results Technique Risks Benefits	Total unconscious state that may involve placement of a tube into the windpipe to maintain airway Drug injected into the blood stream, breathed into the lungs, or given by other routes Sore throat, injury to vocal cords, teeth, lips, eyes; awareness during the procedure, memory dysfunction / memory loss, aspiration pneumonia, permanent organ damage, brain damage - Early Recovery - Relief of Anxiety
<input type="checkbox"/> Spinal or Epidural Analgesia / Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results Technique Risks Benefits	Temporary decreased or loss of feeling and / or movement in the lower half of the body Drug injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal 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 Post-operative pain relief with epidural catheter that can be left in-situ safer under certain conditions
<input type="checkbox"/> Major / Minor Nerve Block <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> GA <input type="checkbox"/> IV Regional Anaesthesia <input type="checkbox"/> Spinal/Epidural Anaesthesia <input type="checkbox"/> Others	Expected Results Technique Risks Benefits	Temporary loss of feeling and / or movement of a specific limb or area Drug injected near nerves providing loss of sensation to the area of the operation Nerve damage, persistent pain, infection, bleeding / hematoma, toxicity due to local anaesthetic, medical necessity to convert to general anaesthesia, brain damage - Pain Free - Safer under certain conditions

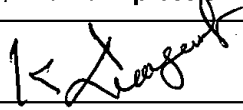
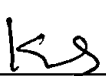

<input type="checkbox"/> Intravenous Regional Anaesthesia <input type="checkbox"/> With Sedation / GA <input type="checkbox"/> Without Sedation Alternatives <input type="checkbox"/> Major/Minor Nerve Block <input type="checkbox"/> GA <input type="checkbox"/> Others	Expected Results	Temporary loss of feeling and / or movement of a limb
	Technique	Drug injected into veins of arm or leg while using a tourniquet
	Risks	Infection, convulsions, persistent numbness residual pain, injury to blood vessels
	Benefits	- Pain Free - Safer under certain conditions
<input type="checkbox"/> Monitored anaesthesia care (with sedation) Alternatives <input type="checkbox"/> General anaesthesia <input type="checkbox"/> Spinal / Epidural <input type="checkbox"/> Others	Expected Results	Decreased anxiety and light sedation similar to normal sleep
	Technique	Drug injected into vein of arm
	Risks	Prolonged sedation, need for airway control
	Benefits	Anxiety free; Early discharge
<input type="checkbox"/> Monitored Anaesthesia Care (without sedation) Alternatives <input type="checkbox"/> General anaesthesia <input type="checkbox"/> Mild Sedation <input type="checkbox"/> Others	Expected Results	No changes in the system
	Technique	None
	Risks	Patient may have pain and anxiety
	Benefits	Early discharge

PRENATAL / EARLY CHILDHOOD ANAESTHESIA

- 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
- 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


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 risks and complications, intended benefits and possible alternatives.

I, the above named Patient / named patient's representative, do further hereby declare that I am about 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		KARUNA MOORTHY	21/1/24	05:15
Surrogate/Guardian (if applicable #)		SHANTHI (WIFE) <small>(Write name and relationship with patient)</small>	21/1/24	15:15
Reason for surrogate consent	Patient is unable to give consent because:			
Witness		Agas Raja	21/1/24	15:15
Interpreter (if applicable)				

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

I, the undersigned doctor, have explained the nature, potential risks and complications, intended benefits, expected post-procedure course, and possible alternatives to the planned 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		Dr. A. S. SYVESTER	43570	21/1/24	15:15

மயக்க மருந்து சேவைகளுக்கான ஒப்புதல்

1. ☐ நோயாளிஅல்லது ☐ நோயாளியின் பிரதிநிதி.

மேலேயும் கீழேயும் சரியான விருப்பத்தைத் தேர்ந்தெடுங்கள்) படித்தல்

என்னை / என் நோயாளியின் தற்போதைய மருத்துவ நிலை குறித்து விளக்கப்பட்டுள்ளோம். ஆங்கிலத்தில் இந்த ஒப்புதல் படிவம் விளக்கப்பட்டுள்ளது. இது வழங்கப்பட்ட தகவல்களை நான் முழுமையாக புரிந்துகொண்டேன்.

செயல்பாடு / செயல்முறை _____

இந்த ஒப்புதல் படிவத்தின் கீழே கொடுக்கப்பட்ட செயல்பாட்டு நடைமுறையின் முழு பெயர்

- * எனது அறுவை சிகிச்சை நிபுணர் நடைமுறையின் அபாயங்களை விளக்கியுள்ளார் மற்றும் மாற்று சிகிச்சைகளுக்கு எனக்கு அறிவுறுத்தியுள்ளார் மற்றும் எதிர்பார்க்கப்பட்ட முடிவைப் பற்றி என்னிடம் கூறினார். எனது நிலை சிகிச்சையளிக்கப்படாவிட்டால் என்ன நடக்கும், இந்த செயல்பாட்டிற்கு மயக்க மருந்து சேவைகள் தேவை என்பதையும் நான் புரிந்து கொள்கிறேன். இதனால் எனது மருத்துவர் அறுவை சிகிச்சை அல்லது செயல்முறையைச் செய்ய முடியும்.
- * 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.
- * இந்த அபாயங்களை அனைத்து வகையான மயக்க மருந்துகளுக்கும் பொருந்தும் என்பதையும் கூடுதல் அல்லது குறிப்பிட்ட அபாயங்கள் கீழே அடையாளம் காணப்பட்டுள்ளன என்பதையும் நான் புரிந்து கொள்கிறேன். 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 கொள்கிறேன்.
- * சில நேரங்களில் உள்ளூர் மயக்க மருந்துகளைப் பயன்படுத்துவதை உள்ளடக்கிய ஒரு மயக்க மருந்து தொழில் நுட்பத்தை, மயக்க மருந்து இல்லாமல் முழுமையாகப் பெறாமல், மற்றொரு நுட்பத்தை மயக்க மருந்து உட்பட பயன்படுத்த வேண்டியிருக்கும் என்று எனக்கு விளக்கப்பட்டுள்ளது.

<input type="checkbox"/> பொது மயக்க மருந்து மாற்று மருந்து <input type="checkbox"/> முதுகெலும்பு <input type="checkbox"/> இவ்விடைவெளி <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	காற்றுப்பாதையை பராமரிக்க ஒரு குழாயை காற்றாலையில் அமர்த்துவதை உள்ளடக்கிய மொத்த மயக்க நிலை
	நுட்பம்	இரத்த ஓட்டத்தில் செலுத்தப்படும் மருந்து, நுரையீரலில் சுவாசித்து அல்லது பிற வழிகள் வழங்கப்படுகின்றன
	அபாயங்கள்	தொண்டைப்புண், குரல் வடங்கள், பற்கள், உதடுகள், கண்கள், செயல்முறை, நினைவக செயலிழப்பு, நினைவக இழப்பு, அபிவிருத்திகள், நிரந்தர உறுப்பு சேதம், மூளை சேதம் ஆகியவற்றின் போது விழிப்புணர்வு
	நன்மைகள்	- ஆரம்ப மீட்பு - பதட்டத்தின் நிவாரணம்
<input type="checkbox"/> முதுகெலும்பு அல்லது இவ்விடைவெளி / மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உடலின் கீழ்பாதியில் உணர்வு அல்லது இயக்கத்தின் தற்காலிக குறைவு அல்லது இழப்பு
	நுட்பம்	ஊசி / வடகுழாய் வழியாக செலுத்தப்படும் மருந்து நேரடியாக முதுகெலும்பில் அல்லது உடனடியாக முதுகெலும்பு கால்வாய்க்கு வெளியே வைக்கப்படுகிறது.
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான முதுகுவலி, தலைவலி, தொற்று, இரத்தப்போக்கு, இரத்தப்போதல், ஹெமடோமா, உள்ளூர் மயக்க மருந்து, நாள்பட்ட வலி, மயக்க மருந்து, மூளை சேதத்திற்கு மாற்று மருத்துவ சேவை காரணமாக நச்சுத்தன்மை
	நன்மைகள்	சில நிபந்தனைகளின் கீழ் சிப்யுவில் பாதுகாப்பாக விடக்கூடிய எபிடிரி வடகுழாய்களுடன் செயல்பட்டு வலி நிவாரணம்
பெரிய / சிறிய நரம்புத் தொகுதி <input type="checkbox"/> மயக்க மருந்து / பொது மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்று மருந்து <input type="checkbox"/> பொது மயக்க மருந்து <input type="checkbox"/> IV பிராந்திய மயக்கமருந்து <input type="checkbox"/> முதுகெலும்பு / இவ்விடைவெளி மயக்கமருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு அல்லது பகுதியின் தற்காலிக இழப்பு
	நுட்பம்	செயல்பாட்டின் பகுதிக்கு உணர்வு இழப்பை வழங்கும் நரம்புகளுக்கு அருகில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	எலும்பு சேதம், தொடர்ச்சியான வலி, தொற்று, இரத்தப்போக்கு, ஹெமடோமா, உள்ளூர் மயக்க மருந்து, மருத்துவ சேவை காரணமாக நச்சுத்தன்மை, மயக்க மருந்து, மூளை சேதத்திற்கு மாறுதல்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை

<input type="checkbox"/> நரம்பு மண்டலம் மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து <input type="checkbox"/> மயக்க மருந்து இல்லாமல் மாற்றுகள் <input type="checkbox"/> பெரிய / சிறிய நரம்பு தொகுதி <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> மற்றவை	எதிர்பார்க்கப்படும் முடிவுகள்	உணர்வு மற்றும் ஒரு குறிப்பிட்ட மூட்டு இயக்கத்தின் தற்காலிக இழப்பு
	நுட்பம்	ஒரு ரீனிகேசையைப் பயன்படுத்தும் போது கை அல்லது கை நரம்புகளில் செலுத்தப்படுகிறது ,
	அபாயங்கள்	தொற்று, வலிப்பு, தொடர்ச்சியான உணர்வின்மை, மீதமுள்ள வலி, இரத்த காயங்களுக்கு காயம்
	நன்மைகள்	- வலி இலவசம் - சில நிபந்தனைகளின் கீழ் பாதுகாப்பானவை
	எதிர்பார்க்கப்படும் முடிவுகள்	சாதாரண தூக்கத்தைப்போன்ற கவலையும் ஒளியும் குறைந்து வருகிறது
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கத்துடன்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> முதலெலும்பு / இவ்விடைவெளி மயக்க மருந்து <input type="checkbox"/> மற்றவை	நுட்பம்	கையின் நரம்பில் மருந்து செலுத்தப்படுகிறது
	அபாயங்கள்	நீண்ட கால மயக்கம், காற்றுப்பாதை கட்டுப்பாடு தேவை
	நன்மைகள்	கவலை இலவசம், ஆரம்ப கால வெளியேற்றம்
	எதிர்பார்க்கப்படும் முடிவுகள்	கணினியில் மாற்றங்கள் இல்லை
	நுட்பம்	இல்லை
<input type="checkbox"/> கண்காணித்த மயக்க மருந்து கவனிப்பு (மயக்கம் இல்லாமல்) மாற்றுகள் <input type="checkbox"/> பொதுவான மயக்க மருந்து <input type="checkbox"/> இலேசான மயக்கம் <input type="checkbox"/> மற்றவை	அபாயங்கள்	நோயாளிக்கு வலி மற்றும் கவலை இருக்கலாம்
	நன்மைகள்	ஆரம்ப வெளியேற்றம்

விறப்புக்கு முந்தைய / ஆரம்பகால குழந்தை பருவ மயக்க மருந்து

★ நினைவாற்றல், நடத்தை மற்றும் கற்றலில் நீண்டகால எதிர்மறை விளைவுகள் பொது மயக்க மருந்து / மிதமான மயக்கம் / கர்ப்ப காலத்தில் மற்றும் ஆரம்ப பருவத்தில் ஆழமான மயக்கத்துடன் நீண்ட அல்லது மீண்டும் மீண்டும் மீண்டும் வெளிப்படுதல்

★ 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.

மேற்கூறிய செயல்பாட்டிற்கு (எஸ்) / நடைமுறை (கன்) எனக்கு தெரிந்துவிட்டது. நான் தானாக முன்வந்து எனது ஒப்புதலை வழங்குகிறேன்

டாக்டர் (டாக்டர்) டி. அல்லது டி-யில் கூறப்பட்ட செயல்பாடு / நடைமுறையை செய்வதற்கு அறுவை சிகிச்சை செயல்முறையைச் செய்வதற்கான டாக்டர் பெயர், நோயாளியிடம் முழுமையாக அறிந்திருக்கிறார். சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள் மற்றும் சாத்தியமான மாற்றங்கள்


நான் / மேற்கூறிய நோயாளி / பெயரிடப்பட்ட நோயாளியின் பிரதிநிதி, இந்த வடிவத்தில் கையெழுத்திடப்பட்ட தேதி, மன ரீதியாக 18 ஆண்டுகள் நிரம்பிய நான் எந்தவொரு பயமும், அச்சுறுத்தல் அல்லது தவறான அனுமதியின்றி ஒப்புதல் அளிக்கிறேன் என்று மேலும் இதன்மூலம் அறிவிக்கிறேன்.

	கையொப்பம் / கட்டை விரல் பதிவு *	பெயர்	தேதி	நேரம்
நோயாளி				
நோயாளிகளின் பிரதிநிதி / பாதுகாவலர் (பொருந்தும் என்றால்)		(நோயாளியுடன் பெயர் மற்றும் உறவை எழுதவும்)		
நோயாளிகளின் பிரதிநிதி சம்மதத்திற்கான காரணம்	நோயாளி ஒப்புதல் அளிக்க முடியவில்லை ஏனெனில்			
சாட்சி				
மொழிபெயர்ப்பாளர் (பொருந்தினால்)				

* நோயாளி ஒரு சிறியவராக இருந்தால் அல்லது சம்மதத்தை வழங்க முடியாவிட்டால் மட்டுமே ஆண்களுக்கான வலது கை மற்றும் பெண்களுக்கான இடது கை

நான் நியமிக்கப்பட்ட மருத்துவர், இயல்பு, சாத்தியமான அபாயங்கள் மற்றும் சிக்கல்கள், நோக்கம் கொண்ட நன்மைகள், எதிர்பார்க்கப்பட்ட பின் நடைமுறைக்கு வரும் நடைமுறைகள் மற்றும் திட்டமிடப்பட்ட செயல்பாடு / நடைமுறைக்கு சாத்தியமான மாற்றங்கள், நோயாளி / நோயாளி பிரதிநிதிக்கு விளக்கியுள்ளார். இந்த ஆவணத்தில் விவரிக்கப்பட்டுள்ள தகவல்களை அவர் / அவள் முழுமையாகப் புரிந்து கொண்டார் என்று நான் நம்புகிறேன்.

	கையொப்பம்	பெயர்	பதிவு எண்	தேதி	நேரம்
பெறப்பட்ட ஒப்புதல்					

Pa: **Mr. KARUNA GANDHI.A**
Na: 56/Male/MHI202380036
UH: 02/01/2024/IPH2024000014
DOI: Dr. RAJESH.V
DOI: 
Con:

Type of Surgery: ☐ Day Care ☒ Elective ☐ Emergency
Blood Group: O - Ve Height: 171 cms Weight: 61.05 Kgs

Pre-Operative Diagnosis: CAD, T2D, severe LV RF 30%, DM, HT, old CVA

Proposed Surgery:

CABG.

Anaesthetic Plan

G.A.

ASA Grade: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ E

History of Present Illness:

- ☒ ANGINA
☒ DYSPNOEA
☐ SYNCOPES
☐ MI
☐ CCF
☐ OTHERS
- NYHA II - III
acute pulmonary edema
ACS NSTEMI*

COMORBIDITY

- ☒ HT ☐ SMOKING
☒ DM ☐ ALCOHOL
☐ ASTHMA / COPD ☐ GERD
☐ HYPO THYROID ☐ CKD / NEPHROPATHY
☐ STROKE / TIA ☐ DRUG ALLERGY
☐ EPILEPSY ☐

Present Medication :

*Aspirin
clopidogrel
Envas,
Cardivas,*

Anti Platelet Stopped on :

11/12/23

Previous Surgery :

Physical Examination :

- ☐ JAUNDICE ☐ PEDEL OEDEMA
☐ CYANOSIS ☐ CAROTID BRUIT
☐ CLUBBING

SYSTEMC EXAMINATION

CVS: *S1S2*
RS: *WNL*

CNS: *① Hemiparesis -*
Others: *WNL*

HR: _____ NIBP: _____ SPO2: _____ TEMP: _____

INVESTIGATION

HB: 12.3 T.BILIRUBIN: 0.514 T3: _____ SEROLOGY
PLAT: 3,33,000 T.D. 0.321 T4: 1.05 *No reaction*
TC: 6.480 D. 0.193 TSH: 2.79 Urine:
UREA: 12.45 T-PROTEINS: _____ HBA1C: 6.4 Others:
CREAT: 0.73 S.ALBUMIN: _____
Na+: 136 PTT / INR 13.8 / 1.15 RBS: _____
K+: 4.90 APTT 33.6 / 26.3

*5/10/23 LAD - 80%; DM - diffused disease
ANGIO RCA 70%*

ECG *NSR. LVH*

CXR *cardio megal*

15/10/23
ECHO *severe LV dysfunction,
mild MR / mild PAH*

AIRWAY

Teeth *Normal*
Mallampatti class *II*
Mouth Opening *Adequate*
Neck Movement *WNL*
TM Distance *WNL*

CAROTID DOPPLER

*calcific plaque both carotid
bath entering to both RCA
origin
Normal Bt vertebral doppler
No flow limiting disease.*

Other Opinions:

*Neurology - cleared for surgery
CT brain - small vessel ischaemic
chronic lacunar infarct in bilateral
corona radiata.
Reiterated screening Echo.*

Blood Reservation

PCV: *32* Platelet:

FFP: CRYO:

Whole Blood:

Pre OP Instruction :

NPO From: *12 mid night*

Pre Medication :

Night Before Surgery *Tab. Alpaca 0.5mg + Tab. Pantocin 40mg*

Day of Surgery *Tab. Alpaca 0.5mg at 5AM.*

Special Instruction :

Remarks: *old CVA - ① Hemiparesis*

Dr. A. SAMUEL SYLVESTER

Reg. No: 43570

Anaesthetist Name with Reg.No. :

Signature: *[Signature]*

Date: 3/1/24 Anaesthetist: Dr. J. J. J.		Surgeon: Dr. R. V. J.		Anaesthesia Technique <input checked="" type="checkbox"/> GA <input type="checkbox"/> Regional <input type="checkbox"/> Others	
PRE INDUCTION ANAESTHESIA RECORD		MONITORS AND EQUIPMENTS		GENERAL ANAESTHESIA	
Pulse: 90 BP: 130/70 RR: 22/m Sensorium: GCS 15/5 Sign-in Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Equipment Checked: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sign: Dr. J. J. J. Name: J. J. J. Time: 8:37:22		<input type="checkbox"/> NIBP <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> ECG <input type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> End Tidal CO ₂ <input checked="" type="checkbox"/> Gas Analyzer <input checked="" type="checkbox"/> Oxygen Sensor <input type="checkbox"/> Disconnect <input type="checkbox"/> Temperature Probe <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> TEE <input type="checkbox"/> Others: <input checked="" type="checkbox"/> EVC Type: 13m Site: 10 TV <input type="checkbox"/> Standard Asepsis <input type="checkbox"/> USG Guidance <input type="checkbox"/> Complications: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, details: All good <input checked="" type="checkbox"/> Arterial Line - Type: 20/18 Site: Brach <input checked="" type="checkbox"/> PVC Type: 16/40m Site: Subclav <input type="checkbox"/> PVC Type: Site: <input type="checkbox"/> Others:		INDUCTION: <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> Rapid Sequence <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhalation - Agent used: Mode of Ventilation: <input type="checkbox"/> Spontaneous <input checked="" type="checkbox"/> Controlled AIRWAY MANAGEMENT: Intubation: Oral / Nasal ETT Size: Type: CL Grade: I / II / III / IV Secured at: cm Any difficulties and accessories: Throat Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Removed NG / OG Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OTHER AIRWAY DEVICES: <input checked="" type="checkbox"/> LMA Type & Size: 4 Size <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Face Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Others: Antibiotic / Dose / Time: 1st dose 1g cefuroxime 1.5g 10.15 Reversal of Anaesthesia: 1st dose 1g neostigmine 14.15	
PATIENT SAFETY					
Position on Table: Lying Pressure points checked & Padded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eye Care: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Safety Belt: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Warming Blanket: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fluid Warmer: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TED Stockings: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sequential Compression / Decompression: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
DRUGS					
PROPOFOL 100					
MIDAZOLAM 2					
FENTANYL 200					
MORPHINE					
VECURONIUM 6					
ETOMIDATE					
KETAMINE					
SUXA/ROCURONIUM					
CISATRACURIUM/ATRACURIUM					
SEVO/ISOFLURANE					
Air/N ₂ O					
Time					
200					
Systolic V					
Diastolic A					
Pulse					
140					
120					
Resp. ★					
Operation ○					
80					
60					
40					
Temp - X					
20					
0					
MONITOR					
SPO ₂					
CVP					
PAP					
ETCO ₂					
Urine Output					
ABG					
PH					
PCO ₂					
PO ₂					
Na ⁺					
K ⁺					
HCT					
RBS					
LAC					
BE					
HCO ₃					

POST OPERATIVE PLAN

Transfer to: ☒ SICU ☐ Others, specify: _____

Arrival in Recovery / ICU Time: 14.30

SpO₂: 100 % HR: 93 beats/min Rhythm: SINUS RR: 14/mk breaths/min

ABP: 111/67 mmHg CVP: 6 mmHg PAP: - mmHg C.O.: - L/min

Conscious state: Conscious Pain score: -

VENTILATOR SETTINGS :

ON flow O₂ 6 liters with mask

IONOTROPES:

IN: Dopamine
200mg/50cc → 5ml/kg/min

IN: NOR ADRENALINE
4mg/50cc → 0.05 ml/kg/min

POST OP ORDERS:

- * TO DO AET, ABG
- * TO DO CBU, chest X-ray
- * TO monitor vital signs

MODIFIED ALDRETE'S SCORE (Score against each criteria)

CRITERIA	PARAMETER	Scale
Activity, able to move, voluntarily or on command	4 extremities	2
	2 extremities	1
	No	0
Breathing	Able to breath deeply and cough freely	2
	Dyspnea, shallow or limited breathing	1
	Apnea	0
Consciousness	Fully awake	2
	Arousable on calling	1
	unresponsive	0
Circulation (Blood Pressure)	+20% of pre-anaesthesia level	2
	+20% to 49% of pre-anaesthesia level	1
	+50% of pre-anaesthesia level	0
SPO ₂	Maintains SPO ₂ >92% in ambient air	2
	Maintains SPO ₂ > 90P% with O ₂	1
	Maintains SPO ₂ <90% with O ₂	0

Total Score : 9

Patient fit for discharge:

☒ YES ☐ NO

Dr. JEEVANANDAM

Reg. No. 83722

Anaesthetist Name & Reg.No. :

Signature

		START	STOP	FLUID TRANFUSED		BLOOD PRODUCTS	
ANAESTHESIA		9.55	14.15	CRYSTALOID	COLLOID	NIL	
PROCEDURE		11.00	14.10	PLASMA PLASMA PLASMA	NIL		
CPB				PLASMA			
AXC				PLASMA			
CUF :				PLASMA			
MUF:							
HEPARIN				PRESSURE MONITOR			
DOSE	TIME	ACT	PRE OP				
100	11.35	416 cu	PA	RV	PCWP		
			ABP				
PROTAMINE				POST OP			
DOSE	TIME	ACT	PA	RV	PCWP		
50	13.10	160					
100	13.45		ABP				
INOTROPES & INFUSIONS							
DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME	DRUG DILUTION	DOSE (RANGE)	START TIME	END TIME
Novalog 4/50	2.051/10 24mg/h	11.30	ICU				
NTG 25/200	14/1/10	11.40	ICU				
Dopa 200/50	5mg/kg/h	11.35	ICU				
REGIONAL ANAESTHESIA YES/NO				IABP: NO			
DETAILS: B/L ESPB				ECMO: NO			
20+20ml 0.375% Ropiv				TEE: NO			
In + dermal way							
REMARKS / CRITICAL EVENTS.							
Dr. JEEVANANDAM				SIGNATURE			
ANAESTHESIOLOGIST NAME :				Reg. No: 83722			
REG. NO. 83722							

OPERATION NOTES

Pre-Operative Diagnosis : CAD, T2D, SeV-LVD

Post-Operative Diagnosis : -do-

Operation Procedure OPCAB x 3 grafts
LIMA → LAD
SVG → OM, SVG → D.RCA

D.O. Operation

0	3	0	1	2	0	2	4
---	---	---	---	---	---	---	---

Please tick the type of procedure :

Closed ☐ Open ☒

Operation Commenced : 10:15

Operation Completed : 14:15

Nature of Anaesthetic : GA

Surgeons Dr. Rajesh / PA: Sai

Perfusionist -

Anaesthetist Dr. Teena

Nurse Ms. Radhika / Ms. Devi

Incision Median sternotomy

Cannulation

Arterial

Venous

Oxygenator

Median sternotomy. LIMA & SVG harvested. Systemic perfusion: Heart stabilised & myocardial stabilize

Total CPB Time

Total ACC Time

Total TCA Time

Distal anastomosis done.

SVG → D.RCA

SVG → OM.

Findings and Relevant Details :

Cardiomegaly (x) (+)

Severe LVD (+)

Poor contractions

LIMA, SVG - 1st Leg healthy conduit

LAD - 1.5m grafted distally.

OM - 1.5m thick walled.

RCA - 1.5m healthy.

Proximal anastomosis of OM graft done onto aorta.
Proximal anastomosis of D.RCA graft done onto OM graft.
Heart positioned for LAD graft. only distal segment is visualized. Proximally LAD is dipping intramural.
Hence decided to graft distal LAD.

LIMA → LAD.

Protamineised. Hemostasis secured. Routine chest closure done & drain tubes & po integrity

POST-BY PASS HAEMODYNAMICS

RA

LA

Cardiac Output

RV

LA

CI

SVS

SYS

PA

MEAN

BP

MEAN

DIAS

DIAS

PACW

Support:

Isoprin

Adrenaline

Dopamine

I A B P

Dobutrex

Others

POST-OPERATIVE INSTRUCTIONS :

Blood loss: 300ml.

Transfusion: Nil.

Anticipated events: Bleeding, stroke, rhythm disturbance, hemodynamic instability

Drains: Chest - H. Pleural - 1
Mediastinal - 1
Pericardial - 2
Others -

Sponge Count :

correct

✓ *[Signature]*
62794

Surgeon :

Dr. Rajesh

Date :

3/1/24

1400 hrs



JCI ACCREDITED



NABH ACCREDITED



OPERATION NOTES



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

NAME: Mr. KARUNA GANDHIA	AGE/GENDER: 56 Years / MALE
UHID NO: MHI202380036	IP NO: IPH2024000014
DOA: 02/01/2024	DOS: 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 – RECOVERED

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

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94557 94557
1800 572 3003

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

Medway Centre of Excellence (Chennai)

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

MHI/HOSP/2022/118



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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

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

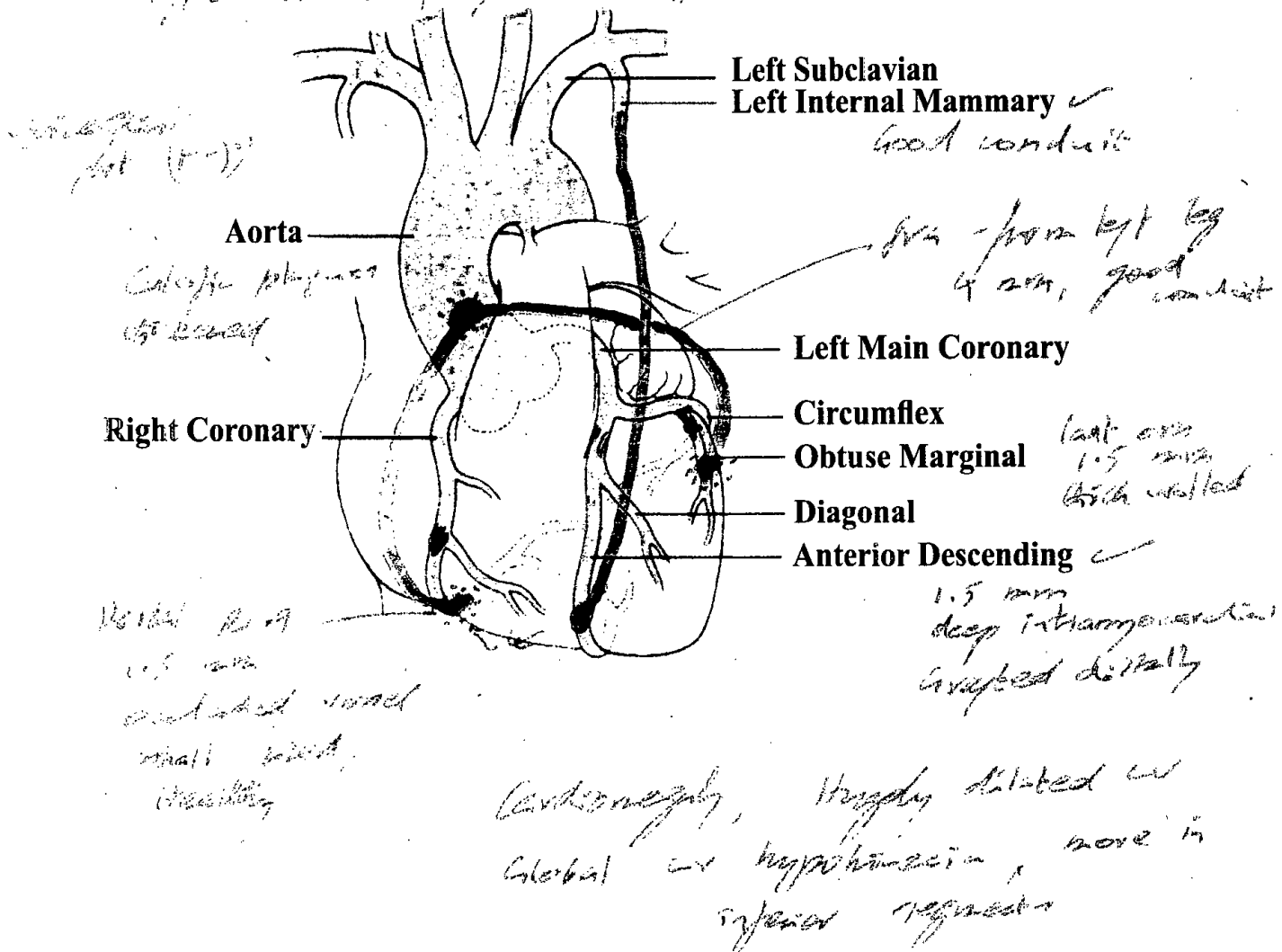
Medway Centre of Excellence (Chennai)

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

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

1. Common Artery Disease / Severe Triple Vessel Disease
Ischemic Cardiomyopathy with severe LV systolic dysfunction;
Also - related to Acute Pulmonary edema (September 2023, treated)
MI with (3 years back, left hemiparesis, recovered)
Type 2 Diabetes / Systemic Hypertension.



Name Mr. R. RAGHAVA SANKAR Date of Surgery 03/01/2024 UHID. No MRD202380056

Operation Performed CPAB x 3 GRAFTS

1st -> LIMA CAB, SV4 -> LAST one

2nd -> BOM R.A.

V. Vijay
62744

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V

PATIENT'S INFORMATION SHEET

NAME		AGE / SEX	UHID NO
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CONSULTANT	SURGEON	ANAESTHETIST
DR. RAJESH	DR. RAJESH	DR. JEEVANANDAM

DIAGNOSIS (In Capital Letters)	1.	CAD - TUD
	2.	SEVERE LV SYSTOLIC DYSFUNCTION
	3.	GRADE III DIASTOLIC DYSFUNCTION
	4.	NORMAL RV SYSTOLIC FUNCTION
	5.	AORTIC VALVE SCLEROSIS
	6.	EF - 28%
	7.	T2DM, SHUN
	8.	
PRESENT PROCEDURE/ SURGERY	OPCAB X 3 VESSELS LIMA → LAD SV4 → OM, SV4 → D. REA	
PREVIOUS PROCEDURE/ SURGERY		
CONTACT NO. & RELATIONSHIP	1. MRS. SANTHI (WIFE) 9666082223	2. MRS. LBBNA (V.C) 9940171707 (Daughter)

NINO : 04/04

CAT : EST

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	02/01/24	T. ATORVAS	10mg	plb	0-0-4	
2	"	T. NITROCONTIN	2.5mg	plb	1-0-1	
3	"	T. LASIX	40mg	plb	1/2-0-0	
4	"	T. ALDACTONE	25mg	plb	1-0-0	continue
5	"	T. CARDIUMS	3.125mg	plb	1-0-1	
6	"	T. RANITAC	150mg	plb	1-0-1	
7						
8						
9						
10						

Anti-platelet Stopped 27/12/2023

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	3/1/24	SYP. SUCRALFATE	10ml	PO	1-1-1	
2	"	NEB. LEVONIN	0.63mg	PO	Q6H	
3	4/1/24	T. SPIRONOLACTONE	25mg	PO	1-1-0	
4	"	T. BEPLEX FORTE	175mg	PO	1-0-0	
5	"	T. CLOPILET A	75/75	PO	0-1-0	
6	"	T. ATORVASTATIN	40mg	PO	0-0-1	continue
7	"	T. PARACETAMOL	650mg	PO	1-1-1	
8	"	SYP. CREMAFFIN	15ml	PO	0-0-1	
9	"	T. ASPIRIN	20mg	PO	1-1-0	
10	"	T. CARVEDILOL	3.125mg	PO	1-0-1	


ANY RELEVANT INFORMATION:

Admission / OT Receiveal Date and Time : 03/01/24 @ 14.30 From : OT To : SW	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : 5/1/24 @ 12.10 From : SW To : CW-2	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : . . . From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of . . . Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of . . . Bronchial Asthma/COPD	Year	Months	Days
	34 YEARS		
	34 YEARS		
	—		
4) Known Case Of Others CMA - LT HEMIPARESIS	—		
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

			Sign With Date
Peripheral Cannulation	1. Site: RT CUBITAL 2. Site: 3. Site:	1. Inserted Date and Time 03/01/2024 @ 9.55 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 9/1/24 2. Removed on : 3. Removed on :
Neck Line : 4JL / EJL	Site: RT JYU	Inserted Date and Time 03/01/2024 @ 10.00	Removed on 5/01/24 @ 11.30
Arterial Line : Right/Left	Site: LT RADIAL	Inserted Date and Time 03/01/2024 @ 10.10	Removed on 4/1/2023 @ 16:16
Sheath Arterial / Venous:	Site: .	Inserted Date and Time	Removed on
Pressure Bandage	Site: (L) RADIAL	4/1/2024 @ 15:30 Inserted Date and Time	Removed on 5/1/23 @ 4:30
Drain Site	1. Mediastinal : Inserted Date and Time + 2. Pleural Right / Left : Inserted Date and Time 03/01/2024 @ 14.00	Removed on Removed on 5/1/24 at 7:10	
Urinary Catheterization	Inserted Date and Time 03/01/2024 @ 10.05	Removed on 5/1/24 @ 5:00	
Nasal / Oral Gastric Tube	Inserted Date and Time	Removed on	
Intubation Date and Time	Extubation Date And Time	Reintubation Date And Time	
Other Information	Patient developed Sudden onset Breathlessness S ECHO DONE ON 10/10/2023 CAG DONE ON 05/10/2023 CT BRAIN DONE ON 19/12/2023 (SMALL VESSEL ISCHEMIA, CHRONIC CAVERNAR INFARCTS IN THE BILATERAL CORONA RADIATA) ECG DONE ON 6/12/2023 (HR - 73BPM)		

PATIENT'S INFORMATION SHEET

Mr. KARUNA GANDHI.A NAME 56/Male/MHI202380036 02/01/2024/IPH2024000014		AGE / SEX	UHID NO
Dr. RAJESH.V TANT 		SURGEON	ANAESTHETIST
DR - RAJESH		DR. RAJESH	DR. SYLVESTER

DIAGNOSIS (In Capital Letters)	1. CAD - TVD	
	2. MODERATE LV SYSTOLIC DYSFUNCTION SEVERE EF - 28%	
	3. TRIVIAL AR / TR / MILD MR	
	4. DELATED LV / RWMA ⊕	
	5. T2DM / SHIN	
	6. OLD CVA - LEFT HEMIPARESIS	
	7. ACUTE PULMONARY EDEMA - RESOLVED	
	8.	
PRESENT PROCEDURE/ SURGERY	CABG	
PREVIOUS PROCEDURE/ SURGERY	-	
CONTACT NO. & RELATIONSHIP	1. 9566082223 MRS. SANTHI (WIFE)	2.

MEDICATION HISTORY

S.No	STARTED ON	PAST MEDICATION (On Admission)	Dose	Route	Frequency	STOPPED ON
1	15.10.23	T. ASPIRIN	150mg	P/O	0-1-0	13/12/23
2	"	T. CLOPILET	75mg	P/O	0-1-0	13/12/23
3	"	T. ATORVAS	10mg	P/O	0-0-1	}
4	"	T. NITROCONTIN	2.5mg	P/O	1-0-1	
5	"	T. LASIX	40mg	P/O	1/2-0-0	
6	"	T. ALDACTONE	25mg	P/O	1-0-0	
7	"	T. ENIVAS	2.5mg	P/O	1/2-0-1/2	13/12/23
8	"	T. CARDIVAS	3-125mg	P/O	1-0-1	}
9	"	T. RANTAC	150mg	P/O	1-0-1	
10	"	T. GILCLAZDET		P/O	1-0-1	

T. METFORMIN 500mg

S.No	STARTED ON	CURRENT MEDICATION (After Admission)	Dose	Route	Frequency	STOPPED ON
1	02/1/24	T. ATORVAS	10mg	P/O	0-0-4	}
2	02/1/24	T. NITROCONTIN	2.5mg	P/O	1-0-1	
3	"	T. LASIX	40mg	P/O	1/2-0-0	
4	"	T. ALDACTONE	25mg	P/O	1-0-0	
5	"	T. CARDIVAS	3-125mg	P/O	1-0-1	}
6	"	T. RANTAC	150mg	P/O	1-0-1	
7						
8						
9						
10						

ANY RELEVANT INFORMATION:

Admission / OT Reveal Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer Out Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
Transfer In Date and Time : From : To :	Condition of the Patient : 1. Stable / Unstable 2. Oriented / Disoriented 3. Conscious / Semiconscious / Unconscious 4. Febrile / A febrile 5. Intubated / Extubated		
1) Known Case of Diabetic Mellitus 2) Known Case of Hypertension 3) Known Case of Bronchial Asthma/COPD	Year	Months	Days
	3yrs		
	3yrs		
4) Known Case Of Others			
Denture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Permanent Fixation <input type="checkbox"/> Temporary Fixation : Present / Absent		
Allergic Reaction : Drugs/Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Drug / Food Name :		
Pressure Ulcer Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you means mention about Grade : 1 / 2 / 3 / 4 & Site:		

ANY RELEVANT INFORMATION:

				Sign With Date
Peripheral Cannulation	1. Site: 2. Site: . 3. Site:	1. Inserted Date and Time 2. Inserted Date and Time 3. Inserted Date and Time	1. Removed on : 2. Removed on : 3. Removed on :	
Neck Line : IJL / EIJL	Site:	Inserted Date and Time	Removed on	
Arterial Line : Right/Left	Site:	Inserted Date 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 2. Pleural Right / Left : Inserted Date and Time		Removed on Removed on	
Urinary Catheterization	Inserted Date and Time	Removed on		
Nasal / Oral Gastric Tube	Inserted Date and Time	Removed on		
Intubation Date and Time	Extubation Date And Time	Reintubation Date And Time		
Other Information	<p>2/1/24 10 per reservation done confirmed with Mr. Vengar</p>			2/1/24 Buo

SAFE PROCEDURE CHECKLIST
Adapted from WHO Safe Surgery Checklist

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

Name of the Procedure : OP CAB (CH) Location : CT-OT-II Date & Time : 02/01/24 @ 14:25

Does the Procedure involve Procedural Sedation : ☒ Yes ☐ No

SIGN IN <u>9:50</u> Before Induction of Procedural Sedation (Anaesthetist / Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the procedure)		TIME OUT <u>11:00</u> After procedural Sedation and before procedure (Anaesthetist or Qualified Physician administering Procedural Sedation + Nurse + Technician + Doctor performing the Procedure)		SIGN OUT <u>14:25</u> When Doctor indicates that the Procedure is completed	
Patient Confirmation		All team members introduce themselves by Name and Role		To be done for each procedure in case of multiple procedures	
Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Identity by two identifiers	<input checked="" type="checkbox"/> Yes	Name of the Procedure done written down	<input checked="" type="checkbox"/> Yes
Procedure	<input checked="" type="checkbox"/> Yes	Procedures	<input checked="" type="checkbox"/> Yes	Name and site of all specimens / investigations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest, Leg</u>	Side	<input type="checkbox"/> Rt <input checked="" type="checkbox"/> Lt <input type="checkbox"/> NA <u>Chest, Leg</u>	confirms labeling and sent to lab	
Consent	<input checked="" type="checkbox"/> Yes	Position	<input checked="" type="checkbox"/> Yes	Any recovery concerns : If Yes, Pls. specify :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None
Known Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>not known</u> If yes, please specify	Consent	<input checked="" type="checkbox"/> Yes		
		Required equipment and implants available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Difficult airway / aspiration risk / dentures	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, equipment and assistance available	Essential Imaging displayed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA <u>not applicable</u>		
Possibility of hypothermia	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, warmer in place	Antibiotic prophylaxis within last 60 minutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Name of the Antibiotic given	<u>Inj. cefuroxime 1.5g</u>		
		Venous Thromboembolism Prophylaxis Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
All concerned anesthesia equipment and medication check complete	<input checked="" type="checkbox"/> SpO2 <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Others pls. specify	Anticipated duration briefed	<input checked="" type="checkbox"/> Yes		
		Anticipated blood loss briefed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
Pre OP medication taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adequate fluids and blood available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA		
		Team briefed on any critical or unexpected steps	<input checked="" type="checkbox"/> Yes		
Required equipment for procedure available	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NA	For procedural sedation cases			
		Any patient specific concerns :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		
		Intra procedure glycemic control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA		
		Any concerns about sterility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> None		

Any Equipment / instrument problem that needs to be addressed :
If Yes, Pls. specify :

Instruments, Sponges, Gauze and Needle counts are correct

Corrective action :

Anaesthetist / Doctor giving Procedural Sedation

Doctor performing the Procedure :

Nurse :

Technician :

Others Please Specify :

Dr. JEEVANANDAM
Date: 03/01/24
Time: 14:22
Reg No: 83722

Dr. RAJESH
Date: 03/01/24
Time: 14:28

R.N. ABITHA
Date: 03/01/24
Time: 14:25

Dr. SATHYA
Dr. BALAKRISHNAN
Date: 03/01/24
Time: 14:25

Dr. INE. CHRISTINA
Date: 03/01/24
Time: 14:25



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:

1. 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.

Witness Sub.

Doctor [Signature]

Time 15.15

Date 21/1/24

Patients name KARUNA MOORTHY

Patient signature [Signature]

or Guardians name SHANTHA

Guardians signature [Signature]

Relationship to patient WIFE

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.

Time: 15:15

Date: 21/1/24

Doctors Signature: [Signature]

ஒப்புதல் : இரத்தம் / இரத்தத்தின் 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 கீழ்க்கண்டவை அடங்கும்.

சுவப்பு அணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த ஹீமோகுளோபினுக்கு
தட்டணுக்கள்	இரத்தப்போக்கு அல்லது குறைந்த எண்ணிக்கைக்கு
குருதிநீர்	இரத்த கன அளவை மீட்டமைப்பதற்கு அல்லது உறைவு அம்சங்களை வழங்குவதற்கு
கிரையோபிரைஸிபிட்டு	சிறப்பு உறைவு அம்சங்களுக்காக

எனக்கு / நோயாளிகளுக்கு இரத்தம் செலுத்தப்படுவதன் மூலம் எதிர்பார்க்கப்படும் நன்மைகள் மட்டுமின்றி இடர்களையும் மருத்துவர் விளக்கியுள்ளார்

1. இரத்தம் செலுத்துவதில் கிடைக்கின்ற விருப்பத்தேர்வு பற்றி எனக்கு தகவலளிக்கப்பட்டுள்ளது. இதில் தன்னார்வ தானமளிப்பவர்கள் வழங்கியுள்ள வங்கியிலுள்ள இரத்தம் (அலோஜெனிக்) அல்லது சுயமாக தானமளித்தல் (ஆட்டோலோகஸ்) ஆகியவை அடங்கும். ஓர் அவசரநிலையில், வங்கி இரத்தத்தான் பயன்படுத்த வேண்டியிருக்கும். நேரம் கிடைக்கும் பட்சத்தில் சுய தானமளிப்பதற்கு வாய்ப்புள்ளது.
2. தேசிய விதிமுறைகளுக்கேற்ப கவனத்துடன் முன்சோதனை செய்யப்பட்டிருந்தாலும், உயிருக்கு ஆபத்தை விளைவிக்கக்கூடிய தொற்றுக்கான எய்ட்ஸ், ஹெபடைடஸ் மற்றும் இதர வைரஸ்கள் அல்லது இதுவரை அறியப்படாத நோய்கள் ஏற்பட்டுள்ள அரிதான நிகழ்வுகளும் உள்ளன. எல்லாவிதமான இடர்களையும் நீக்குவது என்பது நடைமுறைக்கு இயலாத ஒன்றாகும் என்பதையும் நான் புரிந்து கொள்கிறேன். கணிக்க முடியாத எதிர்விளைவுகளும் தோன்றலாம். இவை காய்ச்சல், பொரிப்பு, மூச்சுத்திணறல், அதிர்ச்சி மற்றும் அரிதான நிகழ்வுகளில் 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 ஆகியவற்றை உள்ளடக்கியிருக்கலாம் என்றாலும், எதிர்பார்க்கப்படும் நன்மைகளுக்கு உத்தரவாதம் ஏதும் அளிக்கப்படவில்லை என்பதையும் நான் புரிந்து கொள்கிறேன்.
4. இரத்தம் செலுத்துதல், மாற்று சிகிச்சை முறைகள், சிகிச்சை எடுக்காமல் இருப்பதிலுள்ள அபாயங்கள், பயன்படுத்தவிருக்கும் செயல்முறைகள், மற்றும் இதிலுள்ள இடர்கள் மற்றும் அபாயங்கள் ஆகியவை பற்றிய கேள்விகள் கேட்பதற்கு எனக்கு வாய்ப்பிருந்தது, மேலும் தகவலறிந்த நிலையில் முடிவெடுப்பதற்கு ஏற்ப எனக்கு போதிய விவரங்கள் 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 அளிக்கிறேன். 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 கொள்கிறேன்.

நோயாளியின் பெயர்.....
 சாட்சி நோயாளியின் கையொப்பம்
 மருத்துவர் அல்லது பாதுகாவலரின் கையொப்பம்
 நேரம் பாதுகாவலரின் கையொப்பம்
 தேதி நோயாளியுடனான உறவு

உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலை காரணமாகத் தகவலறிந்த ஒப்புதல் பெறப்படவில்லை, தகவலறிந்த ஒப்புதலாகக் கருதப்படக்கூடிய அளவிற்கு நான் போதிய அளவு தகவலை நோயாளிக்கு வழங்கிவிட்டேன். மேலும் ஓர் உயிருக்கு ஆபத்தான / அவசரக்கால மருத்துவ நிலையை மாற்றுவதற்கு, மேம்படுத்துவதற்கு, நேர்மாறாக ஆக்குவதற்கான போதிய அளவின் இரத்தப் பொருட்களை வழங்குவதற்கான உத்தரவை வழங்கும் நடவடிக்கையை நான் மேற்கொண்டுள்ளேன்.

நேரம் :

நோயாளியின் பெயர் :

மருத்துவரின் கையொப்பம்.....

தேதி :

IN-PATIENT INITIAL ASSESSMENT FORM - PHYSIOTHERAPY

Chief Complaints:

PT clo Sudden onset of breathlessness (Night class-II)

Occupation:

☐ Heavy Activity

☒ Moderate Activity

☐ Light Activity

Past Medical / Surgical History:

K/clo T2DM x 3yrs

K/clo HTN x 3yrs

K/clo old CVA - (L) hemiparesis

K/clo ACS - NSTEMI / Ischemic cardiomyopathy

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:

☐ INSIGNIFICANT

Tenderness: ☐ Yes ☒ No | Warmth: ☐ Yes ☒ No | Muscle spasm: ☐ Yes ☒ No
Oedema: ☐ Yes ☒ No | Crepitus: ☐ Yes ☒ No | Tone: ☐ Normal ☒ Abnormal

FALL RISK SCREENING NIL

Fall Risk Screening for Adults: ☐ Age more than 65 years ☐ History of fall in last 3 months

☐ Walks with assistance ☐ Any neurological problem

In case of 2 or more criteria is met, initiate detailed fall assessment and fall prevention protocol.

Fall Risk Screening for Pediatrics: NA

☐ 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:

☒ Room Air ☐ O₂ Support ☐ Ventilatory Support ☐ BIPAP

☐ Tracheal Mask ☐ Nasal Prongs ☐ Face Mask

Intubated: ☐ Yes ☒ No

Tracheostomy: ☐ Yes ☒ No

Brain Injury (if applicable): NIL

☐ Traumatic ☐ Non Traumatic

☐ Mild ☐ Moderate ☐ Severe

☐ Conscious ☐ Unconscious

GCS: E +V +M = | RLA: levels

Spine Injury: ☐ Present ☒ Absent

AIS:ISNCSCI SCALE: Nil

☐ Cervical ☐ Dorsal ☐ Lumbar ☐ Sacral ☐ Coccyx

Associated Injuries: Speech impaired: ☐ Yes ☒ No

Voluntary Movements: ☐ Present ☒ Absent | Tone Modified: ☐ Hypotonic ☒ Normal ☐ Hypertonic

ASHWORTH SCALE: Nil

☐ 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: Class III

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: —

☐ Acute ☐ Chronic ☐ Burning ☐ Aching ☐ Radiating ☐ Numbness

☐ Sharp ☐ Cramping ☐ Stabbing ☐ Crushing —

Aggravating Factors:

Relieving Factors:

Examination (Please tick and mention abnormal findings only):

☐ Range of Motion:

Normal

☐ Muscle Strength:

Normal

☐ Reflexes:

Normal

Plantar Response: ☒ Diminished ☐ Brisk ☐ Clonus

Biceps: ☒ Diminished ☐ Brisk ☐ Clonus

Triceps: ☐ Diminished ☐ Brisk ☐ Clonus

Supinators: ☐ Diminished ☐ Brisk ☐ Clonus

Knee: ☒ Diminished ☐ Brisk ☐ Clonus

Ankle: ☐ Diminished ☐ Brisk ☐ Clonus

Sensation: Good

☒ X-Ray

☒ ECG

☒ ECHO

☒ CAG

☐ SIP Surgery

CAD-TVD / T2DM / HTN / Severe LV dysfunction
old CVA - (L) hemiparesis

Physiotherapy Management Plan:

Breath encouraged, Spirometry is encouraged, chest
percussion to b/c chest wall, AROM to B/c U & LL
Mobilization

Post OP Cardiothoracic rehabilitation Phase - I

AROM to B/c U & LL, Mobilization outside the room
Stair climb encouraged.

	Signature	Name	Emp. No.	Date	Time
Physiotherapist	G. E. Akash	AKASH G. E	0256	03/01/24	1800

RE-ASSESSMENT FORM

Date &
Time

05/01/24

10:00

Fall Risk Score: —

Pain Score: 2/10

Surgical Site Pain.

Surgery / Procedure :

OP CAB X 3 Grafts

Respiratory status Post OP :

SpAe (A)

Post intention pain score : 2/10.

Treatment care & plan :

- DDE's changed
- Spirometry csg changed
- Active csg to BLE v/s U
- Chest auscultation to BLE chest wall
- mobilisation

Post Intervention Pain Score: 2/10

Treatment Care & Plan:

Post operative Cardio pulmonary Rehabilitation

Signature

Name

Emp. No.

Physiotherapist

J. Jayarajan

J. JAYARAJAN

2102

CONSENT FORM - PHYSIOTHERAPY

I, Mr. Karuna Gandhi the ☐ Patient or ☒ Representative 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 Operation / procedure

Post operative Cardio Pulmonary Rehabilitation

(full name of operation / procedure given below in this consent form)

Brief description of the Operation / Procedure: Dys, chest pain, Spirometry test,
Active ex to BL UL & LL, mobilisation

I understand the intended benefits of undergoing the procedure. The intended benefits from this procedure are:

To Improve Joint ROM, To Improve A/C, To Improve lung
capacity & function To clear out lung secretion

I understand that all procedures carry certain risks. The potential risks and complications from this procedure:

Pain

I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like:

Nil

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 signing this form.

Signature of Patient / Patient's Relative (only if Patient is unable to sign):

V. Angelin

For the above mentioned operation(s) / procedure(s) that I have been made aware of, I give my consent voluntarily to

Dr. J. N. NARAYANAN (name of doctor performing the operation / procedure) for carrying out the said operation / procedure on ☒ myself or ☐ my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives

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

	Signature / Thumb Impression*	Name	Date	Time
Patient				
Surrogate/Guardian (if applicable #)	<i>V. Angelin</i>	<i>V. Angelin</i> (Write name and relationship with patient)	03/01/24	18:00
Reason for surrogate consent	Patient is unable to give consent because:			
Witness	<i>JOSE LOPEZ</i>	<i>SONIA FLORANCE</i>	03/01/24	18:00
Interpreter (if applicable)				

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

I, the undersigned doctor, have explained the nature, potential risks and complications, intended benefits, expected post-procedure course, and possible alternatives to the planned 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	<i>G. E. Reddy</i>	AKASH G. E	0256	03/01/24	18:00
Procedure performed by	<i>G. E. Reddy</i>	AKASH G. E	0256	03/01/24	18:00



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Mr. KARUNA GANDHI: A

56/Male/MHI202380036 0093 / PH Y

02/01/2024/IPH2024000014

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
03/01/24	17:00	<p><u>S/B VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - PT. on table extubation - DEX encouraged - Spirometry & encouraged Insp: boocce Exp: boocce - chest percussion to BL chest wall - AROM to BL ULL 	<p>G. F. Akash</p> <p>MHI0256</p>
03/01/24	21:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - DEX encouraged - Spirometry & encouraged Insp: boocce Exp: boocce - Chest percussion to BL chest wall - AROM to BL ULL 	<p>G. F. Akash</p> <p>MHI0256</p>
04/01/24	6:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - DEX encouraged - Spirometry & encouraged Insp: boocce Exp: boocce - chest percussion to BL chest wall - AROM to BL ULL 	<p>G. F. Akash</p> <p>MHI0256</p>



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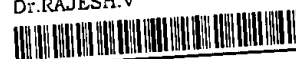


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Mr. KARUNA GANDHI.A
56/Male/MH1202380036 SS / PHY

02/01/2024/IPH2024000014

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
4/1/24	9:00	<p>S/B Ramanathan. P</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion to B/c Chest wall - AROM Ex's to B/c Chest - Spirometry Ex's encouraged <p>Ins: 6000 Exp: 6000</p>	<p>J. Pri MH10260</p>
04/01/24	17:00	<p>S/B J. VIJAYARAGAVAN</p> <ul style="list-style-type: none"> - DBE's encouraged - Chest percussion done to B/c Chest wall - Spirometry ex encouraged <p>Ins-6000 Exp-6000</p> <ul style="list-style-type: none"> - Active ex's to B/c UL SLU encouraged. 	<p>Jimmy MMC-2102</p>
04/01/24	21:00	<p>S/B ARASH</p> <ul style="list-style-type: none"> - DBE's encouraged - Spirometry ex encouraged <p>Ins: 6000 Exp: 6000</p> <ul style="list-style-type: none"> - Chest percussion to B/c Chest wall - AROM to B/c UL SLU 	<p>G. B. Arash MH10260</p>



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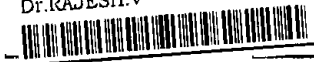
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56/Malc/MH1202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
05/01/24	6:00	<p><u>S/B AKASH</u></p> <ul style="list-style-type: none"> - DBE encouraged - Spirometry est encouraged Ins. 600cc BP 600cc - Chest percussion to BL Chest wall - ARM to BL UL & LL 	<p>G. B. Jeyaraj</p> <p>MHC-2102</p>
05/01/24	9:00	<p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DBE encouraged - Chest percussion done to BL Chest wall - Spirometry est encouraged Ins. 600cc BP 600cc - Active ex to BL UL & LL - Patient mobilized to chair. 	<p>J. V. Jeyaraj</p> <p>MHC-2102</p>
05/01/24	17:00	<p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DBE encouraged - Chest percussion done to BL Chest wall - Spirometry est encouraged Ins. 600cc BP 600cc - Active ex to BL UL & LL - Patient mobilized. 	<p>J. V. Jeyaraj</p> <p>MHC-2102</p>



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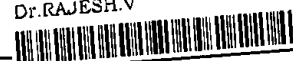
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Mr. KARUNA GANDHI A-3 / PHY

56/Male/MH1202380036

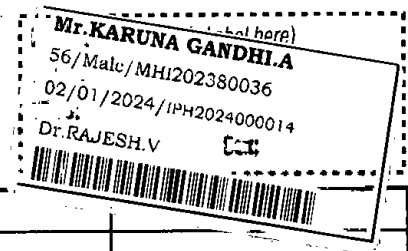
02/01/2024/IPH2024000014

Dr. RAJESH.V



PHYSIOTHERAPY TREATMENT CHART

DATE	TIME	PHYSIOTHERAPY TREATMENT	REMARKS
06/01/24	12:00	<p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DRE's encouraged - chest percussion done to Rk chest wall - Spirometry en encouraged - Ins-boose Rn-boose - Active en to Rk UL & LL - PT monitored 	<p><i>J. V.</i></p> <p>mac-262</p>
06/01/24	17:00	<p><u>S/B J. VIJAYARAGHAVAN</u></p> <ul style="list-style-type: none"> - DRE's encouraged - chest percussion done to Rk chest wall - Spirometry en encouraged - Ins-boose Rn-boose - Active en to Rk UL & LL - PT monitored 	<p><i>J. V.</i></p> <p>mac-262</p>
7/1/24	11:00	<p><u>S/B Ramanathan P</u></p> <ul style="list-style-type: none"> - DRE's encouraged - chest percussion to Rk chest wall - ROM 60's to Rk UL & LL - Spirometry Ad encouraged - Ins-boose Exp: boose - PT monitored 	<p><i>RP</i></p> <p>mac-260</p>



URINE ROUTINE ANALYSIS

MICROBIOLOGY SHEET

DATE	7/12/23		
COLOUR			
REACTION			
SPECIFIC GRAVITY	1.005		
APPEARANCE			
ALBUMIN			
SUGAR	nil		
ACETONE			
BILE SALT			
BILE PIGMENT			
UROBILINOGEN			
PUS CELLS			
EPITHELIAL CELLS			
RBC			
CASTS			
CRYSTALS			
OTHERS			


MICROBIOLOGY-CULTURE REPORTS

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

DIABETIC CHART


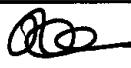
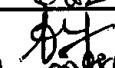

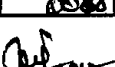
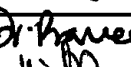
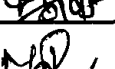
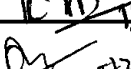
Every heart beat counts

Mr. KARUNA GANDHI.A
56/Male/MHI202380036 (T)
02/01/2024/PH2024000014
Dr. RAJESH.V



ACTUAL WEIGHT 61.05 HbA_{1c} 6.4%

PREVIOUS DIABETIC MEDICATIONS T. Gliclazide 60mg + T. Metformin 850 (BR)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
21/1/24	13.00	100 mg/dl	-		
	18.30	98 mg/dl	T. Metformin 850		
31/1/24	6.00	90 mg/dl	NPO		
31/1/24	9.30	93	NPO		

INSTRUCTIONS FOR INSULIN INFUSIONS

- * Mix 40u short acting Insulin in 40 ml. of normal Saline (I/J - 1 ml.)
 - * Start Insulin Infusion 1-2 u / hr (1-2 ml / hr.).
 - * Monitor Blood Glucose hourly (every 2nd hourly when stable) and adjust Insulin rate according to the following Algorithm.
 - * Target Blood Sugar 150-200 mgs.
 - * To monitor K⁺ separately.
- Urine Acetone

BLOOD SUGAR
mg / dl

INSULIN INFUSION

< 100

Stop Infusion for 30 mins, recheck Glucose level, if B.S. is still <100 give Glucose and recheck B.S. every 30 mins, until the level is above 150. Then restart infusion with rate 1 u / hour.

150-200

Adjust Infusion rate to 2u / hr.

201-250

Adjust Infusion rate to 4u / hr.

251-300

Adjust Infusion rate to 6u / hr.

301-350

Adjust Infusion rate to 8u / hr.

351-400

Adjust Infusion rate to 10u / hr.

>400

Adjust Infusion rate to 20u / hr.

DIABETIC CHART

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

ACTUAL WEIGHT 61.05 HbA_{1c} 6.4 / 1

PREVIOUS DIABETIC MEDICATIONS T. GLICLAZIDE 60mg & MF 500mg 1-0-1 (BP)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
03/01/24	15:40	133 mg/dl	-	Ch22	Dr. Pooja Jayalim.
4/1/24	6:55	115 mg/dl	T. GLICLAZIDE 60mg T. METFORMIN 500mg GIVEN at 8:30	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
4/1/24	19:55	114 mg/dl	MF 500mg 11:00 T. GLICLAZIDE 60mg	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
5/1/24	6:00	150 mg/dl	T. GLICLAZIDE 60mg T. METFORMIN 500mg	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
	12:30	128 mg/dl	-	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
	18:30	147 mg/dl	T. Glucolazide 60mg T. MF 500mg	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
6/1/24	6:00	139 mg/dl	T. GLICLAZIDE 60mg T. MF 500mg 1-0-1 (BP)	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
	12:30	128 mg/dl	-	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.
	18:30	128 mg/dl	T. GLICLAZIDE 60mg T. MF 500mg 1-0-1 (BP)	Dr. Pooja Jayalim.	Dr. Pooja Jayalim.

INSTRUCTIONS FOR INSULIN INFUSIONS

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

DIABETIC CHART

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

ACTUAL WEIGHT 61.5 HbA_{1c} 6.4 %

PREVIOUS DIABETIC MEDICATIONS T. Glimepiride 60mg + T.MF 800mg + (BF)

DATE	TIME	BLOOD SUGAR	DIABETIC DRUG	Sign.	ENDORSED BY
7/12/24	6.30	122 mg/dl	T. Glimepiride 60mg + T.MF 800mg	Dr. Rajesh V	Dr. Rajesh V
	12.30	156 mg/dl	-	Dr. Rajesh V	Dr. Rajesh V
	18.30	128 mg/dl	T. Glimepiride 60mg + T.MF 800mg	Dr. Rajesh V	Dr. Rajesh V
8/12/24	6.30	95 mg/dl	-	Dr. Rajesh V	Dr. Rajesh V
	12.30	149 mg/dl	T. Glimepiride 60mg + T.MF 800mg	Dr. Rajesh V	Dr. Rajesh V

INSTRUCTIONS FOR INSULIN INFUSIONS

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


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The way to better health

(A Unit of United Alliance Healthcare Pvt Ltd)


Every heart beat counts
BLOOD GROUP

O-ve

INVESTIGATION SHEET
Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



Date	7/12/2023	4/1/24	5/1/24	7/1/24		
HAEMATOLOGY						
Hb	12.3	11.1	9.9	8.0		
P.C.V						
Platelets	333000					
TLC	6480					
Polymorphs	51.3					
Lymphocytes	29.3					
Eosinophils	10.7					
Mono / Basophils	7.3 / 1.1					
E.S.R						
BIO-CHEMISTRY						
Urea	12.45	21	33	36		
Creatinine	0.73	0.86	1.02	0.99		
Sodium	138		133	135		
Potassium	4.90		4.59	4.14		
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.574					
D.Bilirubin						
I.Bilirubin						
S.G.O.T						
S.G.P.T						
ALP						
GGT						
Total Protien						
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]


Medway Hospitals

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


Every heart beat counts

BLOOD GROUP

O NEGATIVE

INVESTIGATION SHEET

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V

Date	7/12/23					
HAEMATOLOGY						
Hb	12.3					
P.C.V						
Platelets	333000					
TLC	6460					
Polymorphs	51.3					
Lymphocytes	29.3					
Eosinophils	10.7					
Mono / Basophils	7.3/1.1					
E.S.R						
BIO-CHEMISTRY						
Urea	12.45					
Creatinine	0.73					
Sodium	138					
Potassium	4.90					
Bicarbonate						
Chloride						
Magnesium						
Calcium						
Phosphorus						
LFT						
T.Bilirubin	0.574					
D.Bilirubin	0.193					
I.Bilirubin	0.381					
S.G.O.T	139					
S.G.P.T	62					
ALP	101					
GGT						
Total Protein						
S.Albumin						
CARDIAC ENZYMES						
Troponin I						
CKNAC - CPK						
CK - M.B. MASS						
LDH						
Ntpro bnp						

[illegible]

ANTIPIATE STOPPED ON 24/12/23



The way to better health

— Mr. KARUNA GANDHI. A.

- 56 / Male / MHI202380036

02/01/2024/IRH2024000014

¹ Dr. RAJESH.V



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Heart
Institute

Every heart beat counts

ON ADMISSION

Height in CM**Weight in Kg.**

174 cm

61.05100

Procedure: $OP_{AB} \times 3612AF_{15}$

Loma → CAB
Sulu → DM,
Sulu → DRCA

NO. OF DAYS	DOS	I POD	II POD	POD - III	POD - IV	POD - V
DATE	3/01/24	04/01/24	5/1/24	6/1/24	7/1/24	8/1/24
HOUR	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 2 6 10	2 6 10 2 6 10
PULSE	92mt	96mt	101mt	102	98mt	85
RESP	12mt	24mt	24mt	20	20	22
B.P.	122/62	121/64	NA	131/75	130/74	110/80
SPO2	100%	96%	92%	97%	97%	94%
DAILY WEIGHT	Bed rest	Bed rest				
24 HRS INTAKE	2790.8ml	1575.9 ml	1500ml	1200 ml	1300 ml	
24HRS OUTPUT	2556 ml	2250 ml	2150 ml	1850 ml	2200 ml	
BALANCE	+234.8ml	-674.1 ml	650 ml	-650 ml		
MOTION	x	x	x	<		



Mr. KARUNA GANDHI.A
56/Male/MH1202380036
02/01/2024/IPH2024000014
Dr. RAJESH.V

Name: _____ **Age/Sex:** _____ **Patient Id No:** _____

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

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

EARLY WARNING SCORE MONITORING CHART

Name: _____

Age/Sex: _____

Patient Id No: _____

NEWS key	DATE	TIME	DATE	TIME
0 1 2 3				
A+B				
Respirations				
Breath/ min				
A+B				
SpO2 Scale 1				
Oxygen Saturation (%)				
SpO2 scale 2 oxygen				
saturation (%) use scale 2				
target range is 88-92 %				
eg: in hypercapnic				
respiratory failure only				
use scale 2 under the				
on of qualified				
in				
Air or Oxygen ?				
A= Air				
O2litre/ min				
Device				
C				
Blood Pressure				
>220				
201-219				
181-200				
161-180				
141-160				
121-140				
111-120				
91-100				
81-90				
71-80				
61-70				
51-60				
<50				
Diastolic BP				
mmHg				
>131				
121-130				
111-120				
101-110				
91-100				
81-90				
71-80				
61-70				
51-60				
41-50				
31-40				
<30				
D				
Consciousness				
Score for New onset of				
confusion				
(no score if chronic)				
E				
>39.1 degree				
Celsius				
Temperature				
Degree Celsius				
38.1-39.0				
37.1-38.0				
36.1-37.0				
35.1-36.0				
< 35.0				
NEWS Total				
Monitoring Frequency				
Escalation of Care Y/N				
Initials by RN				
Initials by Sr. RN				

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

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

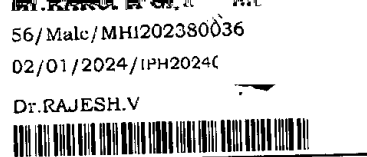
EARLY WARNING SCORE MONITORING CHART

Name: _____ **Age/Sex:** _____ **Patient Id No:** _____

NEWS key						DATE					
0 1 2 3						TIME					
A+B											
Respirations						>25					
Breath/min						>25					
21-24						21-24					
18-20						18-20					
15-17						15-17					
12-14						12-14					
9-11						9-11					
<8						<8					
A+B											
SpO2 Scale 1						>96					
Oxygen Saturation (%)						>96					
94-95						94-95					
92-93						92-93					
<91						<91					
SpO2 scale 2 oxygen saturation (%) use scale 2 if target range is 88-92 % e.g. in hypercapnic respiratory failure only use scale 2 under the direction of qualified clinician						>96 on oxygen					
>96 on O2						>96 on O2					
95-96 on O2						95-96 on O2					
93-94 on O2						93-94 on O2					
>93 on air						>93 on air					
88-92						88-92					
86-87						86-87					
84-85						84-85					
<83%						<83%					
Air or Oxygen ?											
A= Air						A= Air					
O2litre/ min						O2litre/ min					
Device						Device					
C											
Blood Pressure						>220					
201-219						201-219					
181-200						181-200					
161-180						161-180					
141-160						141-160					
121-140						121-140					
111-120						111-120					
91-100						91-100					
81-90						81-90					
71-80						71-80					
61-70						61-70					
51-60						51-60					
<50						<50					
D											
Diastolic BP						mmHg					
mmHg						mmHg					
>131						>131					
E											
Pulse						>131					
beats/min						>131					
121-130						121-130					
111-120						111-120					
101-110						101-110					
91-100						91-100					
81-90						81-90					
71-80						71-80					
61-70						61-70					
51-60						51-60					
41-50						41-50					
31-40						31-40					
<30						<30					
F											
Consciousness						Alert					
Score for New onset of confusion						Confusion					
(no score if chronic)						V					
U						U					
G											
Temperature						>39.1 degree Celsius					
Degree Celsius						>39.1 degree Celsius					
38.1-39.0						38.1-39.0					
37.1-38.0						37.1-38.0					
36.1-37.0						36.1-37.0					
35.1-36.0						35.1-36.0					
<35.0						<35.0					
NEWS Total											
Monitoring Frequency											
Escalation of Care Y/N											
Initials by RN											
Initials by Sr. RN											

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

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



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Every heart beat counts

[illegible]



Date		From: 5/1/24		To: 6/1/24		Bed No: Cw-2		INTAKE & OUTPUT CHART							
24 Hrs : Started Time : 7:00 Ended Time : 7:00															
NPO Started at :				NPO Over at :											
SHIFT		Morning		Afternoon		Night								Restricted Fluid (RF)	
INTAKE				575 ml		400 ml		1.4 litres / day							
OUTPUT				700 ml		2150 ml									
Total Intake: 1500 ml				Total Output: 2100 ml				Difference: 600 ml							
INTAKE (ml)						OUTPUT (ml)									
Time	Oral	Tube Feeding	Intravenous Infusion			Total	Time	Urine	Vomit	N/G Aspirate	Drain Tube	Others	Total	R/N Sign	Endorsed by
			Type of Fluid	Additions	Amount										
			TOTAL INTAKE ⇒ 575 ml						TOTAL OUTPUT ⇒ 300 ml						
			BALANCE ⇒ +275 ml												
12:55	75					650	16:25	500					800		
18:50	90					740	18:10	200					1000		
14:20	125					865	21:40	400					1400		
16:20	100					965	5:00	750					2150		
16:21	50					1015									
17:40	60					1075									
18:15	75					1150	Total Intake 1500								
20:20	75					1225	Output - 2150 ml								
20:40	100					1325									
10:10	100					1375									
5:00	100					1475									
6:00	125					1600									
						1540									

Dr. Rajesh V
02/01/24



MR. KARUNA GANDHI.A

/ Malc / MHJ2021 36

uz/01/2024/IPH2024000014

Dr. RAJESH.V



MHI/IP/2022/066



Every heart beat counts

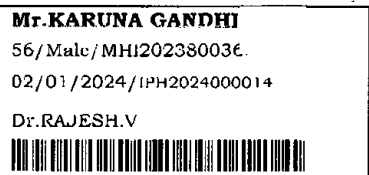
[illegible]



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Every heart beat counts

[illegible]



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Every heart beat counts

[illegible]

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



Department of Dietetics

NUTRITION ASSESSMENT AND CARE PLAN FORM

Diagnosis: All - NSTEMI / CAD - T2D / CADx / Acute Pulmonary edema (resolved) / old CVA

Height: 151 cms Weight: 61.05 Kgs Food allergies: Yes/No; if yes, specify: None

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

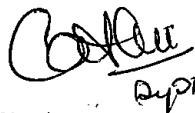
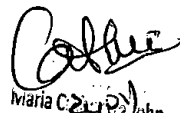

Diet Prescription: low calcium, low fat, low salt, high protein, 1500ml fluid restricted, diabetic diet.

SUBJECTIVE GLOBAL ASSESSMENT (ADULTS)

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

Dietitian Signature / Name / Date / Time:



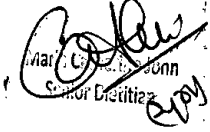
Maria Catherine Thomas 26/12/24, 14:00
Senior Dietitian

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
<p>2/1/24, 14:00</p>	<p>A 56 years old gentleman came to do chest pain was assessed to be well nourished as evident by SGA.</p> <p>Kilo - 75/104/147/old WtA.</p> <p>Estimated the patient and family on 1000 calories, 60 fat, 60 salt, high protein, 1000ml fluid restricted, diabetic diet. Enjoys a small fruit meal, olive green vegetables.</p>	<p> Maria Catherine John Senior Dietitian</p>
<p>3/1/24, 15:20.</p>	<p>Patient shifted to or for surgery (CASA) and kept on NPO. Patient <u>will</u> be on low. Will initiate a diabetic, fluid diet as per doctor's advice.</p>	<p> Maria Catherine John Senior Dietitian</p>
<p>4/1/24, 10:40.</p>	<p>However, Patient remained diabetic, rigid diet. Can initiate on diabetic, high protein, soft solid diet.</p>	<p> Maria Catherine John Senior Dietitian</p>



Department of Dietetics

CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE
5/1/24 12:00	Patient <u>will</u> to <u>use</u> - keep up a <u>te</u> diet restriction. Motivated to eat well.	 Maria Catherine John Senior Dietitian
6/1/24 10:00	Diet intake is gradually improving. Diet modification and clarification done. Motivated to eat well.	 Maria Catherine John Senior Dietitian
8/1/24 12:00	Diet intake is good. Educated the patient and family on 1600 calories, low fat, low salt, no home fluid restricted, high protein, diabetes diet on <u>discharge</u> . Prescribed a small fat meal - low protein diet. Diet modification and clarification done. Diet chart given on <u>discharge</u> .	 Maria Catherine John Senior Dietitian

Department of Dietetics

CARE PLAN FORM - A

DATE AND TIME	DIETITIAN NOTES	SIGNATURE



Mr. KARUNA GANDHI.A P: 56/Male/MHI202380036: label no: 2) 02/01/2024/IPH2024000014 Dr. RAJESH.V

PSYCHOLOGICAL WELLBEING REPORT

Date: 06.01.24

Time: 12.00 pm.

Unit: GW2

Clinical diagnosis:

Surgery/ Procedure: OPCAB X 3 graft, Pod III

Impression: Functioning well

- calm affect, oriented, drowsy & responsive
- sleep & appetite (N)
- alcohol use (+) (1.6m - abstinence)
- no psychological distress reported.

Employee ID: MHI0278634

Signature of the Psychologist:

INTRAOPERATIVE NURSING RECORD

Patient Details (Affix Label here)	
Name: Mr. KARUNA GANDHI.A	56/Male/MHI202380036
UHID: 02/01/2024/1PH2024000014	Dr. RAJESH.V
DOB: _____	Sex: _____

Name of Surgery : **OPC AB (CH)**

Date of Surgery : **3/01/24**

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 ☒ Eye protection ☐ Chest roll ☐ Cysto/Gyn
☐ Sling ☐ Boot ☐ Stirrups/Leg Holder
☐ L arm rest padded / Secured ☒ R Arms tucked / padded
☐ Nil ☐ R ☐ L ☐ Other (Specify) _____

Skin preparation in OT : ☒ Chlorhexidine Prep ☒ Providone Iodine ☐ Lodophor scrub
☐ Alcohol Prep ☐ Others (specify) _____

Electrocautery : ☒ Monopolar ☒ Pad Location **Right upper arm** ☐ Bipolar

Tourniquet : ☐ Location _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____
☐ Applied Time _____ ☐ Released Time _____

Other equipment used : _____

Personal : ☒ Surgeon **Dr. Rajesh** ☐ Asst. _____
☒ Anaesthetist **Dr. Jeeva** ☐ Asst. _____

Type of Specimen : _____

Lab : ☐ Pathology ☐ Permanent ☐ Frozen ☐ Time sent _____
☐ Cytology ☐ Time of report _____
☐ Microbiology ☐ Time sent _____
☐ Biochemistry

Packing / Drains / Catheters

Type	Size	Site	Type	Size	Amount	Sign
Romson	28Fr	1st pleura	—	—	—	J over
Romson	28Fr	Mediastinum	—	—	—	

Urinary Catheterization done by AT. Balakrishnan using 14Fr Foley's Catheter.
Sponge Count Record

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	Correct	Correct	↖			Correct	Correct	Correct	Shp 0/028	Shp 0/028
Change over count	Correct	Correct				Correct	Correct	Correct	Shp 0/028	Shp 0/028
First closure count	Correct	Correct				Correct	Correct	Correct	Shp 0/028	Shp 0/028
Final closure count	Correct	Correct				Correct	Correct	Correct	Shp 0/028	Shp 0/028

☐ Count Correct

Corrective action taken _____

Surgeon informed _____

Dressing / Cast Immobilizer Chest dressing done & primapore, leg dressing done & sterile pads & Gape bandage
Condition of patient at end of surgery : ☒ Stable ☐ Fair ☐ Critical
Transferred to : SIW ☐ Patient Room ☐ CCU ☐ Recovery Room

Scrub Nurse Signature RP

Name : R/N Radhika 0238

Date & Time : 03/01/24 @ 14:25

Circulating Nurse Signature Shp

Name ; R/N Abitha 0024

Date & Time 03/01/24 @ 14:25

NURSING ADMISSION ASSESSMENT (ADULT)

Date of Admission: 21/12/24 Time of Arrival: 12.15 Mode of Admission: ☒ Walking ☐ Wheelchair ☐ Stretcher
Accompanied by Relative: ☐ Yes ☐ No If Yes, Name of the Relative: _____
Relationship with Patient: _____ Contact Person's Name: Mrs. Senthil Relationship: wife
Contact No.: 8939498228 Primary language spoken: ☒ Tamil ☐ English ☐ Indian ☐ International
Interpreter needed: ☐ Yes ☒ No
Patient status: ☒ Conscious ☐ Unconscious ☐ Disoriented | Patient Vulnerable: ☐ Yes ☒ No
Menstrual History : LMP : _____ Menopause: 27/12/23
Medical History : DM / HTN / Co - Morbidity : 34 years Yes If yes specify T. Clozapine 150mg - 0-1-0
Drugs History : Antiplatelet T. D/AMICLOD (Specify) 600/500 mg T. Enalapril 2.5 1/2-1/2
T. Aspirin 100mg 0-1-0
Psychological Status: ☒ Calm ☐ Anxious ☐ Withdrawn ☐ Agitated ☐ Depressed ☐ Sleeping Difficulty
Do you have any special religious, spiritual or cultural needs to be considered? ☒ Yes ☐ No
If Yes, specify details: _____

Socio Economic Status: ☒ Employed ☐ Retired ☐ Own Business ☐ Home-Maker ☐ Others: _____
Vital Signs: Temp: 98.2 (°F) | Pulse / HR: 70 /min (beats/min) | BP: 136/91 (mmHg)
Respiration: 20 /min (breaths/min) | SpO₂: 93 (%) | CBG: 100 (mg/dl) | Height: 171 (cms) | Weight: 61.05 (kgs)
Allergies / Adverse Reaction: ☐ Yes ☒ No ☐ Medication ☐ Blood Transfusion ☐ Food ☒ Not known
If Yes, specify: _____

Pain: ☒ Yes ☐ No. If Yes, Score: 0/10 Pain Scale Used: ☐ Wong-Baker FACES Pain Rating Scale (7-12 years)
☒ Numerical Rating Scale (>12 years) ☐ CPOT (ventilator / comatose)
Duration: 10 min Location: chest
Pain Character: ☒ Dull ☐ Aching ☐ Sharp ☐ Stabbing ☐ Shooting ☐ Burning ☐ Referred / Radiant Pain

Nutritional Screening:
Last 3 months Appetite: ☐ Increased ☐ Decreased ☒ No Change
Last 3 months Weight: ☐ Increased ☐ Decreased ☒ No Change
Type of Patient: ☒ Diabetic ☐ Non Diabetic Type of Diet: Normal diet
Dietician Informed: ☐ Yes ☒ No. If Yes, mention the Name: M. Radhika Time: 14:00

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

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

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

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

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

Total Score: 27 Action needed: ☐ Yes ☒ No Pressure injury present at the time of admission: ☐ Yes ☒ No

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

Witnessed by: _____ Signature: _____ Relationship: _____

MODIFIED MORSE FALL ASSESSMENT SCALE (Age above 16 years)

Fall Risk Assessment (Modified Morse Scale):		
Variables		Numeric Value
History of falling (immediate or within 6 months)	No	0
	Yes	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0
	Yes	15
Ambulatory Aid None / Bed Rest / Nurse Assist Crutches / Cane / Walker Furniture		0
		15
		30
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0
	Yes	20
Gait Normal / Bed Rest / Wheel Chair Weak Impaired		0
		10
		20
Mental Status Oriented to own stability Overestimated or forgets limitations		0
		15
Medications Includes PCA / opiates, anticonvulsants, anti-hypertensives, diuretics, hypnotics, laxatives, hypoglycemics, sedatives, immunosuppressant and psychotropics	No	0
	Yes	15
Score Interpretation: 0-24: Low-risk; 25-44: Medium Risk; Above 45: High Risk		
Total Score		<u>40</u>

As per the score, tick the following appropriate boxes:

Low Risk Interventions (0 - 24)

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

Medium risk interventions (25 - 44)

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

High-risk interventions (above 45)

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

Initial Assessment to Special Needs and Vulnerability of Patient:

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

DVT RISK ASSESSMENT

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

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

Risk Score Interpretation (Probability of DVT):

Final Score

Tick the score obtained (✓)

Action Taken

Date

Time

Low Risk

-2 to 0

Moderate Risk

1 to 2

High Risk

3 to 8

Personal Belongings / Valuables:

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

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

Patient / Patient's Attendant	Sign.	Name	Emp. No.	Date	Time
	K. Sanki	K. Sanki	Relationship Wife	21/12/24	13-18
Nurse	[Signature]	M. Debita	002	21/12/24	13-15
Unit In-Charge	[Signature]	Dhananand	005	03/01/24	08:00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: 0

Ventilator day: —

Peripheral line day: Right: — Left: —

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: —

Day: —

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

GCS: 15/15

POD: —

Central line days: —

VIP Score: 05

B

BACKGROUND

Type of surgery: —

Allergies if any: NPDA

On room air / oxygen: On room air

Complaints / New Symptoms in last shift: Nil

Date of surgery: —

IV fluids on flow: —

A

ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 74b/m (beats/min) | Respiration: 20b/m (breaths/min)

BP: 136/91 (mmHg) | SpO₂: 93 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21 kg/m²

Others: —

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Normal diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —




Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: Tlm CABG plan.

	Signature	Name	Emp. No.	Date	Time
Handover given by		H. Devilar	0182	21/1/24	12.30
Handover taken by		A. ALBINUS	0088	21/1/24	19.30
Document endorsed		Dharmaraj	0055	03/01/24	05.00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 21/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Allergies if any: AKDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 82 (beats/min) | Respiration: 22 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21.3 kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: NORMAL Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: TMRW CABG PLAN, NPO FROM 12MN
10 PCV Reserved

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. ALBINUS	0088	3/1/24	7:00
Handover taken by		A. ALBINUS	0116	3/1/24	7:30
Document endorsed		A. ALBINUS	0005	03/01/24	08:00

[illegible]

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
31/1/23	OT RECEIVAL REPORT	
@ 9.50	Patient's received 1st floor to OT RN Abitha while receiving patient was conscious & oriented. Vitals are stable. NOTES:- K/C/O - CAD-TVD, CD with cathlab → old CVA - MRI brain (2) → Dental opinion (1) → X-ray - (2), ECG (1) case sheet (1), blue file (1) → Known case of DM x 34 yrs, HTN x 3 yrs. → Anti pH stopped on 27/12/23.	SN 0031
	OT-OT SHIFTING REPORT	
31/1/23	The patient underwent ORAB surgery J.G.A. After the surgery the patient shifted to SW with all records and reports including → Surgery safety checklist - 1 → D.Kha - op - 1 → Anaesthesia record - 1	
@ 14.25	Graft : 3 Graft. 28 Fr - (2) Drain: lt pleura, Mediastinum Skin : No entry burns & No tunnel clip marks.	dkp 0104
Document endorsed by	Signature	Name
	dkp/0104	S. Abitha
		Emp. No.
		0104
		Date
		31/1/23
		Time
		14.25

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

3/1/24

Shift:

☒ Morning

☐ Evening

☐ Night

S

SITUATION

Diagnosis: CAD - TMD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Allergies if any: NO KDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: -

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.6 (°F) | Pulse / HR: 79 (beats/min) | Respiration: 22 (breaths/min)

BP: 120/110 (mmHg) | SpO₂: 96 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.3

Others: -

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

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

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

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

Current diet: NPO Drains: nil

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -


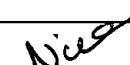
Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: Plan CABG

	Signature	Name	Emp. No.	Date	Time
Handover given by		Agasthya	0016	3/1/24	9:30
Handover taken by	-	Shifted to OT	-	-	-
Document endorsed		S. Nalin	0024	3/1/24	10:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 03/01/2024

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD, T2D

NEWS / PEWS Score: NIL

Ventilator day: NIL

Peripheral line day: Right: Cubital Left: D1

Ryle's Tube: ☐ Yes ☒ No Day: D1

Urinary Catheter: ☐ Yes ☒ No Day: D1

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

GCS: 3/15

POD: DDS

Central line days: D1

VIP Score: NIL

B

BACKGROUND

Type of surgery: OP LABX SURAFI

Allergies if any: NIL

On room air / oxygen: O2 mask bit

Complaints / New Symptoms in last shift: NIL

Date of surgery: 03/01/2024

IV fluids on flow: LABILE

A

ASSESSMENT

Vital Signs: Temp 93.9 (°F) | Pulse / HR: 85 (beats/min) | Respiration: 22 (breaths/min)

BP: 124/68/26 (mmHg) | SpO₂: 100 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21 kg/m²

Others: cap 11 mmHg

Pain Score: 0/8 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 65 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: Liquid diet NPO

Drains: Mediastinal + 0 Pleural

R

RECOMMENDATION

Referral doctors: Dr. Anveen Jeyalumar.

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

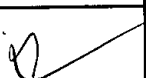
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: _____

Pending follow-up orders:

Special instructions if any: NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		Sandhya	0022	3/1/24	20:00
Handover taken by		Anitha	0074	3/1/24	20:00
Document endorsed		Anitha	0074	4/1/24	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
03/01/2024	<u>RESERVA</u> <u>REPORT</u> <u>ON</u> 03/01/2024	
14:30	Received the patient from a hemodynamic -ally stable condition, with inotropic support of Dopamine 5µg, of. Noradrenaline 0.05 µg on flow. On O2 mask 6L On continuous cardiac Monitoring Ar-Abram ABP 112/63/45mmHg, ap 14mmHg, SpO2 100% Bilateral air entry @ lungs are clear Abdomen soft bowel sound @ peripheries are warm peripheral pulses.	1 E002
15:40	ABG analysed for the patient values are normal and Satisfied	1 E002
16:00	Patient got awake and move all the four limbs	1 E002
16:30	Patient had an complaints of Pain, Durens patches applied for the pain	1 E002
17:30	Positioned the patient in a comfortable manner.	
18:30	Patient attends the vital and explained about the condition.	1 E002
19:00	Patient was handed over to researcher in same manner	
Document endorsed by	Signature 	Name Shravan
	Emp. No. 0000	Date 4/1/24
		Time 9.00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 3/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis:

NEWS / PEWS Score: CAD - JVD

Ventilator day:

Peripheral line day: Right: ☒ Left: Di

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☒ Yes ☐ No Day: 1

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

GCS: 15/15

POD: D08

Central line days: D1

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CAB x 3 GRAFTS

Allergies if any: NKDA

On room air / oxygen: ON O2 4L

Complaints / New Symptoms in last shift:

Date of surgery: 3/1/24

IV fluids on flow: KABLYGE

A

ASSESSMENT

Vital Signs: Temp 97.4 (°F) | Pulse / HR: 103 (beats/min) | Respiration: 22 (breaths/min)

BP: 101/61 (62) (mmHg) | SpO₂: 100 (%) | Height: 171 (cms) | Weight: 61 (kgs) | BMI: 21/kgm²

Others: CVP - 3mmHg, BSA: 1.7m²

Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 65 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: Liquid diet.

Drains: Mediastinal and pleural

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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


Pending follow-up orders:

Special instructions if any:

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORANCE.S	0054	4/1/24	7:00
Handover taken by		Sathya Vani. M	0265	4/1/24	7:20
Document endorsed		Arman	0003	4/1/24	9:00

NURSES PROGRESS NOTES

Date & Time	Observations / Action	Signature with Emp. No.
3/1/24 19 Jan	Look over the patient in a haemody- namically maintaining condition with inotropic support inj. dopamine 2.5mcg, inj. Nor- adrenaline 0.05mcg	
	* He is conscious, oriented and mobile.	R/N Jais/co-FA
19-30 20:00	See medication given as per chart * He had sets konji and tobratel well.	R/N Jais/co-FA
21:00	* See medication given.	
21:00	* Nebulization given with budes 0.63mg and Spirometry encouraged.	
22:30	* ABG checked values satisfactory.	R/N Jais/co-FA
23:00	* Back care given after intake.	
4/1/24		
1:00	* inj. paracetamol 1gm iv given as per chart.	R/N Jais/co-FA
2:15	* inj. ofloxacin sodium 1.5gm given as per dose.	
4:30	* Blood sample collected and sent for routine investigation.	R/N Jais/co-FA
5:00	* Oral care, sponge bath given	
5:30	* Nebulization given with budes 0.63mg and Spirometry encouraged.	R/N Jais/co-FA
6:00	* Line care, catheter care given with linecten under aseptic precaution.	
6:30	* ABG taken values satisfactory.	Jais/co-FA
7:00	* He got handed over to Night duty staff in a haemodynamically maintaining condition without supports.	R/N Jais/co-FA
Document endorsed by	Signature 	Name Jais/co-FA
		Emp. No. 2023
		Date 4/1/24
		Time 9 AM



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 4/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - T1D

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: CURTAL Left: D2

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☒ Yes ☐ No Day: D2

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

GCS: 15/15

POD: T

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: ORAB x 3 GRAFTS

Date of surgery: 3/1/24

Allergies if any: NK

On room air / oxygen: On O2 2lit

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 96.2 (°F) | Pulse / HR: 96 (beats/min) | Respiration: 24 (breaths/min)

BP: 128/60 (21) (mmHg) | SpO2: 95 (%) | Height: 171 (cms) | Weight: 61.05 (kgs) | BMI: 21 kg/m²

Others: BSA 1.70 m²

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Current diet: Soft diet

Drains: Mediastinal + (E) pleural

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

nil

nil

	Signature	Name	Emp. No.	Date	Time
Handover given by		Sathya Vani M	0265	4/1/24	12:30
Handover taken by		Sathya Vani M	0022	4/1/24	14:00
Document endorsed		Sathya Vani M	0023	4/1/24	9:00

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 04/01/2024 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD AND
NEWS / PEWS Score: Nil

Ventilator day: Nil

Peripheral line day: Right: Aspirated Left: D2

Ryle's Tube: ☐ Yes ☒ No Day:

Urinary Catheter: ☐ Yes ☒ No Day: D2

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

GCS: 15/15

POD: D2 Depend

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX SURAFLE

Date of surgery: 03/01/2023

Allergies if any: NKDA

On room air / oxygen: Nasal cannula 2lit

IV fluids on flow: Nil

Complaints / New Symptoms in last shift: Nil

A

ASSESSMENT

Vital Signs: Temp: 96.5°F | Pulse / HR: 106 (beats/min) | Respiration: 28 (breaths/min)

BP: 162/113 (98) mmHg | SpO₂: 98 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21 kg/m²

Others: cap 7mmHg

Pain Score: 2/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

Fall Risk Score: 60 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: liquid diet

Drains: Mediastinal + @ pleural

R

RECOMMENDATION

Referral doctors: Dr. Praveen Jayaram

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

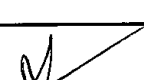
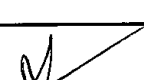
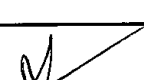
Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		<u>Praveen Jayaram</u>	<u>0022</u>	<u>4/1/24</u>	<u>20:00</u>
Handover taken by		<u>ANNA FLORENCE</u>	<u>0024</u>	<u>4/1/24</u>	<u>20:00</u>
Document endorsed		<u>Praveen</u>	<u>0003</u>	<u>5/1/24</u>	<u>19:00</u>

NURSES PROGRESS NOTES																	
Date & Time	Observations / Action			Signature with Emp. No.													
04/01/2024	Evening Duty Report on 04/01/2024																
12:00 - 20:00																	
12:00	Took over the patient from a hemodynamic stable condition but no information. Supplied on nasal cannula 2L/min on continuous cardio. Normal HR - 96 bpm. ABP 100/60, SpO2 99%. Bilateral air entry @ lungs, no clear wheezes. Soft bowel sounds @ periphery. All warm, perfusion good.			for													
13:30	Patient had food orally tolerated well.			for													
14:00	Administered insulin as per order.																
15:30	A radial arterial line removed, site normal, no oozing @ from the site.			for													
17:00	Administered nebulization as per order, provided Spirometry exercise.																
18:00	Positioned the patient into a comfortable manner.			for													
19:00	Patient was handed over to next duty staff in a safe manner.			for													
<table border="1"> <tr> <td>Document endorsed by</td> <td>Signature</td> <td>Name</td> <td>Emp. No.</td> <td>Date</td> <td>Time</td> </tr> <tr> <td></td> <td></td> <td>Annun</td> <td>0000</td> <td>5/1/24</td> <td>9.00</td> </tr> </table>						Document endorsed by	Signature	Name	Emp. No.	Date	Time			Annun	0000	5/1/24	9.00
Document endorsed by	Signature	Name	Emp. No.	Date	Time												
		Annun	0000	5/1/24	9.00												



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 4/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Cubital Left: D2

Ryle's Tube: ☐ Yes ☒ No, Day: -

Urinary Catheter: ☒ Yes ☐ No, Day: 2

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

GCS: 15/15

POD: IPOD

Central line days: D2

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB

Allergies if any: NKDA

On room air / oxygen: ON O2 & Gt

Complaints / New Symptoms in last shift: -

Date of surgery: 3/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 96.6 (°F) | Pulse / HR: 123 (beats/min) | Respiration: 29 (breaths/min)

BP: 126/84 (mmHg) | SpO₂: 96 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21/kg/m²

Others: BSA: 1.70 m²

Pain Score: 1/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale / NRS / CPOT

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Semisolid diet

Drains: Mediastinal and left pleural

R

RECOMMENDATION

Referral doctors: Dr. Provan Jayakumar

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

NIL

	Signature	Name	Emp. No.	Date	Time
Handover given by		SONIA FLORANCE S	0014	5/1/24	5:00
Handover taken by		ASHAC	0019	5/1/24	7:00
Document endorsed		Manu	0003	5/1/24	9:00

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TIA

NEWS / PEWS Score: -

Ventilator day: -

Peripheral line day: Right: Central - D-3 Left: -

Ryle's Tube: ☐ Yes ☒ No Day: -

Urinary Catheter: ☐ Yes ☒ No Day: -

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

GCS: 15/15

POD: 11 POD

Central line days: D-3

VIP Score: 0.5

B

BACKGROUND

Type of surgery: OP CAB X 3 GRAFTS

Date of surgery: 3/1/24

Allergies if any: NILDA

On room air / oxygen: O₂ Connected 2 lit

IV fluids on flow: Nil

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 104 (beats/min) | Respiration: 22 (breaths/min)

BP: 136/86 (mmHg) | SpO₂: 96 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21 kg/m²

Others: BSA: 1.70m²

Pain Score: 4/10 Pain Scale used: PIPPS / CRIES / FLACC / Wong-Baker FACES Pain Rating Scale (NRS) / CPOT

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

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

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

Current diet: Soft diet

Drains: REMOVED ON 5/1/24 at 7.10

R

RECOMMENDATION

Referral doctors: DR. PRAVEEN Jeyashonar

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -












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

Pending follow-up orders: -

Special instructions if any: Need O₂ 2 lit.

	Signature	Name	Emp. No.	Date	Time
Handover given by		Asunc	0019	5/1/24	6.15
Handover taken by		M. Dave	002	5/1/24	12.15
Document endorsed		Arum	0025	5/1/24	9.10

NURSES PROGRESS NOTES

NURSES PROGRESS NOTES					
Date & Time		Observations / Action		Signature with Emp. No.	
5/1/24		Took over the patient in a hemodynamically			
07.10		Stable Condition nil Supports-			
7.30		- patient is Conscious oriented, afebrile - K ⁺ - 4.1 mmol/L Critical value received from Lab -		 0003	
7.40		- Informed Dr praveen Jayakumar VBG checked K ⁺ - 4.2 mmol/L Informed again to Dr. praveen nil Support,		 0003	
		- Sample sent for lab K ⁺ - Value revealed 4.59 mmol/L			
		- Mobilisation commenced, Aprometry done by		 0003	
		- patient consumed breakfast			
		- Dressings administered		 0003	
10.30		- Patient had a clo of vomiting by Ernest 4mg given			
		- Rehydrate 100ml for 2 hour plan - Refracted 500ml		 0003	
		- patient mobilised back to bed,			
		- DGI removed and plaster applied			
12.00		- patient shifted to Qw - (2)		 0003	
		Note			
		Xray - (1)			
		ABG - (2)		 0003	
		Opd - (1)			
		Bluefile - (1)			
		Received notes			
12.30		→ patient received by 1st floor.		 0003	
		→ patient is stable & vital signs chest recovered. Pt Pain Both removed.			
12.35		→ patient 1st floor & pt moved over after as per duty ch		 0003	
Document endorsed by		Signature	Name	Emp. No.	Date Time
				0003	5/1/24 9.00

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD:

Central line days:

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP MABX 801 RAFTS

Allergies if any: NKDA

On room air / oxygen: RA

Complaints / New Symptoms in last shift:

Date of surgery: 3/1/24

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 98.1 (°F) | Pulse / HR: 71 (beats/min) | Respiration: 24 (breaths/min)

BP: 120/60 (mmHg) | SpO₂: 97% (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21 kg/m²

Others:

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

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

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

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

Current diet:

soft diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

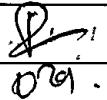

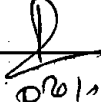
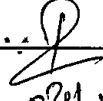
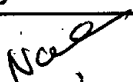
Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date:

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		R. Sushma	0201	5/1/24	19.00
Handover taken by		A. ALBINUS	0088	5/1/24	19.00
Document endorsed		S. Nalin	0024	5/1/24	20.00

NURSES PROGRESS NOTES

NURSES PROGRESS NOTES					
Date & Time	Observations / Action			Signature with Emp. No.	
5/11/24 @ 12.00	<u>Evening duty notes</u> ⇒ pt handing over taken from evening duty staff.			 ora.	
12.00	⇒ pt Conscious & Oriented				
14.00	⇒ pt had @ diet			 obt.	
14.00	⇒ pt all drugs were given				
16.00	⇒ pt well mobilised.			 ora.	
18.00	⇒ pt R/o chest maintained				
18.30	⇒ pt v/s checked & Recorded.			 ora.	
19.00	⇒ pt handing over given by Night duty staff.				
Document endorsed by	Signature 	Name S. Nalini	Emp. No. 0084	Date 5/11/24	Time 20.00



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 5/1/24 Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day:

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

Day: -

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OP CAB X 3 GRAFTS

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift:

Date of surgery: 3/1/24

IV fluids on flow: -

A

ASSESSMENT

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

BP: 130/70 (mmHg) | SpO₂: 97 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21.4 Kg/m²

Others: NIL

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: SOFT DIET

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>A. A. BINUS</u>	<u>0088</u>	<u>6/1/24</u>	<u>7:00</u>
Handover taken by	<u>[Signature]</u>	<u>S. Dhandharshini</u>	<u>0212</u>	<u>6/1/24</u>	<u>7:30</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0024</u>	<u>6/1/24</u>	<u>8:00</u>

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: —

Ventilator day: —

Peripheral line day: Right: D4 Left: —

Ryle's Tube: ☐ Yes ☒ No Day: —

Urinary Catheter: ☐ Yes ☒ No Day: —

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

GCS: 15/15

POD: III

Central line days: —

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 3 GRAFTS

Date of surgery: 3/1/24

Allergies if any: NKDA

On room air / oxygen: RA

IV fluids on flow: —

Complaints / New Symptoms in last shift: —

A

ASSESSMENT

Vital Signs: Temp: 98 (°F) | Pulse / HR: 78 (beats/min) | Respiration: 20 (breaths/min)

BP: 110/70 (mmHg) | SpO₂: 98(%) | Height: 171 (cms) | Weight: 61.5(kgs) | BMI: 21.4 kg/m²

Others: —

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

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

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

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

Current diet: DM Diet

Drains: —

R

RECOMMENDATION

Referral doctors: —

Pending medications: —

Pending medication indent: —

Pending lab reports / Investigations: —

Critical value alert and its corrections: —

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

Pending follow-up orders: —

Special instructions if any: —

	Signature	Name	Emp. No.	Date	Time
Handover given by	S. Dy	S. Douradharshini	0212	6/1/24	12:30
Handover taken by	Clay	R. Nishan	0021	6/1/24	12:30
Document endorsed	Naga	S. Nalin	0024	6/1/24	13:00

NURSES PROGRESS NOTES

[illegible]



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



MHI/NUR/2022/048

Medway Heart Institute

Every heart beat counts

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TVD

NEWS / PEWS Score:

Ventilator day:

Peripheral line day: Right:

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left:

Day:

Day:

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

GCS: 15/15

POD: 1/1

Central line days:

VIP Score:

B

BACKGROUND

Type of surgery:

Allergies if any: N/A

On room air / oxygen: RA

Complaints / New Symptoms in last shift:

Date of surgery: 6/1/24

IV fluids on flow:

A

ASSESSMENT

Vital Signs: Temp: 37.1 (°F) | Pulse / HR: 71 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/80 (mmHg) | SpO₂: 99 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 21.4 kg/m²

Others:

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

Fall Risk Score: 80 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:

Dm diet

Drains:

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent:

Pending lab reports / Investigations:

Critical value alert and its corrections:

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

Pending follow-up orders:

Special instructions if any:

	Signature	Name	Emp. No.	Date	Time
Handover given by		R. Sushma	0001	6/1/24	1900
Handover taken by		A. ALBINUR	0088	6/1/24	1930
Document endorsed		S. Nalini	0024	6/1/24	2020

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 6/1/24

Shift: ☐ Morning ☐ Evening ☒ Night

S

SITUATION

Diagnosis: CAD - TUD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Left: ☒

Day: -

Day: -

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

GCS: 15/15

POD: 11

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: -

Allergies if any: NRDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: 3/1/24

IV fluids on flow: -

A

ASSESSMENT

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

BP: 130/70 (mmHg) | SpO₂: 98 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.2 Kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: -

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Albinus	0088	7/1/24	7:00
Handover taken by		F. Catherine	0207	7/1/24	7:30
Document endorsed		S. Nalini	0084	7/1/24	8:00

NURSES PROGRESS NOTES					
Date & Time		Observations / Action		Signature with Emp. No.	
6/1/24		NIGHT DUTY NOTES			
19.00		Patient handover taken from the evening duty staff. Patient is stable		Jy 0088	
20.00		Due medications are given to the patient		Jy 0088	
22.00		vital signs is checked and recorded		Jy 0088	
6.00		I/O chart is maintained		Jy 0088	
7.00		Patient handover given to the Morning duty staff		Jy 0088	
Document endorsed by		Signature Nes	Name E. Nalini	Emp. No. 0024	Date 7/1/24
					Time 8.20



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/1/24 Shift: ☒ Morning ☐ Evening ☐ Night

S

SITUATION

Diagnosis: CAD - TYP

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day:

Day:

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

GCS: 15/15

POD: IV

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 3grafts

Allergies if any: NADA

On room air / oxygen: -

Complaints / New Symptoms in last shift: -

Date of surgery: 3/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98.2°F | Pulse / HR: 88 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 98 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.2 Kg/m²

Others: NIL

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Diabetic diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: Tomorrow dr plan

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>E. Cathrine</u>	<u>E. Cathrine</u>	<u>0007</u>	<u>7/1/24</u>	<u>12:30</u>
Handover taken by	<u>R. Sushma</u>	<u>R. Sushma</u>	<u>0001</u>	<u>7/1/24</u>	<u>12:30</u>
Document endorsed	<u>S. Nalin</u>	<u>S. Nalin</u>	<u>0024</u>	<u>7/1/24</u>	<u>13:0</u>

NURSES PROGRESS NOTES

[illegible]

PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date: 7/1/24 Shift: ☐ Morning ☒ Evening ☐ Night

S

SITUATION

Diagnosis: CAD + VD

NEWS / PEWS Score: 15/15

Ventilator day: 0

Peripheral line day: Right: 0 Left: 0

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: 0

Day: 0

MDR: ☐ Yes ☒ No. If Yes, specify organism: 0

GCS: 15/15

POD: 0

Central line days: 0

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPVAB & 30RATS

Date of surgery: 8/1/24

Allergies if any: NKDA

On room air / oxygen: PA

IV fluids on flow: 0

Complaints / New Symptoms in last shift: 0

A

ASSESSMENT

Vital Signs: Temp: 97.1 (°F) | Pulse / HR: 74 (beats/min) | Respiration: 18 (breaths/min)

BP: 120/60 (mmHg) | SpO₂: 99 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.2 kg/m²

Others: 0

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

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

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

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

Wound Dressing done: ☐ Yes ☐ No ☒ NA

Current diet: Diabetic diet

Drains: 0

R

RECOMMENDATION

Referral doctors: 0

Pending medications: 0

Pending medication indent: 0

Pending lab reports / Investigations: 0

Critical value alert and its corrections: 0

Changes in nursing care plan: ☐ Yes ☒ No. If Yes, modified care plan date: 0

Pending follow-up orders: 0

Special instructions if any: Tomorrow S/R & plan discharge

	Signature	Name	Emp. No.	Date	Time
Handover given by	<u>[Signature]</u>	<u>R. Subman</u>	<u>0081</u>	<u>7/1/24</u>	<u>12:30</u>
Handover taken by	<u>[Signature]</u>	<u>A. ALBINUS</u>	<u>0088</u>	<u>7/1/24</u>	<u>12:30</u>
Document endorsed	<u>[Signature]</u>	<u>S. Nalini</u>	<u>0084</u>	<u>7/1/24</u>	<u>20:00</u>

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

7/1/24

Shift:

☐ Morning

☐ Evening

☒ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: - Left: -

Ryle's Tube: ☐ Yes ☒ No

Urinary Catheter: ☐ Yes ☒ No

Barrier nursing: ☐ Yes ☒ No

Day: -

Day: -

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCAB X SGRAFTS

Allergies if any: NKDA

On room air / oxygen: ON ROOM AIR

Complaints / New Symptoms in last shift: -

Date of surgery: 3/1/24

IV fluids on flow: -

A

ASSESSMENT

Vital Signs: Temp: 98°F | Pulse / HR: 74 (beats/min) | Respiration: 20 (breaths/min)

BP: 120/70 (mmHg) | SpO₂: 97% | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.3 kg/m²

Others: Nil

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet: Normal Diet

Drains: -

R

RECOMMENDATION

Referral doctors: -

Pending medications: -

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: TMRW 8/R & DISCHARGE

	Signature	Name	Emp. No.	Date	Time
Handover given by		A. Albmurugan	0088	8/1/24	7:20
Handover taken by		M. Revathi	0225	8/1/24	7:30
Document endorsed		S. Nalini	0084	8/1/24	8:00

NURSES PROGRESS NOTES

[illegible]



PATIENT CLINICAL HANDOVER RECORD FOR NURSES

Date:

8/1/24

Shift:

☐ Morning

☐ Evening

☐ Night

S

SITUATION

Diagnosis: CAD-TVD

NEWS / PEWS Score: 0

Ventilator day: -

Peripheral line day: Right: Left:

Ryle's Tube: ☐ Yes ☒ No Day: Day:

Urinary Catheter: ☐ Yes ☒ No Day: Day:

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

GCS: 15/15

POD: -

Central line days: -

VIP Score: 0/5

B

BACKGROUND

Type of surgery: OPCABX 34x40x45

Date of surgery: 8/1/24

Allergies if any: NKDA

On room air / oxygen: RA

IV fluids on flow: -

Complaints / New Symptoms in last shift: -

A

ASSESSMENT

Vital Signs: Temp: 97.6 (°F) | Pulse / HR: 76 (beats/min) | Respiration: 20 (breaths/min)

BP: 130/70 (mmHg) | SpO₂: 98 (%) | Height: 171 (cms) | Weight: 61.5 (kgs) | BMI: 24.3 Kg/m²

Others: -

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

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

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

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

Wound Dressing done: ☐ Yes ☒ No ☐ NA

Current diet:

Drains: -

Diabetic diet

R

RECOMMENDATION

Referral doctors:

Pending medications:

Pending medication indent: -

Pending lab reports / Investigations: -

Critical value alert and its corrections: -

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

Pending follow-up orders: -

Special instructions if any: Today Plan d/s

	Signature	Name	Emp. No.	Date	Time
Handover given by	M. D.	M. R. Ravathi	0225	08/1/24	12.30
Handover taken by	S. S.	R. Sushma	0201	8/1/24	12.30
Document endorsed	N. S.	R. N. S.	0084	8/1/24	13.00

NURSES PROGRESS NOTES

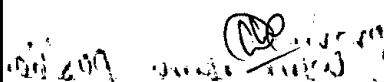
Date & Time	Observations / Action	Signature with Emp. No.			
08/11/24	Morning duty Note.				
at 7.30	⇒ patient hand over taken to the night duty staff. ⇒ conscious & oriented. ⇒ vital signs checked & recorded.	MD dy 025			
8.30	⇒ patient had a Diabetic diet ⇒ Medication given as per as drug chart	MD dy 025			
9.00	⇒ PT used mobilized & no have complaints				
10.00	⇒ Suture removal done & Today plan discharge. ⇒ nebulization was given.	MD dy 025			
11.30	⇒ I/O chart monitored ⇒ vital signs checked & recorded				
12.30	⇒ patients hand over given to the evening duty staff.	MD dy 025			
<u>Discharge Notes</u>					
17.00	⇒ Patient discharge Summary Explain to the pt after.	D 025			
17.00	⇒ pt ID band removed. ⇒ pt IV line removed				
17.30	⇒ pt old request given. ⇒ pt went to home	dy 025			
Document endorsed by	Signature	Name	Emp. No.	Date	Time
	Nee	S. Nalin	0024	8/11/24	20:00

ADULT NURSING CARE PLAN

Initial Date: 2/1/24		Time: 7:00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD - TUD			
Patient-Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M				
			E				
			N	PT is on Normal Diet			
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M				
			E				
			N	SpO ₂ - 95%			
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M				
			E				
			N	PT is on Room Air			

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M	
			E 20	
			N Pt able mobilised	Ref 21/10
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hematemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M	
			E	
			N Pt self voided	Ref 21/10
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY. <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M	
			E	
			N Maintain skin	Ref 21/10

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input checked="" type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M is on	
			E	
			N pt on well groomed	Dep 5/15/15
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M	
			E	
			N checked ID band	Dep 5/15/15
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input checked="" type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input checked="" type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M	
			E	
			N provided comfortable position	Dep 5/15/15
OBSERVATION <input type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M	
			E	
			N vitals are checked	Dep 5/15/15
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M	
			E	
			N	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M E N pt well communicated	
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M E N Dose medication was given	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Dhanraj	005	03/01/24	08:00



ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 03/01/2024

Time: 14:30

Modified Date: —

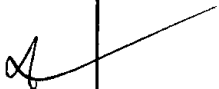
Time: —

Reason for Modification: —

Diagnosis: CHD, CAD

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input type="checkbox"/> Comfortable Position <input checked="" type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Patient will have less pain	<input checked="" type="checkbox"/> Evaluate location, character, quality and severity of pain <input type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M E → Pinched (on per) position to the patient N Administered due medication as per chart	dross dross dross
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input checked="" type="checkbox"/> Provide well ventilated environment <input type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input checked="" type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M E → Snugged the patient to perform Sperry Series N SPO ₂ - 100%. ON O ₂ NGT	dross dross dross
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M E N	dross dross dross
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M E Patient is in his bed comm to moving N ON bed fast	dross dross dross

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance.	<input type="checkbox"/> Enhance fluid intake unless restricted <input checked="" type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input checked="" type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M — E Monitor Intake and output chart N IV line patent & healthy. Monitor col g/o	 4/22/22 4/23/2024
RISK OF INFECTION <input type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to changed by surgeons	M — E use aseptic technique on aspect of patient care N aseptic precaution followed.	 4/22/22 4/23/2024
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M — E — N fall risk precaution followed.	 4/23/2024
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M — E — N drain empty	 4/23/2024
DIET & NUTRITION <input checked="" type="checkbox"/> NPO <input type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M — E patient is on NPO N ON IVF 100ml/hr	 4/22/22 4/23/2024

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation		Sign & Initials	
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input checked="" type="checkbox"/> Maintain adequate cleaning and dressing	M			
				E	Narrowing catheters clean and dress		
				N	ON CBS urine output adequate		
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M			
				E			
				N			
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M			
				E	Patient's hemodynamic stable		
				N	Hemodynamically stable		
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M			
				E	→ PMDD Health admin regular check & review		
				N			
ANY OTHER NEEDS				M			
				E			
				N			
Endorsed by	Signature	Name	Emp. ID		Date	Time	
		Amir	0003		4/11/24	9-00	

ADULT NURSING CARE PLAN


Patient Details (Admission)

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



Initial Date: 3/1/24		Time: 8-00		Modified Date:		Time:	
Reason for Modification:				Diagnosis: CAD-TVD			
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials			
NUTRITION <input checked="" type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M	pt keep NPO			Bus
			E				
			N				
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M	pt on room air			Bus
			E				
			N				
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M	monitored fluid intake			Bus
			E				
			N				

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

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt well groomed E N	Sub
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M dec drug given E N	Sub
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalini	0084	2/1/24	76:00

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Encouraged oral fluids with lemon E I/O chart monitored N I/O chart maintained	JP 2019 DCI 5/28/19 Jy 6/8/19
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M used aseptic precaution in patient care E used aseptic in patient care N No risk of infection	JP 2019 DCI 6/1/19 Jy 6/8/19
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input checked="" type="checkbox"/> The patient will have safe, free from fall hospitalization	<input type="checkbox"/> Keep bed on low position <input checked="" type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M used safety precaution E used safety precaution N No risk of fall	JP 2019 Jy 6/8/19
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input checked="" type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M Drains removed & 1.0 No oozing from drain site E N	JP 2019
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Patient consumed adequate amount of diet E I/O chart monitored N I/O chart maintained	JP 2019 Jy 6/8/19

ADULT POST-OPERATIVE NURSING CARE PLAN

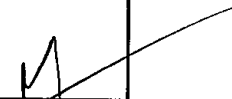
Initial Date: 5/1/24 Time: 08.00		Modified Date: — Time: —		
Reason for Modification: —		Diagnosis: Can. Tum		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
PAIN <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input checked="" type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Pain Score 4/10 E Pain Score 1/10 N Pain Score 0/10	Hs 20/1 20/1
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no shortness of breath or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input type="checkbox"/> Monitor rate, depth of respiration <input type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M On O2 2 lit nasal prongs SpO2 - 97% E SpO2 99% N SpO2 - 97%	Hs 20/19 20/1 20/1
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M — E — N —	
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Embolism stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M patient mobilized to chair E pt able to walk N pt able to walk maintained	Hs 20/1 20/1 20/1

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input checked="" type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input checked="" type="checkbox"/> Maintain adequate cleaning and dressing	M Observed I/O every hour. <i>[initials]</i> E → Observe I/O Chart N CN cath output adequate <i>[initials]</i>	
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M N/A E — N —	<i>[initials]</i>
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input checked="" type="checkbox"/> Monitor GCS of patient	M Monitored vitals & assessed for GCS. <i>[initials]</i> E → patient is hemodynamically stable N Hemodynamically stable <i>[initials]</i>	<i>[initials]</i>
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input checked="" type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M Educated regarding diet & treatment plan. <i>[initials]</i> E → Provided proper HLB regarding diet & sec N educated about shifting process <i>[initials]</i>	<i>[initials]</i>
ANY OTHER NEEDS				M E N	
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	<i>[Name]</i>	<i>[Emp. ID]</i>	4/11/24	9:00

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
FLUID & ELECTROLYTE <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input checked="" type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Monitored I/O every hour. E → Monitor I/O chart. N I/O line patient & healthy monitored I/O	J. 02/05 1002 J. 00/04
RISK OF INFECTION <input checked="" type="checkbox"/> Prevent Infection <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> The patient will be discharged with no hospital acquired infection	<input checked="" type="checkbox"/> Use aseptic technique in all aspect of patient care <input type="checkbox"/> Restrict visitors and use appropriate PPE <input type="checkbox"/> Meticulous hand washing before and after patient's care <input type="checkbox"/> Inspect wound for signs of infection, purulent drainage or discoloration <input type="checkbox"/> Administer antibiotics as ordered <input type="checkbox"/> CVC dressing changing every 24 hours and surgical site dressing to be changed by surgeons	M Followed aseptic precautions. E → use aseptic technique due to open of pericardium N aseptic precaution followed.	J. 02/05 1002 J. 00/04
RISK OF FALL <input type="checkbox"/> Giddiness <input type="checkbox"/> Independent State <input type="checkbox"/> Dependent State	<input type="checkbox"/> The patient will have safe, free from fall hospitalization	<input checked="" type="checkbox"/> Keep bed on low position <input type="checkbox"/> Use side rails (bed, cribs, and stretcher) and safety straps during mobilizing the patient out of bed <input type="checkbox"/> Remove clutter, keep items patient needs within reach <input type="checkbox"/> Avoid movement out of bed after surgery for 46 hours <input type="checkbox"/> Review patients' medication like narcotics and hypotensive agents <input type="checkbox"/> Offer urinal or bedpan to the patient if needed	M Followed risk fall prevention. E — N fall risk prevention followed.	J. 02/05 1002 J. 00/04
SKIN & WOUND CARE <input type="checkbox"/> Observe REEDA <input type="checkbox"/> Oozing <input type="checkbox"/> Foul Smell	<input type="checkbox"/> The patient will have intact skin while staying in the hospital and on discharge	<input checked="" type="checkbox"/> Check all drains from the operation site more frequently <input type="checkbox"/> Provide wound care as ordered <input type="checkbox"/> Minimize pressure <input type="checkbox"/> Provide adequate nutritional support <input type="checkbox"/> Report signs of poor healing or trauma to doctor	M All the lines & tubes are intact. E — N drain intact	J. 02/05 1002 J. 00/04
DIET & NUTRITION <input type="checkbox"/> NPO <input checked="" type="checkbox"/> Soft Diet <input type="checkbox"/> Semisolid Diet <input type="checkbox"/> Solid Diet <input type="checkbox"/> RT Feeds	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting	<input checked="" type="checkbox"/> Encourage patient to consume prescribed diet <input type="checkbox"/> Record amount of food consumed <input type="checkbox"/> Provide high calories, high protein diet as prescribed <input type="checkbox"/> Monitor patient's weight <input type="checkbox"/> Administer supplemental vitamins and minerals as prescribed <input type="checkbox"/> Administer parenteral or TPN per protocol if dietary needs are not met through oral intake <input type="checkbox"/> Report abdominal distention, large gastric residual volume or diarrhea to doctor	M Encourage patient to take adequate diet. E → should be per protocol and diet N ON prescribed diet	J. 02/05 1002 J. 00/04

ADULT POST-OPERATIVE NURSING CARE PLAN

Initial Date: 4/1/24 Time: 7.00		Modified Date: Time: —	
Reason for Modification:		Diagnosis: CAD - TUD	
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation
PAIN <input checked="" type="checkbox"/> Comfortable Position <input type="checkbox"/> Pain Scale <input type="checkbox"/> Pain Score <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have less pain	<input type="checkbox"/> Evaluate location, character, quality and severity of pain <input checked="" type="checkbox"/> Administer pain medication as prescribed and as needed <input type="checkbox"/> Observe for any changes in vital signs <input checked="" type="checkbox"/> Maintain proper positioning of patient <input type="checkbox"/> Assist or turn patient every two hours <input type="checkbox"/> Assess incision area for redness, heat, induration, swelling, separation and drainage <input type="checkbox"/> Non-Pharmacological therapy	M Provided comfortable position for patient. E → Narco sedation drug on drug N Administered dose medication.
OXYGENATION <input type="checkbox"/> Room Air <input type="checkbox"/> Oxygen Hood <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> Nebulizer <input type="checkbox"/> Ventilator <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have no shortness or difficulty of breathing	<input type="checkbox"/> Provide well ventilated environment <input checked="" type="checkbox"/> Check oxygen saturation <input type="checkbox"/> Perform suctioning if needed <input type="checkbox"/> Ventilator settings as per physician orders <input checked="" type="checkbox"/> Monitor rate, depth of respiration <input checked="" type="checkbox"/> Administer oxygen and nebulizer therapy if needed <input checked="" type="checkbox"/> Encourage spirometry, deep breathing and coughing exercises <input type="checkbox"/> Monitor amount, viscosity, colour and odour of sputum if present	M Provided O ₂ 2 lit. maintains well. E → Spongy sennu N SpO ₂ - 94% on room air.
ANXIETY <input type="checkbox"/> Increased Pulse Rate <input type="checkbox"/> Anxious Look	<input type="checkbox"/> Patient will cope properly with his illness and react positively to his surroundings	<input type="checkbox"/> Explain all procedures to patient or family member in simple language they understand <input type="checkbox"/> Encourage and support patient while increasing anxiety level <input type="checkbox"/> Help patient to cope with outcomes of surgery. <input type="checkbox"/> Keep patient in comfortable position in bed to enhance sleep	M NA E — N —
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input checked="" type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M Provided safe environment. E per d mg Drb cam be moved N ON bed rest

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
CARE OF CATHETERS, DRAINS, ETC.		<input checked="" type="checkbox"/> Patient will have patent, properly maintained catheters, drains etc	<input type="checkbox"/> Check the catheters, drains etc frequently <input checked="" type="checkbox"/> Observe I/O Chart <input type="checkbox"/> Watch for any symptoms related to kinked or blocked tubes <input type="checkbox"/> Maintain adequate cleaning and dressing	M Intake and output monitored E I/O chart maintained N I/O chart maintained	H P Jy Rob
DISTURBED BODY IMAGE		<input type="checkbox"/> The patient will demonstrate initial acceptance and to newly body image	<input type="checkbox"/> Note non verbal body language, negative attitude and self talk <input type="checkbox"/> Note emotional reaction (grieving, depression, anger) <input type="checkbox"/> Acknowledge and accept expression of feeling of grief and hostility	M NA E NA N NA	
OBSERVATION <input checked="" type="checkbox"/> Vital Signs <input type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input checked="" type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient	M Hemodynamically stable E v/s checked N vital signs are checked	H P Jy Rob
HEALTH EDUCATION <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Family / Guardian <input type="checkbox"/> Diet <input type="checkbox"/> Disease process <input type="checkbox"/> Infection control / PPE <input type="checkbox"/> Medication <input type="checkbox"/> Educate about TAC level and immunosuppressant <input type="checkbox"/> Personal Safety <input type="checkbox"/> Treatment Regimen <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient / Family / Guardian / Domestic Partner / Care-giver / others will gain adequate knowledge regarding treatment modalities and life style modifications	<input checked="" type="checkbox"/> Provide proper education regarding follow-up diet <input type="checkbox"/> Insist on importance of hand hygiene <input type="checkbox"/> Explore action, reactions and adherence about medication <input type="checkbox"/> Provide clear, thorough, and understandable explanations regarding safety precautions. <input type="checkbox"/> Explain to perform activities / skin care that recommended by concerned doctor <input type="checkbox"/> Use the teach-back technique to determine the patient's understanding regarding importance of treatment	M patient gained knowledge on diet, pain management, medications E due drugs are given N Health education given	H P Jy Rob
ANY OTHER NEEDS				M - E - N -	
Endorsed by	Signature	Name	Emp. ID	Date	Time
		Amari	2003	5/1/24	9.00

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt well groomed E N	Sub
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input type="checkbox"/> To manage on time	<input type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M dec drug given E N	Sub
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nas	S. Nalini	0084	2/1/24	7:00

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

ADULT NURSING CARE PLAN

Initial Date: 6/1/24 Time: 8-00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TxD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M pt had DM E pt had DM diet N pt had DM diet	S.D. 02/01/24 08/01/24 08/01/24
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M pt on Room air E pt SpO ₂ 99% N SpO ₂ - 97%	S.D. 02/01/24 08/01/24 08/01/24
FLUID & ELECTROLYTES <input type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M pt I/O chart checked & recorded E pt I/O chart maintained N I/O chart maintained	S.D. 02/01/24 08/01/24 08/01/24

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Embotic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt mobilized well E pt Mobilized well N pt mobilized well	S.D. 0212 P. 0212 Jy 0088
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continence or urinary retention, control of bowel incontinence, and regular elimination patterns	<input type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistenct / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Pt self voided E pt self voided N pt self voided	S.D. 0212 P. 0212 Jy 0088
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M Pt skin is (N) Integrity E Pt skin is (N) Integrity N skin is Intact	S.D. 0212 P. 0212 Jy 0088

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
HYGIENE <input type="checkbox"/> Bed-Bath <input type="checkbox"/> Assist-Bath <input type="checkbox"/> Self-Care <input type="checkbox"/> CBD Care (if present) <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will stay clean and well-groomed <input type="checkbox"/> Patient will demonstrate lifestyle changes to meet self-care needs <input type="checkbox"/> Patient will recognize individual weakness or needs	<input checked="" type="checkbox"/> Encourage patient to do daily bathing and oral hygiene <input type="checkbox"/> Change patient's gown daily <input type="checkbox"/> Encourage hand hygiene <input type="checkbox"/> Consider the patient's need for assistive devices <input type="checkbox"/> Apply moisturizing solution	M Pt good hygiene maintained E Pt good hygiene N Pt on good hygiene	S.D. J. Jy 00/08
SAFETY <input checked="" type="checkbox"/> Check ID Band <input type="checkbox"/> IV care <input type="checkbox"/> EJV CENTRAL LINE <input type="checkbox"/> Side rails <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have no life-threatening situations	<input type="checkbox"/> Check the identity with ID band before any interaction with the patient <input type="checkbox"/> Raise side rails <input type="checkbox"/> Provide proper invasive line care <input type="checkbox"/> Keep bed locked and low at all time <input type="checkbox"/> Educate care providers to be the patient <input type="checkbox"/> Follow restrain policy (if needed)	M Pt ID Band checked E Pt ID Band checked N ID Band ④	S.D. J. Jy 00/08
COMFORT AND SLEEP <input type="checkbox"/> Pain Control <input type="checkbox"/> Sleep Patterns <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will have comfortable sleep <input type="checkbox"/> Patient will verbalize / or through behavior about pain relief and adequate sleep	<input type="checkbox"/> Provide clean calm and restful environment <input type="checkbox"/> Provide privacy at all time <input type="checkbox"/> Monitor pain scale / sleep pattern <input type="checkbox"/> Provide pharmacological and non-pharmacological therapy	M — E — N —	
OBSERVATION <input type="checkbox"/> Vital Signs <input checked="" type="checkbox"/> GCS <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal range of vital parameters	<input type="checkbox"/> Monitor vital signs regularly <input type="checkbox"/> Monitor vital signs on ordered time <input type="checkbox"/> Assess physically for any abnormality <input type="checkbox"/> Inform doctor if there is any abnormality <input type="checkbox"/> Monitor GCS of patient <input type="checkbox"/> Determine and treat the underlying cause of altered LOC <input type="checkbox"/> Regular blood sugar monitoring as per doctors order	M Pt V/S checked & Rechecked E Pt v/s checked N vitals checked	S.D. J. Jy 00/08
PSYCHOLOGICAL / SPIRITUAL SUPPORT <input type="checkbox"/> Spiritual Needs <input type="checkbox"/> Beliefs / Values / Customs <input type="checkbox"/> Anxiety and Coping Pattern <input type="checkbox"/> Identify Stressors <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will achieve spiritual needs <input type="checkbox"/> Patient will be able to control his feeling toward his illness <input type="checkbox"/> Patient will maintain normal psychological pattern	<input type="checkbox"/> Pray or encourage the patient to pray <input type="checkbox"/> Use inspirational words <input type="checkbox"/> Respond to spiritual needs as they arise <input type="checkbox"/> Evaluate spiritual needs <input type="checkbox"/> Encourage verbalization of feelings / therapeutic touch <input type="checkbox"/> Provide empathy and reassurance	M — E — N —	

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M Pt communication well E Pt communication well N Pt well communication	S. Di [Signature] 008
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Pt Due Medication given E Pt due drugs are given N Due drugs are given	S. Di [Signature] 008
Endorsed by	Signature	Name	Emp. ID	Date	Time
	[Signature]	R. Nalini	0024	6/11/24	13:00

ADULT NURSING CARE PLAN

Initial Date: 7/1/24 Time: 7:00		Modified Date: Time:		
Reason for Modification:		Diagnosis: CAD - TUD		
Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had Dm diet E Pt had Dm diet N Pt had Dm diet	[Signature] 0207 [Signature] 0207 [Signature] 0207
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt is on room air E Pt SpO ₂ 95% N SpO ₂ - 95%	[Signature] 0207 [Signature] 0207 [Signature] 0207
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M Pt I/O Chart maintained E Pt I/O Chart monitored N I/O Chart monitored	[Signature] 0207 [Signature] 0207 [Signature] 0207

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboic stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt well mobilized E pt well mobilized N pt well mobilized	P.C. 207 P. 207 P. 207
ELIMINATION <input type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input checked="" type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hemetemeses as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M pt normal elimination pattern E pt @ elimination pattern N pt @ elimination pattern	P.C. 207 P. 207 P. 207
SKIN INTEGRITY <input type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site / assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input checked="" type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M E N	

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M pt well communicated E pt well communicated N pt well communicated	DC 0907 SP 0901 JF 0908
SPECIAL INTERVENTIONS <input checked="" type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M pt due drugs are given E due drugs are given N Due drugs are given	DC 0907 SP 0901 JF 0908
Endorsed by	Signature	Name	Emp. ID	Date	Time
	Nee	S. Nalini	0024	7/1/24	18:00

ADULT NURSING CARE PLAN

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



MHI/NUR/2022/044



Every heart beat counts

Initial Date:

8/1/24

Time: 7:00

Modified Date:

Time:

Reason for Modification:

Diagnosis:

CAD - TWD

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
NUTRITION <input type="checkbox"/> Keep NPO <input checked="" type="checkbox"/> Regular Diet <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have adequate nutrition with no nausea and vomiting <input type="checkbox"/> Patient will consume daily nutritional requirements in accordance to his activity level and metabolic needs	<input checked="" type="checkbox"/> Provide Prescribed diet on time <input type="checkbox"/> Encourage patient to consume the served meal <input type="checkbox"/> Record amount of food consumed	M Pt had DM diet E N	M.D. 05/24
OXYGENATION <input checked="" type="checkbox"/> Room Air <input type="checkbox"/> Nasal Cannula / High Flow O ₂ <input type="checkbox"/> Mask <input type="checkbox"/> BiPAP / CPAP <input type="checkbox"/> Ventilator <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal O ₂ saturation <input type="checkbox"/> Patient ABG levels will return to and remain within normal limits <input type="checkbox"/> No other respiratory abnormalities <input type="checkbox"/> Patient respiratory rate will remain within established limits <input type="checkbox"/> Patient will indicate, either verbally or through behavior, feeling comfortable when breathing	<input checked="" type="checkbox"/> Encourage chest physio / deep breathing and coughing exercise / Spirometry exercises <input type="checkbox"/> Provide well-ventilated environment / respiratory medications / Oxygen as per doctors order <input type="checkbox"/> Utilise pulse oximetry to check O ₂ saturation and pulse rate <input type="checkbox"/> If any O ₂ abnormalities detected inform immediately to the concerned physician <input type="checkbox"/> Place patient with proper body alignment for maximum breathing pattern <input type="checkbox"/> Evaluate skin colour, temperature, capillary refill and central venous peripheral cyanosis <input type="checkbox"/> Note for changes in level of consciousness <input type="checkbox"/> Send sputum for culture and sensitivity based on physician order <input type="checkbox"/> Maintain clear airway by suctioning or encouraging patient with successful coughing	M Pt is on room air E N	M.D. 05/24
FLUID & ELECTROLYTES <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Enteral Nutrition <input type="checkbox"/> Parenteral Nutrition <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have balanced fluid and electrolytes balance	<input checked="" type="checkbox"/> Enhance fluid intake unless restricted <input type="checkbox"/> Check IV sites and assess if there is any complication <input type="checkbox"/> Provide tube feedings <input type="checkbox"/> Monitor intake and output <input type="checkbox"/> Measure or estimate fluid losses from all sources such as diaphoresis, wound drainage, and gastric losses <input type="checkbox"/> Monitor for possible sources of fluid loss <input type="checkbox"/> Monitor BP for orthostatic changes	M I/O Chart monitored E N	M.D. 05/24

Patient Specific Problems / Needs	Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
MOBILITY <input checked="" type="checkbox"/> Mobile / Immobile <input type="checkbox"/> Walk with assistance <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will mobilize freely <input type="checkbox"/> Patient will perform physical activity independently or within limits of disease <input type="checkbox"/> Patient will use safety measures to minimize potential for injury <input type="checkbox"/> Patient will demonstrate the use of adaptive devices to increase mobility	<input checked="" type="checkbox"/> Encourage regular ambulation ROM exercise <input type="checkbox"/> Apply Anti-Emboloc stocking / SCD <input type="checkbox"/> Evaluate the need for assistive devices <input type="checkbox"/> Assess the safety of the environment <input type="checkbox"/> Consider the need for home assistance (e.g., physical therapy, visiting nurse) <input type="checkbox"/> Note for progressing thrombophlebitis (e.g., calf pain, Homan's sign, redness, localized swelling, a rise in temperature)	M pt good mobilized E N	MD 07/25
ELIMINATION <input checked="" type="checkbox"/> Catheter, bedpan, urinal <input type="checkbox"/> Nasogastric tube <input type="checkbox"/> Bowel movement <input type="checkbox"/> Urination <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will have normal elimination pattern <input type="checkbox"/> Patient will control of urinary in-continance or urinary retention, control of bowel incontinence, and regular elimination patterns	<input checked="" type="checkbox"/> Encourage fluid intake <input type="checkbox"/> Encourage fibre diet intake <input type="checkbox"/> Encourage early ambulation <input type="checkbox"/> Report any abnormalities to physician <input type="checkbox"/> Observe voiding accessories as foley's / silicone catheter <input type="checkbox"/> Check placement before feeding <input type="checkbox"/> Aspirate NG tube, check colour / consistent / volume / Hemetemesis as per doctors order and follow proper protocol <input type="checkbox"/> Check for malena / constipation / urinary retention	M Normal Elimination pattern E N	MD 07/25
SKIN INTEGRITY <input checked="" type="checkbox"/> Maintain normal skin integrity <input type="checkbox"/> Pressure points site assessment <input type="checkbox"/> HAPI <input type="checkbox"/> OPI GRADES OF PRESSURE INJURY <input type="checkbox"/> GRADE 1 <input type="checkbox"/> GRADE 2 <input type="checkbox"/> GRADE 3 <input type="checkbox"/> GRADE 4 <input type="checkbox"/> Unstageable <input type="checkbox"/> Deep Tissue Injury <input type="checkbox"/> Healing Status <input type="checkbox"/> PUSH Decreased <input type="checkbox"/> PUSH Increased <input type="checkbox"/> Intermittent Assisted <input type="checkbox"/> Dermatitis <input type="checkbox"/> Pressure injury / blisters site care given <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Patient will maintain normal healing status <input type="checkbox"/> Patient will discharge with intact skin integrity	<input checked="" type="checkbox"/> Minimize / Eliminate friction and shear <input type="checkbox"/> Minimize pressure (off-loading) with special beds <input type="checkbox"/> Make sure wrinkles free bed / comfort surfaces and devices <input type="checkbox"/> Early skin inspection and treatment <input type="checkbox"/> Keep position changing 2 hourly and manage pain <input type="checkbox"/> Manage moisture, clean and dry skin <input type="checkbox"/> Maintain adequate nutrition and hydration <input type="checkbox"/> Proper application of medications and dressing <input type="checkbox"/> Follow doctors and TVN order properly <input type="checkbox"/> Monitor the healing status <input type="checkbox"/> Educate patient and family members about further skin care	M Maintain Normal skin intact E N	MD 07/25

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

Patient Specific Problems / Needs		Measurable Goals	Nursing Interventions	Evaluation	Sign & Initials
COMMUNICATION <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Non-verbal <input type="checkbox"/> Sign language <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> Patient will communicate effectively with positive feedback	<input checked="" type="checkbox"/> Introduce the care giver <input type="checkbox"/> Encourage the use of call bell <input type="checkbox"/> Obtain interpreter if needed <input type="checkbox"/> No negative speaking about the patient's condition or prognosis in the patient's presence	M P 6 4 000d communi cation E N	M 02/25
SPECIAL INTERVENTIONS <input type="checkbox"/> Medication <input type="checkbox"/> Wound care <input type="checkbox"/> Isolation <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Blood / Blood products transfusion <input type="checkbox"/> Fluid tapping <input type="checkbox"/> DVT Management <input type="checkbox"/> Others:		<input checked="" type="checkbox"/> To manage on time	<input checked="" type="checkbox"/> Double check for high alert medication <input type="checkbox"/> Observe and report any medication reaction <input type="checkbox"/> Provide proper measures of wound care <input type="checkbox"/> Follow hospital policies and protocols of isolation and explain to the patient / family <input type="checkbox"/> Check for cross matching and typing, to ensure compatibility <input type="checkbox"/> Practice strict asepsis while transfusing blood or blood products and fluids <input type="checkbox"/> Monitor DVT score and continue treatment as per doctors order	M Medication, given as per drug chart E N	M 02/25
Endorsed by	Signature	Name	Emp. ID	Date	Time
	<i>[Signature]</i>	L. Naleni	0024	8/11/24	1400

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	H	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	H	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	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	H	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	H	4	
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	
TOTAL SCORE					23	23	
Initial & Emp. No. of Staff Nurse:					8	4	
Initial & Emp. No. of Sr. Staff Nurse:					10	10	

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

Date: 3 / 1 / 24
Time: 11 / 0 / 11

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

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

Date: 21/02/24
Time: 15:00 hrs

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	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	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	1	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	1
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	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 dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	1	2	2
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		1	2	2
TOTAL SCORE					6	12	12
Initial & Emp. No. of Staff Nurse:					[Signature] 2007		
Initial & Emp. No. of Sr. Staff Nurse:					[Signature] 2007		

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	2	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	2	2
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	1	1	2
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	2	2
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	2	2
FRICITION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	2	2
TOTAL SCORE					11	13	14
Initial & Emp. No. of Staff Nurse:					202	202	202
Initial & Emp. No. of Sr. Staff Nurse:					202	202	202

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond 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	
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	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	2	4	
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	2	4	
FRICION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		2	3	
					TOTAL SCORE	14	23
					Initial & Emp. No. of Staff Nurse:	88	8006
					Initial & Emp. No. of Sr. Staff Nurse:	Ne-24	Ne-24

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



BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

SENSORY PERCEPTION ability to respond meaning-fully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR had some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort	4	4	4
MOISTURE degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine etc. Dampness is detected every time patient is moved or turned	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
TOTAL SCORE					23	23	23
Initial & Emp. No. of Staff Nurse:					531	806	004
Initial & Emp. No. of Sr. Staff Nurse:					102	102	102

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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. Barely Moist Skin is usually dry, linen only requires changing at routine intervals	4	4	4
ACTIVITY degree of physical activity	1. Bedfast Confined to bed	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and / or must be assisted into chair or wheelchair	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours	4	4	4
MOBILITY ability to change and control body position	1. Completely Immobile Does not make even slight changes in body or extremity position without assistance	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently	3. Slight Limited Makes frequent through slight changes in body or extremity position independently	4. No Limitation Makes major and frequent changes in position without assistance	4	4	4
NUTRITION usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and / or maintained on clear liquids or IV's for more than 5 days	2. Probably Inadequate Rarely eats a complete meal and generally eats only about 2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement	3. Adequate Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation	4	4	4
FRICTION & SHEAR	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent re-positioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair		3	3	3
					TOTAL SCORE	23	23
					Initial & Emp. No. of Staff Nurse:	207	208
					Initial & Emp. No. of Sr. Staff Nurse:	214	215

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

BRADEN SCALE FOR PREDICTING PRESSURE INJURY RISK

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

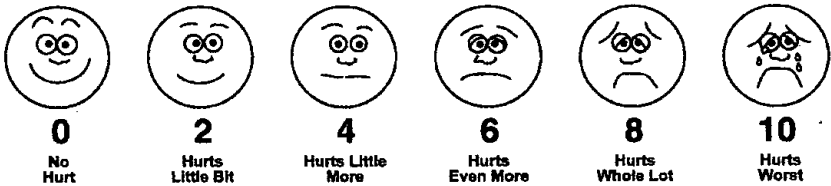
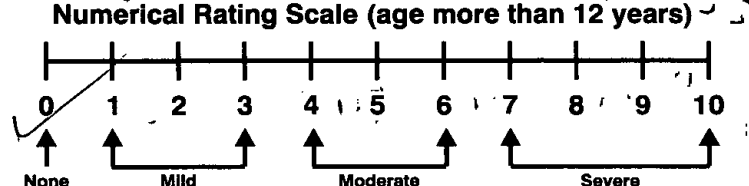
Score Interpretation: Minimal Risk: 23 - 19; At Risk / Mild Risk: 18 - 15; Moderate Risk: 14 - 13; High Risk: 12 - 10; Severe Risk: 9 - 6

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.
21/12/23 13:00	0/10	No pain	-	-	-	8/02	05
14:00	0/10	No pain	-	-	-	8/02	05
21:00	0/10	No Pain	-	-	-	8/02	05
21/12/23 1:00	0/10	No Pain	-	-	-	8/02	05
2:00	0/10	No Pain	-	-	-	8/02	05
10:00	0/10	No pain	-	-	-	8/02	No 024

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.
					I		

PAIN SCALES

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

Pharmacological Interventions as per doctor's prescription


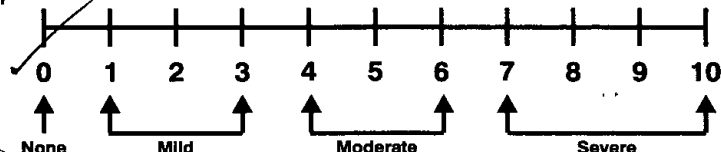


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
03/01/23					Assessed & CPOT		
16:00	0/2	—	—				
17:00	2/10	achy pain	<10 sec	Surgical site	Pharmacological Management done		
19:00	2/10	achy pain	<10 sec	Surgical site	Non-pharmacological Management done		
21:00	1/10	dull pain	<5 sec	Afternoon	Pharmacological management done.		
23:00	1/10	dull pain	5-10 sec	back	Non pharmacological management done.		
4/1/24 1:00	0/10	—	—	—	patient is sleeping		
3:00	0/10	—	—	—	patient is sleeping		
5:00	0/10	—	—	—	patient is sleeping.		
7:00	1/10	dull pain	<10 sec	Afternoon	Non pharmacological management done.		

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
	9:00 11/10	Dull ache	15 Sec.	Surgical site	Non-pharmacological intervention done.	J. [initials]	[initials]
11:00	2/10	Dull ache	20 Sec.	Surgical site	Pharmacological intervention done.	J. [initials]	[initials]
13:00	1/10	Dull pain	< 15 sec	Surgical site	Non-pharmacological Management done	J. [initials]	[initials]
15:00	2/10	Achy pain	< 20 sec	Surgical site	Pharmacological Management done	J. [initials]	[initials]

PAIN SCALES

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

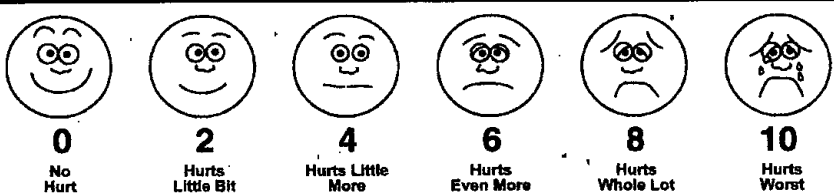
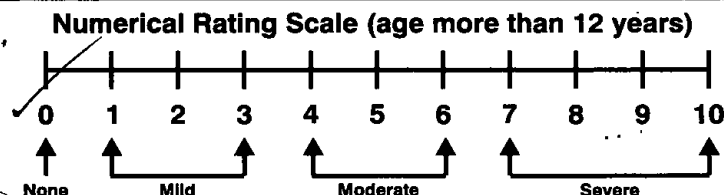
Pharmacological Interventions as per doctor's prescription

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
03/01/23					Assessed & CPO1		
16:00	0/2	—	—	—	—		
17:00	2/10	achy pain	<10 sec	Surgical site	Pharmacological Management done		
19:00	2/10	achy pain	<10 sec	Surgical site	Non-pharmacological Management done		
21:00	1/10	dull pain	<5 sec	Afternoon	Pharmacological management done.		
23:00	1/10	dull pain	5-10 sec	back	Non pharmacological management done.		
4/1/24 1:00	0/10	—	—	—	patient is sleeping		
3:00	0/10	—	—	—	patient is sleeping		
5:00	0/10	—	—	—	patient is sleeping.		
7:00	1/10	dull pain	<10 sec	Afternoon	Non pharmacological management done.		

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
	9:00 11/10	Dull ache	15 Sec.	Surgical site	Non-pharmacological intervention done.	J. [initials]	[initials]
11:00	2/10	Dull ache	20 Sec.	Surgical site	Pharmacological intervention done.	J. [initials]	[initials]
13:00	1/10	Dull pain	< 15 sec	Surgical site	→ Non-pharmacological Management done	J. [initials]	[initials]
16:00	2/10	Achy pain	< 20 sec	Surgical site	→ Pharmacological Management done	J. [initials]	[initials]

PAIN SCALES

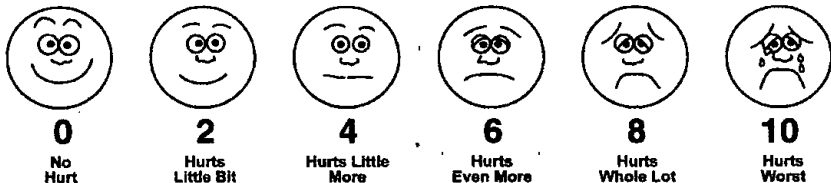
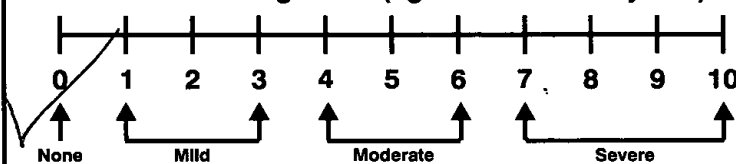
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures > 12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
4/1/24 17:00	2/10	Achy pain	<15 sec	② scapula region	Non-Pharmacological Management done.	[Signature]	[Signature]
19:00	1/10	Dull pain	<20 sec	Surgical site	Pharmacological Management done.	[Signature]	[Signature]
21:00	1/10	dull pain	<15 sec	sternum	Pharmacological management done.	[Signature]	[Signature]
23:00	1/10	dull pain	<10 sec	drain site	Comfortable position given.	[Signature]	[Signature]
5/1/24 1:00	-	-	-	-	He is sleeping	[Signature]	[Signature]
3:00	-	-	-	-	He is sleeping	[Signature]	[Signature]
5:00	-	-	-	-	He is sleeping	[Signature]	[Signature]
7:00	1/10	dull pain	10-15 sec	sternum	Non pharmacological management done.	[Signature]	[Signature]
9:00	4/10	Dull pain	10-15 min	sternum	non-pharmacological management done.	[Signature]	[Signature]


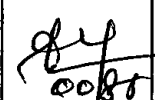
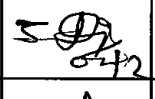
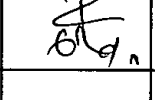
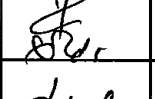
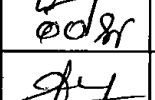
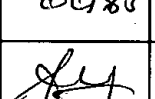
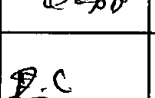
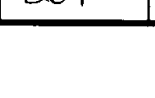
Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
5:15 11.00	4/10	Dull pain	20 sec	Sternum	Positioned comfortable position	He 211	2003
15:00	4/10	Dull pain	20 sec	Sternum	Positioned comfortable position	He	
17:00	4/10	Dull pain	20 sec	Sternum	Positioned comfortable position	He 221	
21:00	0/10	No pain	-	-	-	He 2003	

PAIN SCALES

PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention	
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible. If the CRIES score is > 4, further pain assessment should be undertaken, and analgesic administration is indicated for a score of 6 or higher.	
FLACC Scale (2 months - 7 years)	0: Relaxed & comfortable, 1-3: Mild discomfort, 4-6: Moderate discomfort, 7-10: Severe discomfort / pain / both	
Wong-Baker FACES Pain Rating Scale (7 years - 12 years)	<div></div> <div>0 No Hurt</div> <div>2 Hurts Little Bit</div> <div>4 Hurts Little More</div> <div>6 Hurts Even More</div> <div>8 Hurts Whole Lot</div> <div>10 Hurts Worst</div>	<div>Numerical Rating Scale (age more than 12 years)</div> <div></div> <div>0 1 2 3 4 5 6 7 8 9 10</div> <div>None Mild Moderate Severe</div>
Critical care Pain Observation Tool (CPOT) (ventilator / comatose)	FACIAL EXPRESSION: 0 - Relaxed, Neutral, 1 - Tense, 2 - Grimacing BODY MOVEMENTS: 0 - Absence of movements or normal position, 1 - Protection, 2 - Restlessness / Agitation COMPLIANCE WITH VENTILATION (Intubated patients): 0 - Tolerating Ventilator or Movement , 1 - Coughing but tolerating, 2 - Fighting ventilator (or) VOCALIZATION (non-intubated patients): 0 - Talking on normal tone or no sound, 1 - Sighing, Moaning, 2 - Crying out, sobbing MUSCLE TENSION: 0 - Relaxed, 1 - Tense, Rigid, 2 - Very Tense, Rigid TOTAL SCORE: 0 - 2: No Pain; 3 - 4: Moderate Pain; 5 - 8: Severe Pain	
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Pharmacological Interventions as per doctor's prescription		

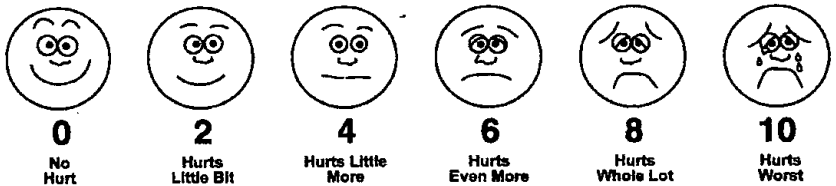
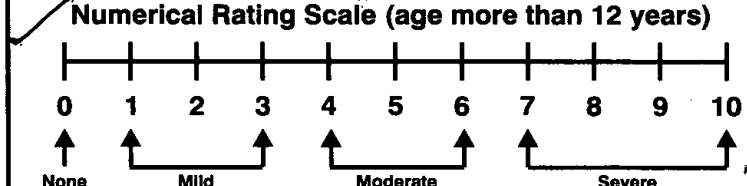


PAIN RE-ASSESSMENT & MONITORING CHART

Date & Time	Pain Score	Pain Character (dull, achy, sharp, stabbing, shooting, burning, referred / radiant pain)	Duration	Location / Site	Interventions	Staff Initial & Emp. No.	Senior Staff Initial & Emp. No.
6/1/24 2:00	0/10	No Pain	-	-	-	 0088	Nae 024
5:00	0/10	No Pain	-	-	-	 0088	Nae 024
11:00	0/10	No pain	-	-	-	 042	Nae 024
15:00	0/10	No pain	-	-	-	 042	Nae 024
19:00	0/10	No pain	-	-	-	 042	Nae 024
21:00	0/10	No Pain	-	-	-	 0088	Nae 024
7/1/24 1:00	0/10	No Pain	-	-	-	 0088	Nae 024
5:00	0/10	No Pain	-	-	-	 0088	Nae 024
9:00	0/10	No pain	-	-	-	 0007	Nae 024

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.
13.00	0/10	No pain	-	-	-	P 024	Nae 024
19.00	0/10	No pain	-	-	-	P 024	Nae 024
23.00	9/10	Intense Pain	-	-	-	P 024	Nae 024
8/12A 1.00	0/10	No Pain	-	-	-	P 024	Nae 024

PAIN SCALES

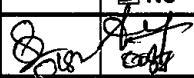
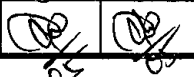
PIPPS (28 weeks to ≤ 38 weeks)	6 or less = Minimal to no pain 7 - 12 = Mild pain - Provide comfort measures >12 = Moderate to severe pain - Pharmacological intervention
CRIES (38 weeks - 2 months)	The CRIES scale is used for infants > than or = 38 weeks of gestation. A maximal score of 10 is possible.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

Pharmacological Interventions as per doctor's prescription



DVT RISK ASSESSMENT

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

		Date	Time						
		21/12/23	12.00						
S. No.	PARAMETERS								
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0						
2	Bedridden recently >3 days or major surgery within four weeks	0	0						
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0						
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0						
5	Entire leg swollen (Assess for both legs)	0	0						
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0						
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	0						
8	Paralysis, paresis, or recent plaster immobilization of the lower extremity (Assess for both legs)	0	0						
9	Previously documented DVT (Assess for both legs)	0	0						
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESKD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0						
FINAL SCORE		0	0						
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8		Low	Low						
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature & Emp. No. of RN									
Signature & Emp. No. of Sr. RN									



DVT RISK ASSESSMENT

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

		Date	03/01/24	4/1/24	5/1/24	6/1/24	7/1/24	8/1/24
		Time	16:00	2:00	2:00	6:00	6:00	6:00
S. No.	PARAMETERS							
1	Active cancer (on-going treatment or diagnosed within 6 months or palliative care)	0	0	0	0	0	0	0
2	Bedridden recently >3 days or major surgery within four weeks	+1	+1	+1	+1	+1	+1	+1
3	Calf swelling >3 cm compared with asymptomatic side, measured at 10 cm below tibial tubercle (Assess for both legs)	0	0	0	0	0	0	0
4	Collateral (nonvaricose) superficial veins present (Assess for both legs)	0	0	0	0	0	0	0
5	Entire leg swollen (Assess for both legs)	0	0	0	0	0	0	0
6	Localized tenderness along the deep venous system (Assess for both legs)	0	0	0	0	0	0	0
7	Pitting edema, greater in the symptomatic leg (Assess for both legs)	0	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	0
9	Previously documented DVT (Assess for both legs)	0	0	0	0	0	0	0
10	Alternative diagnosis to DVT as likely or more likely (Assess for both legs) / Co-morbidity like ESLD / Renal disease, Renal failure, CCF Cellulitis (commonly mistaken as DVT), Dependent (stasis) oedema, Lymphatic obstruction. Septic arthritis, Cirrhosis, Nephrotic syndrome, Calf muscle tear or strain, Haematoma (collection of blood) in the muscle, Sprain or rupture of a leg tendon, Fracture.	0	0	0	0	0	0	0
FINAL SCORE		+1	+1	+1	+1	+1	+1	+1
Low Risk: -2 to 0 Moderate Risk: 1 to 2 High Risk: 3 to 8			Mod	Mod	Mod	Mod	Mod	Mod
DVT prophylaxis started		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature & Emp. No. of RN								
Signature & Emp. No. of Sr. RN								



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



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	21/12/23	21/12/23	31/12/23						
	Time	13:00	22:00	03:00						
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS										
Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		30	30	30						
Low Risk (0 - 24)										
Medium Risk (25 - 44)		✓	✓	✓						
High Risk (45 or above)										
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

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

INTERVENTIONS		Date	21/12/22	21/1/23	21/1/24							
Tick as per the Risk Score		Time	13.00	22.00	8.00							
Low Risk Interventions (0 - 24)												
Familiarize the patient with the immediate surroundings			✓	✓								
Remind the patient to use call bell before getting out of bed			✓	✓								
Keep the two side rails in the raised position at all times for all patients regardless of age			✓	✓								
Keep the call bell, bedside table, water, glasses within the patient's easy reach			✓	✓								
Remove excess equipment or furniture to make a clear path			✓	✓								
Keep the patient's bed in the low position at all times except during procedure			✓	✓								
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed			✓	✓								
Bed wheels should be locked			✓	✓								
Encourage family participation in the patient's care			✓	✓								
Ensure that floor of the bathroom is dry and not slippery			✓	✓								
Review medications for potential side effects that can promote falls			✓	✓								
Use safety belts during movement in wheelchair			✓	✓								
The patients are not ambulated by themselves. They are to be ambulated only with assistance			✓	✓								
Medium risk interventions (25 - 44)												
Apply all the low risk interventions		✓	✓	✓								
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓								
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓								
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓								
Allow the patient to ambulate only with assistance		✓	✓	✓								
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓								
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓								
Accompany the patient while going to bathroom		✓	✓	✓								
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓								
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓								
High-risk interventions (45 or above)												
Apply all the low and medium risk interventions												
Tie red fall risk tag in the bed, wheel chair and stretcher												
Locate the high-risk patients in a room close to the nurses' station												
Answer these patients call bells as quickly as possible												
Provide a commode at bedside (if appropriate)												
Urinal/bedpan should be within easy reach (if appropriate)												
Encourage family members or other visitors to stay with them												
If appropriate, consider using protection devices: safety belts												
Signature & Emp. No. of RN			8222	6042	6042							
Signature & Emp. No. of Sr. RN			6042	6042	6042							



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	03/01/24	3/1/24	4/1/24	4/1/24	4/1/24	5/1/24	5/12	5/12	6/1/24
	Time	15:00	20:00	8:00	13:00	20:00	08:00	14:00	22:00	8:00
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives, immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
Yes	15	15	15	15	15	15	15	15	15	15
Total Score		65	65	50	60	50	50	50	50	50
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓	✓	✓	✓
Signature & Emp. No. of RN										
Signature & Emp. No. of Sr. RN										

[illegible]



Mr. KARUNA GANDHI.A

56/Male/MHI202380036

02/01/2024/IPH2024000014

Dr. RAJESH.V



MHI/NUR/2022/046



MODIFIED MORSE FALL RISK ASSESSMENT CHART

Variables	Date	6/1	6/1/24	7/1/24	7/1/24	7/1/24	8/1/24			
	Time	24:00	22:00	8:00	14:00	22:00	8:00			
History of falling (immediate or within 6 months)	No	0	0	0	0	0	0	0	0	0
	Yes	25	25	25	25	25	25	25	25	25
Secondary diagnosis (≥ 2 medical diagnosis)	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Intravenous Therapy / Heparin Lock / Tubes Insitu	No	0	0	0	0	0	0	0	0	0
	Yes	20	20	20	20	20	20	20	20	20
AMBULATORY AID										
None / Bed Rest / Nurse Assist		0	0	0	0	0	0	0	0	0
Crutches / Cane / Walker		15	15	15	15	15	15	15	15	15
Furniture		30	30	30	30	30	30	30	30	30
GAIT										
Normal / Bed Rest / Wheel Chair		0	0	0	0	0	0	0	0	0
Weak		10	10	10	10	10	10	10	10	10
Impaired		20	20	20	20	20	20	20	20	20
MENTAL STATUS										
Oriented to own stability		0	0	0	0	0	0	0	0	0
Overestimated or forgets limitations		15	15	15	15	15	15	15	15	15
MEDICATIONS Includes PCA / opiates, diuretics, laxatives, hypnotics, sedatives immunosuppressant, anticonvulsants, anti-hypertensives, hypoglycemics and psychotropics	No	0	0	0	0	0	0	0	0	0
	Yes	15	15	15	15	15	15	15	15	15
Total Score		50	50	50	50	50	50			
Low Risk (0 - 24)										
Medium Risk (25 - 44)										
High Risk (45 or above)		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			
Signature & Emp. No. of Sr. RN		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]			

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

INTERVENTIONS <i>Tick as per the Risk Score</i>	Date	6/1	6/1/24	7/1/24	7/1	7/1/24	8/1/24			
	Time	1400	200	8.00	1400	2200	8.00			
Low Risk Interventions (0 - 24)										
Familiarize the patient with the immediate surroundings		✓	✓	✓	✓	✓	✓			
Remind the patient to use call bell before getting out of bed		✓	✓	✓	✓	✓	✓			
Keep the two side rails in the raised position at all times for all patients regardless of age		✓	✓	✓	✓	✓	✓			
Keep the call bell, bedside table, water, glasses within the patient's easy reach		✓	✓	✓	✓	✓	✓			
Remove excess equipment or furniture to make a clear path		✓	✓	✓	✓	✓	✓			
Keep the patient's bed in the low position at all times except during procedure		✓	✓	✓	✓	✓	✓			
Teach fall-prevention techniques, such as sitting up for a moment before rising from the bed		✓	✓	✓	✓	✓	✓			
Bed wheels should be locked		✓	✓	✓	✓	✓	✓			
Encourage family participation in the patient's care		✓	✓	✓	✓	✓	✓			
Ensure that floor of the bathroom is dry and not slippery		✓	✓	✓	✓	✓	✓			
Review medications for potential side effects that can promote falls		✓	✓	✓	✓	✓	✓			
Use safety belts during movement in wheelchair		✓	✓	✓	✓	✓	✓			
The patients are not ambulated by themselves. They are to be ambulated only with assistance		✓	✓	✓	✓	✓	✓			
Medium risk interventions (25 - 44)										
Apply all the low risk interventions		✓	✓	✓	✓	✓	✓			
Tie yellow fall risk tag in the bed and Wheel chair / Stretcher		✓	✓	✓	✓	✓	✓			
Make sure that proper transfer precautions are instituted for heavy or debilitated patients in a bed or wheel chair or on a toilet seat		✓	✓	✓	✓	✓	✓			
Use restraints and bed monitors as ordered by the doctor		✓	✓	✓	✓	✓	✓			
Allow the patient to ambulate only with assistance		✓	✓	✓	✓	✓	✓			
Consider peak effects of the medications that effects level of consciousness, gait and elimination when planning patient's care		✓	✓	✓	✓	✓	✓			
Do not leave patients unattended in diagnostic or treatment areas		✓	✓	✓	✓	✓	✓			
Accompany the patient while going to bathroom		✓	✓	✓	✓	✓	✓			
Advice the patient to use grab bars near the toilet, bathtub, and shower		✓	✓	✓	✓	✓	✓			
Make sure the family and other visitors understand the restrictions mentioned above		✓	✓	✓	✓	✓	✓			
High-risk interventions (45 or above)										
Apply all the low and medium risk interventions		✓	✓	✓	✓	✓	✓			
Tie red fall risk tag in the bed, wheel chair and stretcher		✓	✓	✓	✓	✓	✓			
Locate the high-risk patients in a room close to the nurses' station		✓	✓	✓	✓	✓	✓			
Answer these patients call bells as quickly as possible		✓	NA	✓	✓	✓	✓			
Provide a commode at bedside (if appropriate)		✓	NA	✓	✓	✓	✓			
Urinal/bedpan should be within easy reach (if appropriate)		✓	NA	✓	✓	✓	✓			
Encourage family members or other visitors to stay with them		✓	✓	✓	✓	✓	✓			
If appropriate, consider using protection devices: safety belts		✓	✓	✓	✓	✓	✓			
Signature & Emp. No. of RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Signature & Emp. No. of Sr. RN		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

PATIENT AND FAMILY EDUCATION RECORD

Assessment

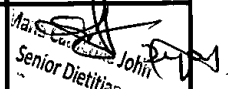
To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>24/12</u> Time <u>13.40</u>		Nurse Signature : <u>[Signature]</u>

Learning Record

Need	Date <u>24/12</u>	Visit 1 <u>31</u>			Visit 2 <u>31</u>			Date	Visit 3			Signature
		L	P	O	L	P	O		L	P	O	
Disease												Doctor
<input type="checkbox"/> Information on Disease / Diagnostics												<u>K.B. 134559</u>
<input checked="" type="checkbox"/> Treatment												
Medications												Doctor / Nurse
<input type="checkbox"/> Information on Safe and Effective use of medicines												<u>[Signature]</u>
<input checked="" type="checkbox"/> Information on drug / drug and drug / food interactions												
<input type="checkbox"/> Discharge Medications												
Surgical Instructions												Nurse
<input checked="" type="checkbox"/> Pre - Operative Instructions												<u>[Signature]</u>
<input type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)												
Pain Management												Nurse
<input checked="" type="checkbox"/> Reporting of pain												
<input checked="" type="checkbox"/> Pain Management												<u>[Signature]</u>
Safe and effective use of medical Equipment (If required)												Doctor / Nurse
Name of Equipment												
Rehabilitation Techniques												

K. Sahi

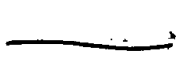
Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance													Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk													 Maria Cecilia John Senior Dietitian
<input type="checkbox"/> Diet advice for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

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

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

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

Written Material given and explained (if any)



Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____



PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input checked="" type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input checked="" type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>03/01/24</u> Time <u>12:00</u>		Nurse Signature : <u>PN Andharyan</u>

Learning Record

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Disease	03/01/24	-	-	-	03/01/24	-	-	-	03/01/24	-	-	-	Doctor
<input checked="" type="checkbox"/> Information on Disease / Diagnostics		S	ON	V		S	ON	V		S	ON	V	<u>L. G. 134559</u>
<input type="checkbox"/> Treatment		S	ON	V		S	ON	V		S	ON	V	
Medications		S	ON	V		S	ON	V		S	ON	V	Doctor / Nurse
<input checked="" type="checkbox"/> Information on Safe and Effective use of medicines		S	ON	V		S	ON	V		S	ON	V	<u>Andharyan</u>
<input type="checkbox"/> Information on drug / drug and drug / food interactions		-	-	-		-	-	-		-	-	-	
<input type="checkbox"/> Discharge Medications		-	-	-		-	-	-		-	-	-	
Surgical Instructions		-	-	-		-	-	-		-	-	-	Nurse <u>Andharyan</u>
<input type="checkbox"/> Pre - Operative Instructions		-	-	-		-	-	-		-	-	-	
<input checked="" type="checkbox"/> Post - Operative Instructions (Wound / Dressing Care)		S	ON	V		S	ON	V		S	ON	V	
Pain Management		S	ON	V		S	ON	V		S	ON	V	Nurse <u>Andharyan</u>
<input type="checkbox"/> Reporting of pain		S	ON	V		S	ON	V		S	ON	V	
<input type="checkbox"/> Pain Management		S	ON	V		S	ON	V		S	ON	V	
Safe and effective use of medical Equipment (if required)		-	-	-		-	-	-		-	-	-	Doctor / Nurse <u>Andharyan</u>
Name of Equipment		-	-	-		-	-	-		-	-	-	
Rehabilitation Techniques		-	-	-		-	-	-		-	-	-	

Need	Date	Visit 1			Date	Visit 2			Date	Visit 3			Signature
		L	P	O		L	P	O		L	P	O	
Nutritional Guidance	03/1/2				4/1/2				5/1/2				Dietician
<input checked="" type="checkbox"/> Diet Instruction for patients at Nutritional risk													
<input type="checkbox"/> Diet advice for home													
Discharge Planning													
<input type="checkbox"/> Self care													
<input type="checkbox"/> Follow up													
<input type="checkbox"/> Reporting Concerns Immunizations													
<input type="checkbox"/> Parenting education													
<input type="checkbox"/> Others													
Risk Factor Reduction													
<input type="checkbox"/> Smoking Cessation													Doctor
<input type="checkbox"/> Weight Control													
<input type="checkbox"/> Exercise													
<input type="checkbox"/> Hypertension													
<input type="checkbox"/> Other Risks													

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

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

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

Written Material given and explained (if any)

--

Reports Given :

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

Name of Attendant / Patient : _____ Signature : _____

Name of Discharge Nurse _____ Signature : _____

PATIENT AND FAMILY EDUCATION RECORD

Assessment

To be filled by concerned disciplines. Use key below

Barriers to Learning		Plan to Address Factors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Vision / Hearing limitations	<input type="checkbox"/> Use of Interpreter
<input type="checkbox"/> Limited Reading Abilities	<input type="checkbox"/> Physical barriers	<input type="checkbox"/> Educate family
<input type="checkbox"/> Religious / Cultural Factors	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Simple Language
<input type="checkbox"/> Cognitive Limitations - unable to understand and follow directions	<input type="checkbox"/> Low motivation / desire to learn	<input type="checkbox"/> Written Instructions
Completed By : Date <u>6/1/24</u> Time <u>8:00</u>		Nurse Signature : <u>[Signature]</u>

Learning Record





[illegible]

Inter Disciplinary Team Rounds (IDTR) Checklist

Date: 21/1/24 Time: 13:00

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

Inter Disciplinary Team Members

	Signature	Name	Reg. / Emp. No.	Date	Time
Doctor		Dr. SUJATHA.B	183873	21/1/24	18:00
Nursing Staff		M. Devika	010	21/1/24	15:00
Dietician		Maria Catherine John Senior Dietician	24201	21/1/24	15:00
Physiotherapist		AKASH-G	0286	31/1/24	18:00
Patient Care Service Staff					

FAMILY COUNSELLING FORM

CONSULTANT- DR. RAJESH.V			DIAGNOSIS- CAD-TVD			
DATE	HOSPITAL MEMBERS	FAMILY MEMBERS	MEDICAL UPDATE	FINANCIAL UPDATE	PATIENT REP-SIGN	DOCTOR SIGN
3/1/24	PLN K. Karthikeyan	Mrs. Angelina (Daughter)	→ Explained about the condition of the Patient, ICU stay.	-	IX	R 11/22/24
4/1/24	PLN K. Karthikeyan (0022)	Mrs. Leena Daughter	→ Explained about the Patient condition ICU stay.	-	PD	R 11/22/24

[illegible]

Additional Details (if any):

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

	Sign.	Name	Reg. No.	Date	Time
Transferring Doctor	<i>S</i>	DR. PRAVEEN Jayaraman	112236	5/1/24	12.10
Receiving Doctor	<i>DE</i>	Dr. Mohamed Lythim	16552	5/1/24	14.00

Part C (to be filled by Nurses)

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

Additional Details (if any):

SpO2 to be checked periodically

	Sign.	Name	Emp. No.	Date	Time
Transferring Nurse	<i>JA</i>	Arthar	D019	5/1/24	12.20
Receiving Nurse	<i>S-DV</i>	S. Dhanadharan	0212	5/1/24	12.20




Medway
Heart
Institute

Every heart beat counts

21113-2024-0000 E

[illegible]

WOUND ASSESSMENT CHART

EXUDATE AMOUNT								
none	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evidence of some moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
evidence of significant flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXUDATE								
serous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sero - sanguinous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purulent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ODOUR								
none	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
some evidence of odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
significantly malodorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIN AT WOUND SITE (nil) 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (max)								
INFECTION SUSPECTED*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SWAB SENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTIBIOTIC THERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD GLUCOSE / URINE ANALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATIENT / CARER TO DO DRESSING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE								

***SIGNS & SYMPTOMS OF WOUND INFECTION :**

- Pyrexia
- localised pain
- erythema
- localoedema
- excess exudate
- pus
- offensive odour

***SUSPECT WOUND INFECTION IF :**

- granulation tissue bleeds easily
- fragile bridge of epithelium occurs
- odour increases
- healing is slower than anticipated
- wound breakdown

VIP SCALE (VISUAL INFUSION PHLEBITIS)

PATIENT NAME : **Mr. KARUNA GANDHI.A**
56/Male/MHI202380036
02/01/2024/IPH2024000014
AGE / SEX : **Dr. RAJESH.V**

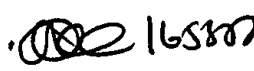
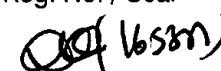
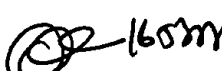
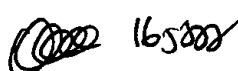


IP No. / UHID No

Ward / Bed No. **SICU - ①**

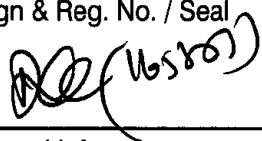

ANY SCORE > 0 SHOULD BE MONITORED IN EVERY SHIFT

DATE	TIME	SITE	SCORE	DESCRIPTION	ACTION	FOLLOW UP	S / N EMP No.
03/01/24	15:00	RIGHT CUBITAL	0/5	IV UNBLOCK PATENT	FLUSHED & AL	OBSERVATION DONE	✓ 2022
	20:00	② Cubital	0/5	IV line patent	flushed	NO SIGNS OF PHLEBITIS	✓ 2022
4/1/24	8:00	② CUBITAL	0/5	PATENT & HEALTHY	FLUSHED & AL	ON OBSERVATION	✓ 2022
	15:00	② CUBITAL	0/5	IV UNBLOCK PATENT	FLUSHED & AL	NO SIGNS OF PHLEBITIS	✓ 2022
	20:00	② Cubital	0/5	IV line patent	flushed	NO SIGNS OF PHLEBITIS	✓ 2024
5/1/24	08:00	CUBITAL	0/5	IV LINE PATENT	FLUSHED	NO SIGNS OF PHLEBITIS	✓ 2022
	14:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
	22:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
6/1/24	8:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
	14:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
	22:00	Rt cubital	0/5	Patent	flushed	followed	✓ 2022
7/1/24	8:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
	14:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
	22:00	Rt cubital	0/5	Patent	flushed	followed	✓ 2022
8/1/24	8:00	Rt cubital	0/5	patent	flushed	followed	✓ 2022
				IV line removed			✓ 2022

[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓	21/12	31/12					
DRUG NAME T. ATORVA										
Dose 10mg	Route P/O	Frequency Once daily								
Dr. Sign & Reg. No. / Seal  165800		Start Date & Time 21/12/24 @ 14:00								
		Stop Date & Time	20.00	20.00						
Additional Info:										
DRUG NAME T. NITROGLYCERIN			8.00	→	NPO					
Dose 2.5mg	Route P/O	Frequency Once daily								
Dr. Sign & Reg. No. / Seal  165800		Start Date & Time 21/12/24 @ 14:00								
		Stop Date & Time	16.00	16.00						
Additional Info:										
DRUG NAME T. LASIX										
Dose 40mg	Route P/O	Frequency 1/2 Once daily								
Dr. Sign & Reg. No. / Seal  165800		Start Date & Time 21/12/24 @ 14:00	15.00	16.00						
		Stop Date & Time								
Additional Info:										
DRUG NAME T. ALDACTONE			8.00	→	NPO					
Dose 25mg	Route P/O	Frequency Once daily								
Dr. Sign & Reg. No. / Seal  165800		Start Date & Time 21/12/24 @ 14:00								
		Stop Date & Time								
Additional Info:										
DRUG NAME T. CARDIVAS			8.00	→	NPO					
Dose 3.125mg	Route P/O	Frequency Once daily								
Dr. Sign & Reg. No. / Seal  165800		Start Date & Time 21/12/24 @ 14:00								
		Stop Date & Time	20.00	20.00						
Additional Info:										
Area In-charge Nurse Signature:										

Clinical Pharmacists
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only ↓			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓	21/11/23						
DRUG NAME T-RANDOL			7.00	→ NPD						
Dose 150mg	Route P/O	Frequency 1-0-1								
Dr. Sign & Reg. No. / Seal 		Start Date & Time 21/11/24 @ 14.00								
		Stop Date & Time								
Additional Info:			19.02.19.00							
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
Area In-charge Nurse Signature:				21/11/23						

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given								
			Time ↓									
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
DRUG NAME												
Dose	Route	Frequency										
Dr. Sign & Reg. No. / Seal		Start Date & Time										
		Stop Date & Time										
Additional Info:												
Area In-charge Nurse Signature:												

40cm x 191
Station No. 11

REGULAR PRESCRIPTIONS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature:											

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature:											

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature:											

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given.							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature:											

AS REQUIRED PRESCRIPTIONS			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											

[illegible][illegible]

[illegible][illegible]

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
02/11/24	8pm	low salt, low fat	<i>[Signature]</i>	134557					
03/11/24	8AM	ADPO	<i>[Signature]</i>	134557					


NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning					Morning			
2/11/23	Evening	M. Dwyer	016			Evening			
2/11/23	Night	A. ALBINUS	0088	Ø		Night			
3/11/23	Morning	Agasthya	014	✓		Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			
	Morning					Morning			
	Evening					Evening			
	Night					Night			



Weight (kg): 61.05

Drug Details NKDA	Description of Allergy 	Doctor's Sign:  Name: Dr. PRAVEEN JEYAKUMAR Reg. No: 112236
---------------------------------	---------------------------------------	--

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[illegible]

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given					
			Time ↓	31/12/24	31/12/24	31/12/24	31/12/24	31/12/24	31/12/24
DRUG NAME									
INJ. PARACETAMOL			1:00						
Dose	Route	Frequency							
1gm	PO	Q 8th hourly	9:00						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 31/12/24 at 17:00 Stop Date & Time 31/12/24 at 10:00	17:00						
Additional Info:									
DRUG NAME									
SUP. SUCRALFATE SUSPENSION			7:30						
Dose	Route	Frequency							
10ml	PO	1-1-1	13:30						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 31/12/24 at 19:30 Stop Date & Time	19:30						
Additional Info:									
DRUG NAME									
NEB. LEVOSALBUTAMOL			5:00						
Dose	Route	Frequency							
0.63mg	INH	Q 6th hourly	10:00						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 31/12/24 at 17:00 Stop Date & Time	17:00						
Additional Info:									
DRUG NAME									
TAB. FRUSEMIDE			8:00						
Dose	Route	Frequency							
40mg	PO	1-1-1	16:00						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 31/12/24 Stop Date & Time							
Additional Info:									
DRUG NAME									
TAB. SPIRANOLACTONE			10:00						
Dose	Route	Frequency							
25mg	PO	1-1-1	17:00						
Dr. Sign & Reg. No. / Seal Dr. PRAVEEN JEYAKUMAR Reg. No:112236		Start Date & Time 31/12/24 at 10:00 Stop Date & Time							
Additional Info:									
Area In-charge Nurse Signature:									

REGULAR PRESCRIPTIONS

To be filled in by Doctors only

Date →

To be filled by Nursing Staff only. Sign and time given

Time ↓

DRUG NAME

TAB. BEPLEY FORTE

Dose

1 tab

Route

p.o.

Frequency

1-0-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No:112236

Start Date & Time

4/1/24 at 9.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. CLOPIDOGREL + ASPIRIN

Dose

75-75mg

Route

p.o.

Frequency

0-1-0

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No:112236

Start Date & Time

4/1/24 at 14.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. ATORVASTATIN

Dose

40mg

Route

p.o.

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No:112236

Start Date & Time

4/1/24 at 21.00

Stop Date & Time

Additional Info:

DRUG NAME

TAB. PARACETAMOL

Dose

650mg

Route

p.o.

Frequency

1-1-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No:112236

Start Date & Time

4/1/24 at 14.00

Stop Date & Time

Additional Info:

DRUG NAME

SYP. CREMAFFIN PLUS

Dose

15mL

Route

p.o.

Frequency

0-0-1

Dr. Sign & Reg. No. / Seal

Dr. PRAVEEN JEYAKUMAR

Reg. No:112236

Start Date & Time

4/1/24 at 21.00

Stop Date & Time

Additional Info:

Area In-charge

Nurse Signature:

4/1/24 5/1/24 6/1/24 7/1/24 8/1/24

8:00

9:00

8:30

8:30

8:30

9:00

14:00

14:00

14:00

14:00

14:00

14:00

21:00

21:00

21:00

21:00

21:00

21:00

8:00

8:30

8:30

8:30

9:00

14:00

14:00

14:00

14:00

14:00

14:00

20:00

20:00

20:00

20:00

20:00

20:00

21:00

21:00

21:00

21:00

21:00

21:00

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

REGULAR PRESCRIPTIONS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given				
			Time ↓	4/1/24	5/1/24	6/1/24	7/1/24	8/1/24
DRUG NAME TAB. Digoxin			8:00	9:00	8:30	8:30	8:30	9:00
Dose 20 mg	Route PO	Frequency 1-1-0						
Dr. Sign & Reg. No. / Seal ✓ 62794		Start Date & Time 04/01/24 9:00	16:00	16:00	16:00	16:00	16:00	16:00
		Stop Date & Time						
Additional Info:								
DRUG NAME TAB. CARVEDILOL			8:00	8:30	8:30	8:30	9:00	
Dose 3-125 mg	Route PO	Frequency 1-0-1						
Dr. Sign & Reg. No. / Seal ✓ 62794		Start Date & Time 04/01/24 8:30						
		Stop Date & Time						
Additional Info:			20:00	20:00	20:00	20:00	20:00	
DRUG NAME T. MOSAPRIDE			8:00	9:00	9:30	9:30	9:30	
Dose 5mg	Route PO	Frequency 1-0-1						
Dr. Sign & Reg. No. / Seal 8 112236		Start Date & Time 6/1/24 9:00	19:00	19:00	19:00	19:00	19:00	
		Stop Date & Time						
Additional Info:								
DRUG NAME T. ANAT								
Dose 0.25mg	Route PO	Frequency 0-0-1						
Dr. Sign & Reg. No. / Seal 8 112236		Start Date & Time 6/1/24 20:00	22:00	22:00	22:00	22:00	22:00	
		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:								

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

Clinical Pharmacist
Medway Heart Institute

[illegible]

ANTIMICROBIALS To be filled in by Doctors only			Date →	To be filled by Nursing Staff only. Sign and time given						
			Time ↓	24/1/24						
DRUG NAME			2:15	2:30						
PNJ - CEFUROXIME SODIUM				2:30						
Dose	Route	Frequency		D ₁						
1.5gm	IV	Q12th hourly								
Dr. Sign & Reg. No. / Seal		Start Date & Time	14:15	14:15						
Dr. PRAVEEN JEYAKUMAR		31/124 at 10:15								
Reg. No:112236		Stop Date & Time								
		4/1/24 at 15:00								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
DRUG NAME										
Dose	Route	Frequency								
Dr. Sign & Reg. No. / Seal		Start Date & Time								
		Stop Date & Time								
Additional Info:										
Area In-charge Nurse Signature:				2003						

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date →	To be filled by Nursing Staff only. Sign and time given							
			Time ↓								
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
DRUG NAME											
Dose	Route	Frequency									
Dr. Sign & Reg. No. / Seal		Start Date & Time									
		Stop Date & Time									
Additional Info:											
Area In-charge Nurse Signature:											

ANTIMICROBIALS <i>To be filled in by Doctors only</i>			Date → To be filled by Nursing Staff only. Sign and time given	
			Time ↓	
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
DRUG NAME				
Dose	Route	Frequency		
Dr. Sign & Reg. No. / Seal		Start Date & Time		
		Stop Date & Time		
Additional Info:				
Area In-charge Nurse Signature:				

AS REQUIRED PRESCRIPTIONS			Date →	To be filled by Nursing Staff only. Sign and time given									
			Time ↓										
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											
Additional Info:													
DRUG NAME													
Dose	Route	Frequency											
Dr. Sign & Reg. No. / Seal		Start Date & Time											
		Stop Date & Time											

[illegible][illegible]

[illegible]

2022 2023

[Signature]

Page 2

DIET ORDERS (to be prescribed by Doctors only)

Date	Time	Diet	Signature	Reg. No.	Date	Time	Diet	Signature	Reg. No.
3/1/24	15:00	NPO	P	112236	8/1/24	8:00	Normal diet-	k.Bh	134559
3/1/24	20:00	Liquid diet	P	112236			I		
4/1/24	8:00	Liquid diet	P	112236					
5/1/24	8:00	SOFT DIET	P	112236					
6/1/24	8:00	SOFT diet	k.Bh	134559					
7/1/24	8:00	SOFT. diet	k.Bh	134559					

NURSE IDENTIFICATION RECORD

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

Date	Shift	Name of Nurse	Emp. No.	Initials	Date	Shift	Name of Nurse	Emp. No.	Initials
	Morning				3/1/24	Morning	E. Cathrine	0207	E.C
3/1/24	Evening	SOUNDARVAN.	0022	P	7/1/24	Evening	parameswari	0233	N
3/1/24	Night	SONIA FLORANCE.S	0074	P	7/1/24	Night	AMALAN	0088	A
4/1/24	Morning	Sathya Vani.M	0265	P	8/1/24	Morning	E. Cathrine	0207	P.S
4/1/24	Evening	SOUNDARVAN.K	0022	P	8/1/24	Evening	B. Varigri	0195	P
4/1/24	Night	SONIA FLORANCE.S	0074	P		Night			
5/1/24	Morning	ASHA.C	0019	P		Morning			
5/1/24	Evening	parameswari	2333	N		Evening			
5/1/24	Night	A. ALBINUS	0088	P		Night			
6/1/24	Morning	S. Dhanadhari	0212	5		Morning			
6/1/24	Evening	A. Nandhini	0120	A		Evening			
6/1/24	Night	B. Varigri	0195	P		Night			

173 13 9/27

LMA \rightarrow AI
SV4 \rightarrow DM, SVU \rightarrow



DREAM



CRITICAL CARE FLOWCHART

NEURO

EYES

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

VERBAL

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

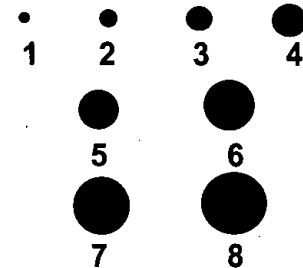
MOTOR

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-Anaesthesia
CP-Chemical paralysis

PUPILS SCALE (mm)



PUPILS REACTION

Br-Brisk
Sl-Sluggish
O-Absent

CARDIOVASCULAR

CAPILLARY REFILL

Br-Brisk
Sl-Sluggish
O-Absent

EDEMA

D-Dependent
G-Generalised
O-Absent

HEART SOUNDS

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

NECK VEINS

JVP
N-Normal
In-Increased

VALVE CLICK/ SHUNT NUMBER

Valve Replaced /
Shunt
+Present
O-Absent

PULMONARY

WORK OF BREATHING

Ab-Abdominal
TA-Thoraco-abdomial
L-Laboured

BREATH SOUNDS

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

SECRECTIONS

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

SUCTION

ET-Endotracheal
N-Nasal
Or-Oral

CHARACTER

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

GASTROINTESTINAL

BOWEL SOUNDS

+Present
O-Absent

NGT POSITION

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

ABDOMINAL TONE

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

GASTRIC RESIDUAL

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

LIVERSIZE

N-Normal
E-Enlarged

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

MHI/ICU/2022/076

Name

02/01/2024/IPH2024000014

Sheet No.

UHID No.

Dr. RAJESH.V

Age

Sex

Blood Group

Height

Weight

BSA

A

SURGICAL PROCEDURE:

DATE OF SURGERY:

POST-OP DAY:

VENTILATORS PARAMETERS

BLOOD GAS

DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂	pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
04/1/24	00.30										2lit						
	5.30																
	6.55											7.410	37.9	63.7	23.5	92.7	1.1

CRITICAL CARE FLOWCHART

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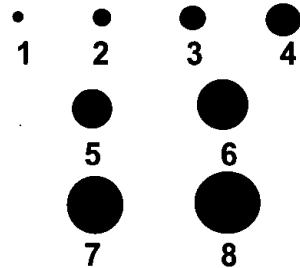
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N-Normal
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Mr. KARUNA GANDHI.A

56/Male/MHI202380036

MHI/ICU/2022/076

Name 02/01/2024/1PH2024000014

Dr. RAJESH.V

UHID No.



Age

Sex

Sheet No.

3

Blood Group

O-ve

Height

174cm

Weight

61.05kg

BSA

1.70m²

A

SURGICAL PROCEDURE:

OP LAB 342AF15
LIMA → LAD
2VU → OM,
2VU → DRCA

DATE OF SURGERY: 03/01/2024

POST-OP DAY: 3 PO1D

VENTILATORS PARAMETERS

BLOOD GAS

DATE	TIME	MODE	RATE	PRESS SUPPORT	PEAK PRESS	PEEP	MEAN PRESS	MV	ITV	ETV	FiO ₂		pH	PCO ₂	PO ₂	HCO ₂	SAT%	BE
4/1/24	7:30	ON		NASAL	PRONGS						2lit							
											lit							
	16:30	ON		NASAL	PRONGS						2lit							

CRITICAL CARE FLOWCHART

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

VERBAL

Oriented-5
Confused/Disoriented-4
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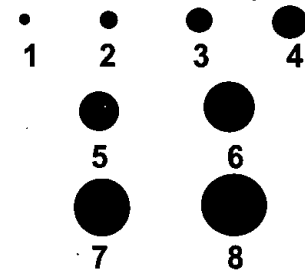
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GASTRIC RESIDUAL

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Y-Yellow C-Coffee ground

LIVERSIZE

N-Normal
E-Enlarged

Sheet No. 1	Name Mr. KARUNA GANDHI.A		Age	Sex	
	56/Male/MHI202380036				
	02/01/2024/IPH2024000014				
B	UHID No. Dr. RAJESH.V		Height 171cm	Weight 61.05kg	BSA 1.70m ²
	Blood Group O-ve				




DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								TIME	CARDIAC ASSIST DEVICE			
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd ^{cm} G		IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
3/1/24	15:40	10.6	136	4.32	0.94 138		14:30		cl	97%	14/mt								
							15:30		U	100%	14/mt								
							16:30		U	100%	22/mt		93.9°F						
							17:30		U	100%	22/mt								
							18:30		U	100%	22/mt								
							19:30		U	100%	22/mt								
							20:30		cl	100%	11/mt		97.6°F						
							21:30		cl	100%	18/mt								
	22:30				108		22:30		cl	100%	26/mt								
							23:30		cl	98%	21/mt		97.8°F						

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME			14.30	20.00	00.00	
	EYES			2	4		
	VERBAL			3	5		
	MOTOR			3	6		
	ARMS R/L			Wk	Str		
	LEGS R/L			Wk	Str		
	PUPILS	R.SIZE/REACTION			8/Br	8/W	
L.SIZE/REACTION				8/Br	8/W		
CARDIO-VASCULAR	HEART SOUNDS			S1C2	S1S2		
	VALVE CLICK			—	—		
	CAPILLARY REFILL			Br	W		
	EDEMA			0	0		
	NECK VEINS			N	N		
	PULMONARY	WORK OF BREATHING			TA	TA	
SUCTION				—	—		
SECREATIONS				—	—		
GASTRO INTESTINAL	BOWEL SOUNDS			+	+		
	ABDOMINAL TONE			So	So		
	N/G POSITION			—	—		
	GASTRIC RESIDUAL			—	—		
	LIVER			N	N		

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE			C	U		
	PD - FUNCTION			—	—		
	DRAINAGE			—	—		
	PD - SITE			—	—		
	SKN	COLOUR			—	—	
Sx WOUND-CHEST				C	U		
LEG				C	U		
DRESSING				O1	O1		
PRESSURE SORE-SITE				N1	N1		
AREA				—	—		
DRESSING CONDITION				—	—		
MISCELL	POSITION CHANGE			O2H	O2H		
	CHEST-PHYSIO			NBP Sprio	NBP Sprio		
	ACTIVITY			PE	PB		
				ABP CVP	ABP CVP		
	S/N NAME			Depe	C		
	TIME			14.30	20.00		
	SIGNATURE			10/10/10	10/10/10		

Mr. KARUNA GANDHI.A		56/Male/MHI202380036	
Sheet No.	Name	02/01/2024/IPH2024000014	
2	Dr. RAJESH.V.		
	UHID No.		
		Age	Sex
B	Blood Group	Height	Weight
	O-ve	1.70m	61.05kg
		BSA	1.70m ²



DATE	TIME	BIOCHEMISTRY						VITAL PARAMETERS							CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd ^{cm} G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
A/1/24							00:30		cl	100%	16/mt								
							1:30		cl	100%	25/mt								
							2:30		cl	100%	20/mt		98°						
							3:30		cl	100%	24/mt								
							4:30		cl	96%	12/mt								
							5:30		cl		23/mt								
	6:55	10.3	138	A.56	0.99 115		6:30		cl		23/mt		97.6°						Now SA

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME					00-00	04-00
	EYES					A	A
	VERBAL					5	5
	MOTOR					6	6
	ARMS R/L					SE	SE
	LEGS R/L					SE	SE
PUPILS	R.SIZE/REACTION					3/B ^r	3/B ^r
	L.SIZE/REACTION					3/B ^r	3/B ^r
CARDIO-VASCULAR	HEART SOUNDS					S1S2	S1S2
	VALVE CLICK					-	-
	CAPILLARY REFILL					BT	BT
	EDEMA					0	0
	NECK VEINS					N	N
PULMONARY	WORK OF BREATHING					GA	GA
	SUCTION					-	-
	SECREATIONS					-	-
GASTRO INTESTINAL	BOWEL SOUNDS					+	+
	ABDOMINAL TONE					S	S
	N/G POSITION					-	-
	GASTRIC RESIDUAL					-	-
	LIVER					N	N

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE					cl	cl
	PD - FUNCTION					-	-
	DRAINAGE					-	-
	PD - SITE					-	-
	COLOUR					-	-
SKN	Sx WOUND-CHEST					cl	cl
	LEG					cl	cl
	DRESSING					OT	OT
	PRESSURE SORE-SITE					Nil	Nil
	AREA					-	-
	DRESSING CONDITION					-	-
	POSITION CHANGE						
MISCELL	CHEST-PHYSIO					POH Neb spiro	POH Neb spiro
	ACTIVITY					P.E	P.E
						ABD CVP	ABD CVP
	S/N NAME					POH's	POH's
	TIME					00-00	04-00
	SIGNATURE					POH's	POH's



Sheet No.		Name		Mr. KARUNA GANDHI.A	
3		56/Male/MHI202380036		02/01/2024/1PH2024000014	
B		UHID No.		Dr. RAJESH.V	
		Blood Group		O-ve	
		Height		1.71cm	
		Weight		61.05kg	
		BSA		1.70m ²	




DATE	TIME	BIOCHEMISTRY					VITAL PARAMETERS								CARDIAC ASSIST DEVICE				
		Hb	Na	K	Ca SUGAR	BLOOD	TIME	ETCO ₂	BREATH SOUNDS	Sao ₂	RR/MT	N,BP	TEMP°F	Abd™G	TIME	IABP		PACEMAKER SETTING	
																RATIO	DURATION	RATE	MODE
11/24							7:30		cl	95%	22/mt		96.3°F						
							8:30		cl	96%	20/mt								
							9:30		cl	98%	26/mt								
							10:30		cl	95%	20/mt								
							11:30		cl	100%	22/mt		96.5°F						
							12:30		cl	100%	22/mt								
							13:30		cl	100%	24/mt								
							14:30		cl	94%	22/mt		95.5°F						
							15:30		cl	99%	26/mt								
							16:30		cl	96%	30/mt								

CRITICAL CARE FLOWCHART

	SHIFT	DAY		EVENING		NIGHT	
NEURO	TIME	8:00	12:00				
	EYES	4	4				
	VERBAL	5	5				
	MOTOR	6	6				
	ARMS R/L	5+	5+				
	LEGS R/L	5+	5+				
PUPILS	R.SIZE/REACTION	3/B	3/B				
	L.SIZE/REACTION	3/B	3/B				
CARDIO-VASCULAR	HEART SOUNDS	S ₁ S ₂	S ₁ S ₂				
	VALVE CLICK						
	CAPILLARY REFILL	B _r	B _r				
	EDEMA	0	0				
	NECK VEINS	N	N				
PULMONARY	WORK OF BREATHING	TA	TA				
	SUCTION						
	SECREATIONS						
GASTRO INTESTINAL	BOWEL SOUNDS	+	+				
	ABDOMINAL TONE	Soft	Soft				
	N/G POSITION						
	GASTRIC RESIDUAL						
	LIVER	2	2				

	SHIFT	DAY		EVENING		NIGHT	
G.U.	DESCRIP.OF URINE	cl	cl				
	PD - FUNCTION						
	DRAINAGE						
	PD - SITE						
SKN	COLOUR						
	Sx WOUND-CHEST	cl	cl				
	LEG	cl	cl				
	DRESSING	OT	OT				
	PRESSURE SORE-SITE	NIL	NK				
	AREA						
	DRESSING CONDITION						
MISCELL	POSITION CHANGE	Q2H	Q2H				
	CHEST-PHYSIO	Neb Spiro	Neb Spiro				
	ACTIVITY	PE	PE				
		ABP CVP	ABP CVP				
	S/N NAME	Batuya	Batuya				
	TIME	8:00	12:00				
	SIGNATURE						

PERFORMED THE PATIENT FROM 01-14-20
OF URINE 1900ml

Mr. KARUNA GANDHI.A 56/Male/MHI202380036		MHI/ICU/2022/076	
Name	02/01/2024/IPH2024000014	Sheet No.	
Dr. RAJESH.V		1	
UHID No.		Age	Sex
Blood Group	O-ve	Height	Weight
	1.71cm	61.05kg	BSA
		1.70m ²	C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL	DOPA	NDPAB
08/01/2024	14:30																4.8	2.0
	16:30	250	250		50			50	50			3.0	3.0	303	200	200	4.8	2.0
	17:30	250	500		20			80	130			1.0	4.0	634	300	500	4.8	2.0
	18:30	150	650		20			20	150				4.0	804	260	750	4.8	2.0
	19:30	100	750		20			20	170				4.0	924	250	1000	4.8	2.0
	20:30	110	860		30			30	200				4.0	1064	100	1100	4.8	2.0
	21:30	75	935		10			10	210				4.0	1149	200	1300	4.8	2.0
	22:30	100	1035		30			30	240				4.0	1249	200	1500	4.8	2.0
	23:30	150	1185		10			10	250			1.0	5.0	1440	100	1600	4.8	2.0
	24:30	100	1285						250				5.0	1540	100	1700	4.8	2.0

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

ACT:- 112 Rec @ 16:40

GENITOURINARY (GU)

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

MISCELLANEOUS

POSITION CHANGE

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 AI-Antibiotic Irrigation
SITE	PRESSURE SORE	
	AREA	DRESSING / Rx
S-Sacrum Sc-Scapular Oc-Occiput	R-Redness BD-Black discoloration BL-Blister SP-Skin Peeling D-Deep	IR-Infra Red DU-Deoderm 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		

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

Name

02/01/2024/IPH2024000014

UHID No.

Dr. RAJESH.V

Blood Group

O - Ve

Height

171cm

Weight

61.05kg

BSA

1.70m²

MHI/ICU/2022/076

Sheet No.

2

C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	VOLUME		INFUSIONS			
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		AMT	TOTAL	DOF	NORAD		
A/1/24	00:30	250	1535			30		30	280				5.0	1820	100	1800	4.8	2.0		
	01:30	100	1635						280				5.0	1920	100	1900	4.8	2.0		
	02:30	150	1785						280				5.0	2070	100	2000	4.8	2.0		
	03:30	110	1895						280				5.0	2180	100	2100	4.8	2.0		
	04:30	100	1995			20		20	300			5.0	10.0	2305	100	2200	4.8	2.0		
	05:30	130	2125			20		20	320			1.0	11.0	2456	100	2300	4.8	2.0		
	06:30	100	2225						320				11.0	2556	100	2400	4.8	2.0		

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS

POSITION CHANGE

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

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

Mr. KARUNA CANDIA		MHI/ICU/2022/076	
56/Male/MHI202380036		Sheet No.	
Name	02/01/2024/IPH2024000014	3	
UHID No.	Dr. RAJESH.V	Age	Sex
Blood Group	0 -ve	Height	Weight
	171cm	61.05kg	BSA
		1.70m ²	C

DATE	TIME	URINE		CHEST DRAINAGE						GASTRIC		LAB SAMPLE		TOTAL OUTPUT	INFUSIONS					
		AMT	TOTAL	RT.PL.	LT.PL.	MED	PERIC	HR.T	G.T.	AMT.	TOTAL	AMT.	TOTAL		VOLUME	AMT	TOTAL	DOPA 200/50	NOBRAD 4/50	
4/1/24	7:30	75	75											75				4.8	2.0	
	8:30	75	150			20		20	20					170				4.8	2.0	
	9:30	100	250			30		30	50					300				3.8	2.0	
	10:30	70	320			30		30	80					400				2.8	2.0	
	11:30	100	420						80					500				2.8	-	
	12:30	130	550						80					630				0.8		
	13:30	100	650			20		30	110					760				0.1		
	14:30	100	750			20		20	130					880				-		
	15:30	75	825						130					965						
	16:30	100	925			30		30	160					1075						

CRITICAL CARE FLOWCHART

SPECIFIC OBSERVATIONS/PROBLEMS

DATE	TIME

GENITOURINARY (GU)

PD

URINE

CL-Clear
T-Turbid
Stained
HC-High Coloured

BS-Blood Stained
HA-Haematuria

FUNCTION

Dr-Draining
B-Blocked

SITE

C-Clean
R-Redness
BD-Block discoloration

DRAINAGE

CL-Clear
BS-Blood

MISCELLANEOUS

POSITION CHANGE

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

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

SURGICAL (SX) WOUND

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

DRESSING

B-Betadine
AI-Antibiotic
Irrigation

PRESSURE SORE

SITE

S-Sacrum
Sc-Scapular
Oc-Occiput

AREA

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

DRESSING / Rx

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

CONDITION

H-Healing
SCo-Status quo
S-Sloughing

LINES / TUBES CONDITION

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

PATIENT NOT AWAKE AND MOVE ALL THE FOUR LIMBS @ 16:00

Mr. KARUNA GANDHI.A

56/Male/MHI202380036

Name

02/01/2024/IPH2024000014

Sheet No.

UHID No.

Dr. RAJESH.V

Sex

1

Blood Group

O-ve

Height

171cm

Weight

61.05kg

BSA

1.70m²

D



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O-ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
						Misc		AMT.	TOTAL														
03/01/2024	14:30											93	SINUS	0.02	111/61	77	6		COOL	++			
	15:30					2.0	8.8			208.8	94.2	85	SINUS	0.02	110/62	77	9		WARM	++			
	16:30					2.0	8.8			517.6	116.4	92	SINUS	0.02	117/62	81	5		WARM	++			
	17:30					2.0	8.8			116.4	21.6	98	SINUS	2.06	113/60	78	6		WARM	++			
	18:30					2.0	8.8			1035.2	111.2	97	SINUS	0.07	136/69	91	5		WARM	++			
	19:30					2.0	8.8	50	50	1194	130	101	SINUS	0.06	117/67	75	6		WARM	++			
	20:30					2.0	8.8		50	1402.8	263.8	103	SINUS	0.06	90/49	62	1		COOL	++			
	21:30					2.0	8.8	200	250	1811.6	332.6	109	SINUS	0.06	108/60	75	6		WARM	++			
	22:30					2.0	8.8		250	1402.8	380.4	103	SINUS	0.04	119/68	77	7		WARM	++			
	23:30					2.0	8.8		250	2009.2	489.2	99	SINUS	0.02	108/52	70	8		WARM	++			

CRITICAL CARE FLOWCHART

STAT DRUGS TIME

1000 mg ASPIRIN 75mg STAT GIVEN [DR. PRAVEEN]

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Name		Mr. KARUNA GANDHI.A 56/Male/MHI202380036		Sheet No.	
UHID No.		02/01/2024/1PH2024000014 Dr. RAJESH.V		Sex	
Blood Group		Height	Weight	BSA	2
O-ve		171cm	61.05kg	1.70m ²	D



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O-ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/ RAP	PERI	PP R/L	CO	CI	SVR
						Misc		AMT.	TOTAL														
A/1/24	00:30					2.0	8.8		250	2138	+318	99	SINUS	0.03	99/65	69	3		norm	++			
	1:30					2.0	8.8		250	2146.8	+306.8	93	SINUS	0.01	128/62	90	4		norm	++			
	2:30					2.0	8.8		250	2355.6	+285.6	90	SINUS	0.02	139/67	92	5		norm	++			
	3:30					2.0	8.8		250	2464.4	+284.4	93	SINUS	0.04	133/63	85	6		norm	++			
	4:30					2.0	8.8		250	2573.2	+268.2	94	SINUS	0.03	128/62	64	4		norm	++			
	5:30					2.0	8.8		250	2682	+226	93	SINUS	0.02	114/66	75	3		norm	++			
	6:30					2.0	8.8		250	2990.8	+234.8	92	SINUS	0.01	131/63	81	5		norm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY HRS

DRAINAGE:

TOTAL INTAKE:

URINE :

TOTAL OUTPUT:

TOTAL BALANCE:

P.T.O.

Name		Mr. KARUNA GANDHI.A		56/Male/MHI202380036	
UHID No.		02/01/2024/1PH2024000014		Dr. RAJESH.V	
Blood Group		O-ve		Height 1.4m Weight 61.0kg BSA 1.70m ²	
Sex		3		Sheet No.	
D					



FLUID ASSESSMENT (contd.)

HAEMODYNAMICS

Blood Group: O-ve

DATE	TIME	INFUSIONS (contd.)					TOTAL	N/G/ORAL		TOTAL INTAKE	TOTAL BALANCE	HR/mt	RHYTHM	ST	ABP	MAP	RAP	LAP/RAP	PERI	PP R/L	CO	CI	SVR
						Nisc		AMT.	TOTAL														
4) 12H	7:30					2.0	8.8	50	50	58.8	16.2	97	SNUS	0.01	135/64	84	5		warm	++			
	8:30					2.0	8.8	50	100	117.6	52.4	98	SNUS	0.02	131/66	88	4		warm	++			
	9:30					2.0	7.8	100	200	225.4	74.6	101	ART ECG	0.01	126/63	84	6		warm	++			
	10:30					2.0	6.8	50	250	282.2	117.8	95	SNUS	0.02	155/70	69	6		warm	++			
	11:30					2.0	4.8	120	370	466.7	93.3	104	SNUS	0.00	144/68	86	7		warm	++			
	12:30					2.0	2.8	100	470	509.8	120.2	100	SNUS	0.01	153/69	96	5		warm	++			
	13:30					2.0	2.1		470	511.9	248.1	102	SNUS	0.01	145/69	91	6		warm	+			
	14:30					2.0	2.0	100	570	613.9	266.1	105	Sinus	0.02	140/69	95	5		warm	++			
	15:30					2.0	2.0	100	670	715.9	289.1	108	Sinus	0.02	143/69	96	6		warm	++			
	16:30							100	770	816.9	259.1	105	ART ECG	0.02					warm	++			

CRITICAL CARE FLOWCHART

STAT DRUGS
TIME

PREVIOUS DAY1.6..... HRS 30MIN

DRAINAGE: 320ml

TOTAL INTAKE: 2790.8ml

URINE: 225ml

TOTAL OUTPUT: 2556ml

TOTAL BALANCE: +234.8ml

P.T.O.

DATE	TIME	REMARKS / PLAN

[illegible]



Dr.RAJESH.V

IMMEDIATE CARE FLOWCHART

A

NAME :

UHID NO :

AGE :

SEX :

SURGICAL PROCEDURE: OPCABx 3 UNRAFTS LIMA → LAD SV4 → OM
SV4 → DPLA

POSTOP DAY : 1st post

FLUID REQUIREMENT : 1.2 lit/day

[illegible]**SPECIFIC OBSERVATIONS/REMARKS**

6.00-50. CATH REMOVED ORDERED
By DR. PRAVEEN JENYAKUMAR.

7.10 → MEDIASTINAL AND LEFT PLEURAL DRAIN REMOVED [DR. PRAVEEN]

MEDICATION / DRUGS

30
7. METAPROLOL 12.5mg PO STAT UIVERN
Blo. D. Hjerta

INTERMEDIATE CARE FLOWCHART

B

NAME: Mr. Karuna Gandhi UHID NO: 202380036 AGE: 56 SEX: M

BLOOD GROUP: O-ve

HEIGHT: 171cm

WEIGHT: 61.5kg

B.S.A: 1.7m²

HAEMODYNAMICS								RESP. PARAMETERS			INVESTIGATIONS / OTHER DATA
TEMP	H.R.	RHY.	ST.	B.P.	R.A.P.	PERI.	P.P.	RR	BREATH	SPO2	
	117	SINUS	0.02			WARM	F/F	31	cl	98%	ON Dual cannula 2lit-
	115	SINUS	0.02	128/84	95	WARM	F/F	26	cl	96%	
96.6°F	123	SINUS (TACHY)	0.23	126/84	88	WARM	F/F	24	cl	95%	CBG - 114 mg/dl
	124	SINUS (TACHY)	0.23	124/89	101	WARM	F/F	27	cl	95%	
	108	SINUS	0.20	124/83	87	WARM	F/F	28	cl	96%	
	110	SINUS	0.23	113/83	93	WARM	F/F	27	cl	99%	
97°F	108	SINUS	0.21			WARM	F/F	25	cl	99%	
	109	SINUS	0.21	124/84	97	WARM	F/F	26	cl	99%	
	106	SINUS	0.22			WARM	F/F	25	cl	100%	
	108	SINUS	0.17	134/90	105	WARM	F/F	20	cl	96%	
97°F	110	SINUS	0.13			WARM	F/F	22	cl	97%	
	108	SINUS	0.15	122/82	96	WARM	F/F	28	cl	98%	
	115	SINUS	0.20			WARM	F/F	24	cl	99%	CBG 50 mg/dl
	120	SINUS (TACHY)	0.18	136/86	103	WARM	F/F	20	cl	100%	

PREVIOUS DAY - HOURS

DRAINAGE

TOTAL INTAKE

URINE

TOTAL OUTPUT

BALANCE



Dr. RAJESH V

A

SURGICAL PROCEDURE: OPLAB x 3 URAFTS LMA → LAD SV4 → OM SV4 - DRLA

POSTOP DAY : 11 POD

FLUID REQUIREMENT : 1.2 Gf Day.

[illegible]

BALANCE → 674.1 ml

MEDWAY HOSPITALS
KODAMBAKKAM (HEART)

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

044-2473 4455
care@medwayhospitals.com

Registration No	: MHI202380036	Patient Name	: KARUNA GANDHIA
Age	: 56	Gender	: Male
IP Number	: MMH/HM/IPH2024000014	Discharge Date	: 08/01/2024 4:28:00PM
Bill No	: MMH/HM/IPH2024000049	Bill Date	: 08/01/2024 4:27:06PM
Ward Name	: GENERAL WARD	Bed Name	: GW-4

NO DUE

