



METRO HEART INSTITUTE WITH MULTISPECIALTY

Sector-16A, Faridabad (Delhi-NCR)-121002
Ph.: 0129-4277777, Fax : 0129-4277799
Ambulance : 9811561000, 9999714000

Helpline:
15106



Quality Accreditations

DEPARTMENT OF CARDIO THORACIC & VASCULAR SURGERY

DISCHARGE SUMMARY

Chief Cardiac Surgeon: Dr. Sudeep Singh Sidhu

Cardiac Anesthetist: Dr. Pankaj Ingole

Name	Mr. Hari Kishan	Age/Sex	70/M
IPD No	18/16635	UHID	439195
Admission Date	14/Jun/2018	Date of Surgery	20/Jun/2018
Discharge Date	25/Jun/2018	Room	CTVS-6
Panel	PF OFFICE (SEC-15)		

FINAL DIAGNOSIS:

- Unstable Angina.
- Coronary Artery (Left Main with Triple Vessel) Disease.
- LV Dysfunction (LVEF=40%).
- Hypertension.

OPERATION PERFORMED:

- OP - CABG X 5 (LIMA - LAD, rSVG - D1, OM, PLB Skip PDA).

BRIEF HISTORY: Mr. Hari Kishan, 70 yrs. old male, was admitted in emergency with complaints of chest pain and dyspnoea.

INVESTIGATION CHART

INVESTIGATION/DATE	Pre-op	21/06/2018	24/06/2018
Hb	11.2	8.1	9.1
TLC	8430	12980	8830
Platelet Count	263000	203000	215000
Urea	45	48	35
Creatinine	1.0	1.48	0.88
Na	132.8	133.1	136.7
K	3.7	4.6	3.1
PT-T/C	10.2/11.2		
INR	0.91		
PTT-T/C	26.6/28		
T. Bil	0.3/0.1/0.2		0.5/0.3/0.2
SGOT	25		27
SGPT	28		30
Alp.	112		180
Albumin	3.4		2.5
Globulin	3.7		3.1
Blood Grp.	"B" Positive		
Hbs. Ag	Negative		
HIV	Non Reactive		
HCV	Non Reactive		

CARDIAC:

- **ECG:** NSR 82 bpm.
- **Echocardiography (14/06/2018):** mild LVH with moderate global hypokinesia, more of LAD territory, LVEF=40%, mild MR, trivial TR, mild PAH (PASP=30+RAP), IVC-normal.
- **USG Whole Abdomen (15/06/2018):** S/o grade I fatty liver with cholelithiasis with umbilical hernia.
- **Carotid Doppler (15/06/2018):** S/o multiple fibro-calcific plaques with foci of intimal thickening in bilateral mid and distal CCA and proximal ICA.

CATH DATA:

- *Coronary Artery (Left Main with Triple Vessel) Disease.*

OPERATIVE PROCEDURE:

- OP - CABG X 5 (LIMA - LAD, rSVG - D1, OM, PLB Skip PDA).

SURGICAL PATHOLOGY (OFF PUMP CABG)

Graft NO.	Conduit IMA/SVG/radial (lumen in mm)	Target Vessel	Calibre (mm)	Atheroma	Calcification	Site of Graft	Distal Run off	End to side or specify	End arterectomy/shunt
1	LIMA	LAD	1.50mm	NO	NO	Distal	GOOD	End to Side	Nil
2	rSVG	D1	1.50mm	NO	NO	MID	GOOD	End to Side	Nil
3	rSVG	OM	1.50mm	NO	NO	MID	GOOD	End to Side	Nil
4	rSVG	PLB	1.50mm	NO	NO	MID	GOOD	End to Side	Nil
5	rSVG	Skip PDA	1.50mm	NO	NO	MID	GOOD	End to Side	Nil

Post Operative Course

- Post Recovery was uneventful

Post Operative Review Echo (24/06/2018): LVEF=55%, trivial MR/AR, IVC-normal, mild LVH.

Condition At Discharge: Patient is being discharged in stable condition sternum is stable and wounds healthy. At the time of discharge, HR - 82/min, BP - 140/80 mmHg, SPO₂ -96%, RR - 20/min, Temp - 98.6^oF.

TREATMENT ADVISED ON DISCHARGE:

S. No	Drug Name	Dose	Frequency	Remarks	Days
1.	Tab. Cefpil (Cefuroxime)	500 mg	Twice a Day	After Breakfast & Dinner	5 days
2.	Tab. Ecosprin (Aspirin)	75 mg	At Night	After Dinner	
3.	Tab. Plavix	75 mg	At Night	After Dinner	
4.	Tab. Atroven (Atorvastatin)	20 mg	At Night	After Dinner	
5.	Tab. Raminace	2.5 mg	Once a day	With Breakfast	
6.	Tab. Dytor Plus	10 mg	Once a day	8 AM	
7.	Tab. Venolol (Metoprolol)	50 mg	Twice a day	After Breakfast & Dinner	
8.	Tab. Vencid (Pantoprazole)	40 mg	Once a day	Before Breakfast	
9.	Tab. Vitaven forte	1 Tab	Once a Day	After Breakfast	
10.	Tab. Cordarone-X	200 mg	Once a day	After Breakfast	
11.	Tab. Dolo (Paracetamol)	650 mg	Thrice a day	After Breakfast, Lunch & Dinner	
12.	Tab. CCM	1 Tab	Twice a day	After Breakfast & Dinner	
13.	Tab. Eltroxin (Thyroxin Sodium)	25 mcg	Once a day	Before Breakfast	
14.	Syp. Sparacid (Sucralfate)	10 ml	QID	6 AM - 12 PM - 6 PM - 9 PM	
15.	Syp. Bromhexine	2 TSF	Thrice a day	After Breakfast, lunch & dinner	
16.	Syp. Cremaffin (Milk of Magnesia + Paraffin)	30 ml	At Night	At Bed time	

Do not discontinue the above mentioned medicines unless advised by a doctor.

DIET ADVISED: Low Fat & Low Cholesterol Diet.

1. Rest for 7 days.
2. Review in OPD after 7 days with under mentioned investigations.
3. Hemogram, blood sugar (F) & (PP), X-ray Chest, ECG, Na+, K+ after 7 days.
4. Pre-meals Blood sugar should be checked daily.
5. Daily cleaning with Betadine lotion/ dettol soap, apply Mupricoin ointment for L/A.

GENERAL ADVICE:

1. Avoid differential pressure on sternum for eight weeks (avoid sleeping on sides).
2. Keep the wounds clean and dry, if necessary use Betadine solution locally.
3. Mild exertion is permitted like walking upto 2 kms/day. (Do not tire yourself)
4. Diet as per advice of dietician.

MEDICAL ADVICE:

1. Report back to your Cardiologist with in a week.
2. Avoid changing medicines without medical guidance.
3. Keep a check on diabetes, hypertension and weight gain.

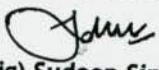
POST SURGERY ADVICE:

1. Contact in emergency situation like severe pain at operative site, fever, discharge or chest pain and breathlessness.

FOLLOW-UP:

Follow up at METRO HEART INSTITUTE CARDIAC SURGERY OPD between 09:00 AM - 11 AM (Room no.2009) with Prior appointment (for Post Operation Review).

1. Report back to us * after 1 months, 3 months, 6 months and 12 months.
2. Report for Comprehensive Heart Check-up after 3 months with prior appointment


Dr. (Brig) Sudeep Singh Sidhu
MS, DNB, M.ch, FIACS
Sr. Consultant

Dr. S.S. Bansal
MD, DM, DNB, FSCAI, FACC
Managing Director & Sr. Interventional Cardiologist

Dr. Firdoos Ahmad Mir
MS, MCH
Associate Cardiac Surgeon

Dr. Ajay Beliya
MD (Medicine)
Sr. Consultant

Note: You have been prescribed blood thinners (Aspirin/Clopidogrel / Prasugel / Ticagrelin (Brillinta)) which are necessary for you to prevent clotting in your stent or diseased arteries to prevent heart attack. However these medicines can cause bleeding which can be minor or major including life threatening brain hemorrhage and stomach bleeding. Report immediately if you notice bleeding in stool (Black stool or red stool) or headache, vomiting or weakness of a part of body. These side effects are rare. Medicines has been prescribed to you after calculating the risk benefit ratio. Despite all precautions there is some inherent risk of serious bleeding. Avoid injury to your body parts & you need to keep continuous pressure on bleeding part if it happens & report to your Doctor immediately.

Cashless Facility Available for Patients with Mediclaim

Approved for Haryana Government and Central Government Employees/ Pensioners & their Dependents
ECHS/ CGHS/ ESI/ ESIC/ NHPC/ NTPC/ IOCL & Others

Nursing Incharge: Deisy

Prepared By: 4553-RAJINI



Metro Heart Institute With Multispecialty Faridabad

EMERGENCY ASSESSMENT FORM

30635



MHIM/313



Quality Accreditations

Patient Name : Hari Krishan Age / Sex : 44 / M UHID No. 432195

Date & Time : J:STAN 14-6-18, Walk in / Referral : _____

Allergies : Yes No If Yes Describe : _____

Present Complaints & Duration : Chronic breathing difficulty since 1-2 yrs. + labored + rattled wet feet + sweating

Significant tests / Lab reports : Kidney P. TKR done 7 May 2018

Past History : HTN DM ASTHMA KOCH'S IHD OTHERS _____

1) Temp : N F° 2) Pulse : 104 /min 3) BP : 200/30 mmHg 4) RP : 34 /min 5) SPO2 : 93 %

Pallor/Anaemia : Yes No Icterus : Yes No

CVS : S1, S2 heard. CNS : Conscious oriented.

RS : B/C crept + wheezes

PA : Soft

Others : _____

E : _____ Blood Sugar : _____ mg/dl

Rx given & advised : Re as per Chart. Investigations : _____

Provisional Diagnosis : ?? Pul. oedema ?? PE

OPD/LAMA/Admission / Transfer Outside Informed to consultant Dr. S. Bera MLC : Yes / No

Name of CMO : Dr. Manish Sign : Manish



Quality Accreditations

MHIM/197

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A
 Panel PF OFFICE (SEC-15)

PATIENT AND FAMILY EDUCATION RECORD

(To be filled by concerned discipline)

Assessment Sheet for Doctor

14/6/18

	Date	Date	Date	Date
Needs	14/6/18	15/6/18	16/6/18	17/6/18
Diagnosis Explained	✓	✓	✓	✓
Proposed plan of treatment/care	✓	✓	✓	✓
Expected outcome	✗	✓	✓	✓
Possible complications	✓	✓	✓	✓
About safe medication	✓	✓	✓	✓
Food drug interaction	✗	✓	✓	✓
Preoperative instruction	✗	✗	✓	✓
Postoperative instruction	✗	✗	✓	✓
Pain management education	✓	✓	✓	✓
Education for Blood transfusion	✗	✗	✓	✓
Nutritional advice	✓	✓	✓	✓
Physiotherapy advised	✗	✗	✓	✓
Discharge planning	✗	✗	✓	✓
Followup instruction	✓	✓	✓	✓
Risk factor assessment	✓	✓	✓	✓
Preventive aspect	✓	✓	✓	✓
Parenting education	✓	✓	✓	✓
Others	✓	✓	✓	✓

Assessment Sheet for Doctor

	Date	Date	Date	Date
Needs	18/6/18			
Diagnosis Explained	✓			
Proposed plan of treatment/care	✓			
Expected outcome	✓			
Possible complications	✓			
About safe medication	✓			
Food drug interaction	✓			
Preoperative instruction	✓			
Postoperative instruction	✓			
Pain management education	✓			
Education for Blood transfusion	✓			
Nutritional advice	✓			
Physiotherapy advised	✓			
Discharge planning	✓			
Followup instruction	✓			
Risk factor assessment	✓			
Preventive aspect	✓			
Parenting education	✓			
Others	✓			

Dr. Jainendra
 Sign. of Doctor
 (Full Name)

Sign. of Doctor
 (Full Name)
 Dr. Jainendra

Sign. of Doctor
 (Full Name)

Sign. of Doctor
 (Full Name)

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative



Quality Accreditations

MET/197

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

PATIENT AND FAMILY EDUCATION RECORD

(To be filled by concerned discipline)

Assessment Sheet for Doctor

	Date	Date	Date	Date
Needs	20.06.18	21.6.18	22.6.18	23/6/18
Diagnosis Explained	✓	✓	✓	✓
Proposed plan of treatment/care	✓	✓	✓	✓
Expected outcome	✓	✓	✓	✓
Possible complications	✓	✓	✓	✓
About safe medication	✓	✓	✓	✓
Food drug interaction	✓	✓	✓	✓
Preoperative instruction	✓	✓	✓	✓
Postoperative instruction		✓	✓	✓
Pain management education	✓	✓	✓	✓
Education for Blood transfusion	✓	✓	✓	✓
Nutritional advice	✓	✓	✓	✓
Physiotherapy advised	✓	✓	✓	✓
Discharge planning		✓	✓	✓
Followup instruction	✓	✓	✓	✓
Risk factor assessment	✓	✓	✓	✓
Preventive aspect		✓	✓	✓
Parenting education		✓	✓	✓
Others	✓	✓	✓	✓

Assessment Sheet for Doctor

	Date	Date	Date	Date
Needs	24/6/18	25/6/18		
Diagnosis Explained	✓	✓		
Proposed plan of treatment/care	✓	✓		
Expected outcome	✓	✓		
Possible complications	✓	✓		
About safe medication	✓	✓		
Food drug interaction	✓	✓		
Preoperative instruction	✓	✓		
Postoperative instruction	✓	✓		
Pain management education	✓	✓		
Education for Blood transfusion	✓	✓		
Nutritional advice	✓	✓		
Physiotherapy advised	✓	✓		
Discharge planning	x	x		
Followup instruction	x	x		
Risk factor assessment	✓	✓		
Preventive aspect	x	x		
Parenting education	x	x		
Others	x	x		

[Signature]
 Sign. of Doctor
 (Full Name)

[Signature]
 Sign. of Doctor
 (Full Name)

Sign. of Doctor
 (Full Name)

Sign. of Doctor
 (Full Name)

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative

Sign. of Patient /
 Relative



Metro Heart Institute with Multispecialty

SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, MOBILE : 9811561000
Helpline : 15106



Quality Accreditations

Deptt. of Cardiology and Cardiothoracic Surgery

PROVISIONAL DISCHARGE SUMMARY

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/I
Panel PF OFFICE (SEC-15)

1. **Diagnosis :**

- CAD, U/A
- Pulm Edema
- EKG not
- P B/L TKR
- LMA/TVD
- Ac. HTN

2. **Procedure Done :** _____

3. **Important Consultation (Cross references)**

4. **Important Events**
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

5. Important Investigation with findings :

14/6 Echo -

MUS WA - no global W/ke
near of LAD territory,
EF = 40% DVT, MUS MR
T2WI T1, MUS PAW
(MUS = 30+MAD). IVC ⊕

1/70

US WA - Grade I fatty liver & cholelithiasis
& umbilical hernia

6. Hospital Course / Transfer Summary

Coronary Artery - Multiple fibrous-elastic
plaques & foc of intimal thickening &
bilateral & distal CCA & (prox ICA

PEABU

PE Echo - 24/06 -

EF = 55%, T2WI MRI AR
IVC ⊕, NOPE.

7. Treatment (To be filled by consultant)

MUS WA DVT

8. Resident Doctor on Duty
with Name, Signature
Date and Time

Consultant Name
and Signature with
Date & Time

POST CAG / POST PTCA PATIENT CHECK LIST

4/6/18
15/6/19 Discharge
Day 1st / Day 2nd / Day 3rd

Watch for symptoms

Chest Pain
Palpitation
Breathlessness

Shift to CCU if symptomatic

Important Medicine

Ecosprin
Clopigrel / Prax
Attor / Rosutin / Rosuvas

Stop if Platelet < 1 Lac, Bleeding

Note :- Don't give Prasagrel if platelet is less then 1 lac

Betablocker - Contraindication

HR < 80
All Heart Blocks
BP < 100
Severe Asthma

ACE - Contraindication

Hyperkalemia
BP < 100

T. Choudhary 25
T. Panjra

IN LV Dysfunction

Dytor, Lasix
Aldactone

Procedure Site to Be Checked

Hematoma
Oozing
Pulsatile Swelling

In case of any of these get Doppler of Femoral Artery done.

Pulses to Be Checked

Femoral
Dorsalis, Pedis
Posterior Tibial

Parameter's

Hb
TLC
Platelets Counts
Urea / Creatinine
Na+ / K+

ACT

Consultant Signature: *Dr. Bansal*

CCU Doctor:

Full Name : *Dr. Jainendra*

Resident Doctor on Duty

Full Name : *Dr. Jainendra*

	Day 1 st	Day 2 nd	Day 3 rd
Chest Pain	✓	x	
Palpitation	✓	x	
Breathlessness	✓	✓	
Ecosprin	✓	x	
Clopidogrel / Prasugrel	✓	x	
Atorvastatin / Rosuvastatin	✓	✓	
Betablocker - Contraindication	x	✓	
ACE - Contraindication	x	✓	
IN LV Dysfunction	✓	x	
Procedure Site to Be Checked	x	x	
Pulses to Be Checked	✓	✓	
Parameter's	134 10200 3.27 45/078 135.8/49	11.2 8430 2.68 42/103 135.2/3.7	

During Procedure: Post Procedure:

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Check list at the time of discharge

S. No.	ELEMENTS	Date of Insertion	Changed on	Changed on	Removed on	Day of Discharge	Sister on Duty
1.	Peripheral Lines (LV Canula)	14/6/18	17/6	23/6/18			Jainendra
2.	Arterial Line Femoral/Redial	20.6.18			22/6/18		
3.	CVP Line/PA Line	20.6.18			25/6/18		
4.	Foley's Catheter	14/6/18			7/6/18 8am		Jainendra
5.	Ryle's Tube	20.6.18			20.6.18		
6.	ICD	20.6.18			22/6/18		
7.	^{ET} Tracheotomy Tube	20.6.18			20.6.18		
8.	ECG Electrodes	14/6/18					Jainendra
9.	ID Bands	14/6/18					Jainendra
10.	Any Type of Dressing	14/6/18					

Resident Doctor's Sign. _____

(Full Name) Dr Jainendra

Nursing in-charge Sign. : _____

(Full Name) : Dr. Jainendra

Date & Time



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SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, MOBILE : 9811561000
Helpline No. : 15106



Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
Panel PF OFFICE (SEC-15)

INPATIENT HISTORY & PHYSICAL EXAMINATION RECORD

1. Drug Allergy

2. Chief Complaints

40 Shortness of breath & Sweating

History of Present illness :

40 Shortness of breath & Sweating since
10 pm. no 40 Chest pain 204.

4. Past History

HTN
Osteoarthritis of R knee → TKR Done
on 7/1/18

IV. Personal History :

Marital Status *married* S/M/W No. of Children
Habits Cigarettes Tobacco & Snuff Alcohol
Diet Veg./Non-Veg.
Physical Activity

V. Family History :

Father
Mother
Siblings
Diabetes B.P.
Heart C.V.A
Allergies
Cancer Epilepsy Endocrine & Others

VI. Obstetric History :

LMP

G P A L /

VII. Medication History :

G. Amlopres AT 80

VIII. Vulnerable :

Yes / No.

IX. Pain Score 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-----

GENERAL PHYSICAL EXAMINATION

General : Build *Obese* Height Weight
Anaemia Icterus - Cyanosis - Clubbing -
Oedema - Glands -

Skin & Extremities : Temperature : °F

1. CVS : (Heart)

Heart Rate & Rhythm *80/min*
B.P. Supine Sitting Standing
130/70 mmHg Chest Shape
Heart Sounds *L1,2 P*
Murmurs *no murmur*
Thrills

2. CNS :

Cranial Nerves
Sensory System
Motor System
Reflexes
Fungus : *Carotid
arteries*

3. RS :

Rate & Type
Breath Sounds *Occasional
crpts (+)*

4. Abdomen :

Appearance
Liver Spleen Kidney
Tenderness
Bowel Sounds Fluid *SNT
non tender*

5. Gynae Examination

Genitals

Provisional Diagnosis *2. ACS -
No lateral wall ischuria*

Date : *19/6/18*

Signature of Doctor *[Signature]*

Full Name *Dr Prasad*

DATE 14/6/18

Investigation

Plan of Care / Proposed Procedure

CAH trans culation

Preventive Care

Treatment & Diet

→ T. ECOSPRIN 75mg PO OD.

→ T. PLAVIX 75mg PO OD

→ T. ATORVA 20mg PO BD

→ T. VENCID 40mg PO OD

→ In. Augmentin 1.2gm IV TDS

→ T. NEMIT 20mg PO BD

→ In. Dytus 20mg IV BD.

Refferals

Date & Time

14/6/18 at 2:30AM

Signature of Doctor

Full Name

[Handwritten Signature]

[Handwritten Full Name]

CAH Mple
LOS Mple

→ Chest xray

ECG

2D Echo.

repeat Cardiac
enzyme at
7AM



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

70 Y/M/012
Mr. HARI KISHAN
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
14/6 (M)	<p>Antero Lateral wall Infarction</p> <p>→ HTN</p> <p>- Post JKR</p> <p>At common orifice</p> <p>BP - 130/70 mmHg</p> <p>P - 75/min</p> <p>Dr</p> <p>→ Ant. Valve</p> <p>→ P. NICKERMAN 10y post op.</p> <p><u>CAH today</u></p> <p><u>LEPUS</u></p>

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication Free Dr. Pradeep

Signature of Doctor Full Name Date/Time 14/6/18


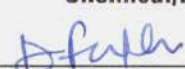
Handover given by _____

Handover Taken by _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE / TIME	Please document Pain Score & action taken, if any	
<p>14/6/18 5:50 PM</p>	<p><u>acc notes</u></p> <p>Δ:- CAD - W/A. Acc. pain key notes LM + TAD. E/F 40% per case put B/- TKR</p> <hr/> <p>by. Agatha 1.2g dr T&E.</p>	
<p><u>Admission</u> BSI [scribble] Chery 24</p>	<p>G. [scribble] [scribble] [scribble] [scribble] [scribble] R.R.R 140/80 Aus/c den P/S/K @</p>	<p>by. Agatha 1.2g dr T&E.</p> <p>by. Agatha 600g S/cbs</p> <p>by. Lonia 200g dr T&E</p> <p>T&E. Venid 400g</p> <p>T&E. Atten 200g P&D.</p> <p>T&E. Merit 200g P&D</p> <p>T&E. Mike 100g P&D.</p> <p>T&E. fander - MR 300g P&D.</p> <p>T&E. xended 200g P&D.</p> <p>T&E. Parival 250g</p> <p>Medic = Parival @ W 10 Bude R</p>

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required	Yes/No	Action Taken
Restraint	Yes/No	Chemical/Physical Duration (Proposed)
Indication		
Handover given by	_____	Date/Time 14/6/18 @ 5:50 PM
Handover Taken by	_____	_____
	Physician/RMO Name	Physician/RMO Signature Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

Mr. HARI KISHAN

70 Y

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CCU-5

Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay

DAILY PLAN OF CARE FOR DOCTOR

DATE /TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
<u>14/06/18</u>	<u>SCU Notes</u>
	Δ^{50} - CAD, U/A
<u>9 pm</u>	- Pulm Edema - LM+TVD - EF - 40%.
<u>Adv</u>	C.C - fair pt Conscious Oriented - P. B/L TKR - Ac HTN. - Plan : CABG.
- RFT.	Vitals -
- USG - M/A	HR - 82/min
- USG	RA - 20/min
- Carotid doppler	BP - 130/80 mm of Hg
- US	SpO ₂ - 96%
- TSH	Afebrile
- C. LFT.	CVS - S ₁ S ₂ (+) CNS - NAD R/S - AE B/L (+) P/A - S/H, NT, BS (+)

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Yes Action Taken

Restraint Yes/No _____ Chemical/Physical _____ Duration (Proposed) _____

Indication _____
Signature of Doctor [Signature] Full Name Dr. Neeraj Chaudhary Date/Time _____

Handover given by _____

Handover Taken by _____

Physician/RMO Name _____ Physician/RMO Signature _____ Date/Time _____

DATE / TIME

Please document Pain Score & action taken, if any

15/6/18

ECU Notes

D^{ms} - CAD, U/A

9 AM

- Pulm Edema

GC - fair

- EF - 40%

Ho - 1300 ml
2700

pt Conscious

- LM + TVD

Oriented

- P. B/L - TRR

- Acc HTN

Investigation

- Plan: CABG

Hb - 11.2

TLC - 8430

Vitals -

pH - 7.33

HR - 76/min

BP - 110/70 mm Hg

CVS - S₁ S₂ (+)

Urea - 48

SpO₂ - 96%

CNS - NAD

wt - 109

Afebrile -

R/S - AE B/L (+)

Na⁺ - 135.2

RR - 22/min

P/A - soft, NT, BS (+)

K⁺ - 3.7

TSH - 2.25

Abx: USG - W/A

T3 - 1.58

- P&H Carotid doppler

T4 - 60.90

- CTUS consultation

Pain Score :-

0 1 2 3 4 5 6 7 8 9 10

Action Required

Yes/No

Action Taken

Restraint

Yes/No

Chemical/Physical

Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

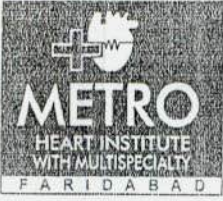
Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

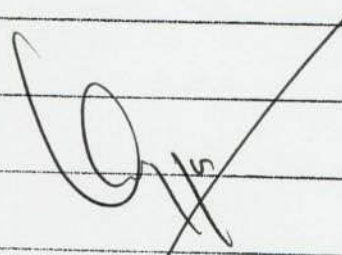
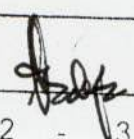
Date/Time



Quality Accreditations


Mr. HARI KISHAN 70 Y/N HIM/012
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
 Panel PF OFFICE (SEC-15)


DAILY PLAN OF CARE FOR DOCTOR

DATE/TIME	Please document Pain Score & action taken, if any (Please Write medication & Only in DRUG CHART)
15/6/18	His Precious, Oculent, Ge fair
	no fresh Complaint
	S30 Circder
	Plan
	<ul style="list-style-type: none"> - CAROTID Dopple - CVS Exams - CABG
	↓
	
	- delay's over.
	- an 
Pain Score :-	0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Restraint Yes/No Chemical / Physical Duration (Proposed)

Indications

Signature of Doctor 

Full Name 

Date & Time:

DATE/TIME

Please document Pain Score & action taken, if any
(Please Write medication & Only in DRUG CHART)

15/06/18
E

POP
~~ECU - SD~~ NOTES

Asis : CAD, U/A

BP - 110/60 mmHg

- PULM. OEDEMA

P - 60/min

- EF - 40%

RR - 22/min

- LM + TVD

- P. B/L TKR

- Acc. HTN

PLAN -> CABG

CVS - S₁ & S₂ (+)

CNS - Conscious & Oriented

C/M
- RFT

Rx

- Follow Day chart

Pain Score : - 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Restraint Yes/No. Chemical / Physical Duration (Proposed)

Indications


Signature of Doctor

DR. AMIT
Full Name

15/6/18

Date & Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

V/012

Mr. HARI KISHAN 70 Yr

UHD 439195

IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CCU-9

Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
16/06/18 (M)	POP CCU SD NOTES
	ASIS : CAD, U/A
	BP - 120/80 mmHg
	P - 82/min
	RR - 22/min
	- PULM. OEDEMA
	- EF - 40%
	- LM + TVD
	- P. B/L TKR
	- Acc. HTN
	PLAN → CABG
	CVR - S ₁ & S ₂ ⊕
	CNS - Conscious & Oriented
	U - 4L
	Re
	Creat - 1.00
	- Follow Drug chart
	S. Na ⁺ - 132.8
	S. K ⁺ - 3.7

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication Agitated Signature of Doctor DR. AMIT Full Name Date/Time

Handover given by _____ Date/Time 16/6/18

Handover Taken by _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE / TIME: 16/6/18

Please document Pain Score & action taken, if any

CAD - TVD

Old case of BIL TRK

Admitted with LVF.

Carotid doppler - normal

USG abdomen - fatty liver

CAG - TVD.

Echo - EF 40%
LVH +
Hypokinesia global. more LV territory

Patient is for CABG ± IABP

↑ serum alkaline phosphatase.

1. Informed consent
2. Prepare parts
3. Admin clearance
4. Arrange blood PRBC 40
Platelets 40

[Signature]

Pain Score :- 0 1 2 *2* 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

Date/Time

Sudesh Kumar
16/6/18



Quality Accreditations

Mr. HARI KISHAN

70 Yr

MHIM/012

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CU-9

Dr. S.S.bansal/Neeraj Jain/Ch an/Ajay

DAILY PLAN OF CARE FOR DOCTOR

DATE/TIME	Please document Pain Score & action taken, if any (Please Write medication & Only in DRUG CHART)	
16/6/18	<u>Dis's</u> : CAD, U/A	
(N)	BP: 110/60 mmHg	- Pulm. Oedema
	PR: 78/min	- EF = 40%
		- LM + TVD
		- P. B/L TRR
		- ACC - KTN
		<u>Plan</u> → CABG
C/m		
-LFT	C.C. Fair	
-RFT	Pt. is comfortable	
	<u>Adv.</u>	
		- follow drug chart.
Pain Score :-	0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10	

Restraint

Yes/No.

Chemical / Physical

Duration (Proposed)

Indications

Signature of Doctor

Dr. Nishant

Full Name

16/6/18

Date & Time

(2)



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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Sector-16A, Faridabad-121002

MHIM/012/6/18/V0.0

Hari Kishan

Sticker

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
17/6/18 (M)	<p><u>ABIS</u> - CAD, U/A</p> <p>- Pulm. oedema</p> <p>- EF = 40%</p> <p>- LM + TVD</p> <p>- P. B/L TKR</p> <p>- ACC - HTN</p> <p>ur - 59 ↑</p> <p>cr - 1.29 ↑ Plan → CABG</p> <p>Na - 138.4</p> <p>K - 4.0 G.C. fair</p> <p>Pt. is comfortable</p> <p><u>Rx</u></p> <p>- follow drug chart.</p> <p><i>[Signature]</i></p>

Pain Score : 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication [Signature] Dr. Nishant 17/6/18
Signature of Doctor Full Name Date/Time

Handover given by _____

Handover Taken by _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE / TIME	Please document Pain Score & action taken, if any
17/06/18 (N)	CCU - SD NOTES
BP - 110/70 mmHg P - 80/min RR - 20/min	ASIE : CAD - U/A - PULM. OEDEMA - EF - 40% - LM + TVD - P. B/L TRR - Acc. HTN PLAN → CABG CVS - S, S, ⊕ CNS - Conscious & Oriented
c/m - RFT	Rx - Follow Drug chart

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required	Yes/No	Action Taken
Restraint	Yes/No	Chemical/Physical
Indication	Yes/No	DR. AMIT
	Signature of Doctor	Full Name
		Date/Time

Handover given by	_____	_____	_____
Handover Taken by	_____	_____	_____
	Physician/RMO Name	Physician/RMO Signature	Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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Sector-16A, Faridabad-121002

MHIM/012

Mr. HARI KISHAN 70 Yr
UHID 43917 IPNO 18/16635
DOA 14 Jan/2018 2:10:00AM CCU-9
Dr. S Bansal/Neeraj Jain/Chetan/Ajay/A

DAILY PLAN OF CARE FOR DOCTOR

DATE /TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
13/06/18 (M)	CCU-SD NOTES
	Diag : CAD - U/A
	BP - 140/80 mmHg - PULM. OEDEMA
	P - 70/min - EF - 40%
	RR - 20/min - LM + TVD
	- P. B/L TKR
	- Acc. HTN
	PLAN → CABG
	CVS - S ₁ & S ₂ (+)
	CNS - Conscious & Oriented
	U - 39 <u>Ra</u>
	Creat - 0.89 - Follow Drug chart
	S-Na ⁺ - 136.2
	S-K ⁺ - 4.1

Placer
Handwritten signature

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required	Yes/No	Action Taken
Restraint	Yes/No	Chemical/Physical
Indication	<i>Agree</i>	DR. AMIT.
	Signature of Doctor	Full Name
		Date/Time

Handover given by	_____	_____	13/6/18
Handover Taken by	_____	_____	_____
	Physician/RMO Name	Physician/RMO Signature	Date/Time

DATE / TIME

Please document Pain Score & action taken, if any

18/06/18
(E)

CCU-SD NOTES

ASB : CAD - U/A

- PULM. OEDEMA

BP - 130/66 mmHg

- EF - 40%

P - 70/min

- LM + TVD

RR - 18/min

- P - B/L TRK

- Acc. HTN

PLAN -> CABG

CVS - S₁ & S₂ (+)

CNS - Conscious & Oriented

Rx

- Follow Drug chart

Pain Score : 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication Agitated DR. AMIT

Signature of Doctor

Full Name

Date/Time

Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

Date/Time

18/6/18



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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Mr. HARI KISHAN

MLIIM/012
70 Y/

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

DAILY PLAN OF CARE FOR DOCTOR

DATE /TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
19/6/18 (E)	POP - None
	ASIS: - CAD - 0/A
	• Pulm. edema
	• EF - 40%
	• LM + TVD
	• P. B/L TKR
	• AC. HTN
	BP - 120/60 mmHg
	P - 70 bpm
	RR - 20 breath/min
	CVS - S ₁ & S ₂ ⊕
	CNS - conscious oriented
	Blam → CABG
	<u>Rx</u>
	follow drug chart

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication WJ Signature of Doctor Deeshi Full Name 19/6/18 Date/Time

Handover given by _____

Handover Taken by _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE /TIME

Please document Pain Score & action taken, if any

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

Date/Time



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DR. S.S. BANSAL

MHJM/012

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
20/6/18 (M)	<u>POP Note</u>
	ASIS: - • CAD w/A • Pulm. Edema • EF - 40% • LM + TVD • P. B/L TKR • AC. MTN
	BP - 110/60 mmHg P - 60 bpm RR - 20 breath/min
	CVS - S ₂ , S ₃ , ⊕ CNS - conscious oriented Plem → CABG
	<u>Rx</u> follow drug chart

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication
Signature of Doctor: [Signature] Full Name: Deen Date/Time: 20/6/18

Handover given by _____

Handover Taken by _____
Physician/RMO Name Physician/RMO Signature Date/Time

DATE /TIME

Please document Pain Score & action taken, if any

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor Full Name Date/Time

Handover given by

Handover Taken by

Physician/RMO Name Physician/RMO Signature Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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Sector-16A, Faridabad-121002

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	O-P.O-D	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY	EF-40%
ht - 177 cms		The pt. Mr. Hari Kishan, 70/8 was received from	
wt - 79 kgs		the OT at 1:30 pm.	LIMA → LAD
O+ve		D: CAD ~ TVD(LM) SX: OP. CAB x 5 RSVG → D, OM, PLS skip PDA.	
		the pt. is sedated / paralyzed and on VC ventilation.	
		air entry confirmed. equal bil.	
HR - 85 bpm	TV-	FiO ₂ - 60 PEEP - 4 Rate - 14.	
BP - 127/77			
SpO ₂ - 100%	infusions:	• NORAD - 10.5 ml/hr. • FENTA - Nil.	
pH - 7.37 BE - 4.7		• ADR - 10 ml/hr.	
S.K ⁺ - 3.8		• PROPOFOL - 5 ml/hr.	
TLC - 18.3 x 10 ³			
Hb - 10 gm/dl.	Inv:	CBC, ABG, CXR-ap, RBS charting, ECG, S.K ⁺	
	Adv:	please monitor pts. hemodynamics & gen med. stats.	
		kindly suction pt. ET. tube frequently.	
		Monitor & inform SOS.	
		Plan to wear & extubate.	

Pain Score: 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

Handover given by

Dr. Swarna.

20-06-18

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

Date/Time

DATE / TIME	Please document Pain Score & action taken, if any
<u>21/6/18</u>	OP CABG X5 grafts, EF 40%, Int POD, HTN & Pulm. Edema.
<u>Hb-8.1</u>	Pt is conscious, cooperative, well oriented.
<u>TLC-12980</u>	Dobuta (250/50) 1.5 ml/hr
<u>Plt-2.03</u>	NE (2/50) 1.5 ml/hr
<u>Creat-1.48</u>	
<u>Na⁺-133</u>	HR - 77/min
<u>K⁺-4.6</u>	BP - 110/70 mm
<u>Ca²⁺-7.8</u>	SpO ₂ - 98% on 2L/min O ₂
<u>Mg²⁺-2.7</u>	PAP - 27/14 mm
	U _o - 100 ml/hr
	Total Drain - 150 ml
	<u>Adms</u> - Transfuse 10 PRBC - with Inj MgSO ₄ - Continue same Rx Kany
	8 T. Elkhani 25/3 T. Addecia (25) 3 Ren-

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication _____

Signature of Doctor

Full Name

Date/Time

Handover given by _____

Handover Taken by _____

Dr. Swarna.

Physician/RMO Name

Swarna.

Physician/RMO Signature

21.6.18.

Date/Time



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Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
22/6/2018 7:40 AM	C/O. Post CABG X 5 / 40 Y. / DPOD O/S - Pt Alert P. 98/min.
8:0/24/8	BP - 152/76 mmHg Dobuta @ 1.5 μg
TAC - 10490 J	PA - 33/14
PT - 168000	SpO ₂ - 95% on 2L O ₂ NP @ 3 L/min
SK - 3.8	Aphenrile AP - NPBS 2/0 - 2000/26/01 RILACTH (-6001)
Ⓢ (P) tube in situ	PR - Soft BSMT aov - L/H 2VF • Tab paraf Dobuta @ 0.2 μg • Remove chest tube / Rem Ar line / Riley's Catheter (after Dobuta stop) • 7 T. Aldactone 25 mg po BID • Achne 100 / 2ne ipax / 1000 / Acam - tabu • Pan CS

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication
Signature of Doctor Dr. Manish Full Name D. Manish Date/Time 22/6/18

Handover given by Dr. Manish

Handover Taken by Dr. Swarna
Physician/RMO Name Physician/RMO Signature Date/Time

DATE / TIME

Please document Pain Score & action taken, if any

22.6.18.

• ↓ Off Dobutamine @ 2ml/hr.

remove PA catheter.

• Remove chest tube (pl)

• femoral line, • foleys catheter.

• transfuse 10 PRBC

• aggressive CPT, nebulise + steam.

• T. Venolol 25 mg po BD.

The pt. is febrile 100°F despite PARACIP 1gm TDS.

observe till evening ? repeat CBC if Antibiotics need to be upgraded.

Consider, TO start → Raminace (2.5) OD
→ T. Venolol (25) BD
→ inj TA2AL (4.5) IV TDS

inj. metoprolol stat ~~25~~ 1mg

Start

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

Handover given by

Dr. Suvana.

Suvana.

Handover Taken by

AD

Physician/RMO Name

Physician/RMO Signature

Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
23/6/18	OP CABG X 3 grafts, 3rd POD, at 40%
HR 9.4	Pt is conscious, cooperative, well oriented.
RR 11.5	HR - 85/min
SpO2 94	BP - 157/81 mm
Temp 36.6	SpO2 - 94% on RA.
Wt 34	U/O - 100 ml/hr.
	Taking oral feed
	Wound not passed.
	Adm
	Kit correction
remove catheter	HR - 65 bpm
NSR on 1 hr	BP - 136/74 mmHg
stabilize	cord. inf @ 10ml/hr.
	Inj Pantec 5mg
	Inj ketorolac 10mg
	Rest CV
	150+150 loading car darone
	900 ml infusion at 8ml/hr.
	DR Paralytic to be done
	HR - 137 bpm BP - 157/81 mmHg SpO2 - 94% on 2L O2.

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication *Dr. Kany* *23/6/18*

Signature of Doctor Full Name Date/Time

Handover given by _____

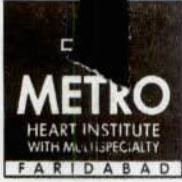
Handover Taken by *Dr. Swarna* _____ *Swarna* _____ *23.06.18* _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE /TIME	Please document Pain Score & action taken, if any

Pain Score :-	0	1	2	3	4	5	6	7	8	9	10	
Action Required	Yes/No		Action Taken									
Restraint Indication	Yes/No			Chemical/Physical					Duration (Proposed)			

	Signature of Doctor	Full Name	Date/Time
<u>Handover given by</u>	_____	_____	_____
<u>Handover Taken by</u>	_____	_____	_____
	Physician/RMO Name	Physician/RMO Signature	Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
24/6/18	
7:45 AM	<p>Chd. Post CABG X5 / 40% / 12/2007</p> <p>Op. Pr Alect</p> <p>P. 76/min NBR</p> <p>BP - 124/76 mmHg</p> <p>SpO₂ - 98% EOB/ NPO, 1L/min</p> <p>Atebrate</p> <p>R/S - NURS</p> <p>PRAXINL</p> <p>MA - soft, FRYNL</p> <p>40 - 1400/2150+ (-750+)</p> <p>COV</p> <ul style="list-style-type: none"> • L. K. 200mg slow IV infusion, • Active CM line (Pilo / Nebul / Steam inhaler) • PIC Enema <p>J. cefturoxime 500mg IV - PR Q8H</p> <p>Plan :- PIC tomorrow</p>

Pain Score :-	0	1	2	3	4	5	6	7	8	9	10	
Action Required	Yes/No	Action Taken										
Restraint	Yes/No	Chemical/Physical			Duration (Proposed)							
Indication	Signature of Doctor			Full Name				Date/Time				
Handover given by	_____			_____				_____				
Handover Taken by	_____			_____				_____				
	Physician/RMO Name			Physician/RMO Signature				Date/Time				

DATE /TIME

Please document Pain Score & action taken, if any

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication

Signature of Doctor

Full Name

Date/Time

Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002
Sector-16A, Faridabad-121002

Mr. HARI KISHAN
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
25/6/18 11 th -3.6	<p>OP CABG x 5 grafts, BP-55%, 7th POD. Pt is conscious, cooperative, well-oriented. HR - 76/min BP - 148/80 mm SpO₂ - 95% on RA Taking oral feed passing urine & stool B/C chest clear</p>
	<p>Adm cot Kang</p>

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required	Yes/No	Action Taken
Restraint	Yes/No	Chemical/Physical
Indication		Duration (Proposed)

Signature of Doctor	Full Name	Date/Time
Handover given by		
Handover Taken by		
Physician/RMO Name	Physician/RMO Signature	Date/Time

DATE /TIME

Please document Pain Score & action taken, if any

Pain Score :- 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken
Restraint Yes/No Chemical/Physical Duration (Proposed)
Indication

Signature of Doctor Full Name Date/Time

Handover given by
Handover Taken by
Physician/RMO Name Physician/RMO Signature Date/Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106



MHIM/348

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
Panel PF OFFICE (SEC-15)

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)

Know Allergies :

Date ...14/6/2018... Date ...15/6/19... Date ...16/6/18...

Table with columns: Non-Drug Orders, Sign. / Name / Date / Time, Drug Name, (Dose/Route/Frequency), Sign. . Name Date / Time, Timing, No. of Days, and 24 time slots (8AM to 11PM). Contains handwritten entries for various medications like AUGMENTIN, CLYXANE, LASIX, VSNCIO, APPOR, NONIP, NIKORAN, FLAVESON-MR, VENOLOL-SD, RAMINACE, and IV fluids.

Incharge Sign. : [Signature]
Morning: [Signatures]
Evening: [Signatures]
Night: [Signatures]

SOS / Stat Drugs (To be filled by doctors only in capital letter)		(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	Given By
1	T. Lorem	0.5mg PO stat	12/6/18	10:30 am	Meghan J...
2					
3	Pij fevastin	1amp IV stat	12/6/18	6 AM	Meghan
4					
5					
6					
7					
8					
9					
10					
	Insulin Sliding Scale				

[Faint handwritten notes on the right side of the page]



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106



MHIM/348

Mr. HARI KISHAN 70 Y/A
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
Panel PF OFFICE (SEC-15)

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)

Know Allergies :

Date ¹³14/6/18 Date 14/6/18 Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	(M)	(E)	(H)	(M)	(P)	(H)
1. Diet		T. ECOSPRIN	75mg PO OD		10 AM PM	01						
		T. PLAVIX	75mg PO OD		9 AM							
		T. ATORVA	20mg PO BD		10-10 AM							
2. Investigation		T. VENCID	40mg PO OD		7 AM							
		T. NONIT	20mg PO BD		8-4							
		INJ. AUGMENTIN	1.2gm IVTDS		8-2-10	(M)						
		INJ DYTOR	20mg I/UBD		8-104							
		T. NIURAN	10mg PO BD.		8-4							
		T. fides - MR	30mg PO BD.		8-4.							
		INJ. CLEANE	60mg i/c BR									
IV Fluids												
3. Other												

Incharge Sign. : MR. ASHUTOSH

Morning: Puspendra
Evening: Chhetri
Night: Lyonendra

Hari kishan



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)



MHIM/348

Mr. HARI KISHAN
 UHID 439195 IPNO 18/16635 70 Y/M
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
 Panel PF OFFICE (SEC-15)

Please highlight orders that are not applicable or discontinued (**D** - Dr. Advised to Hold, **O** - Patient Out of Bed, **R** - Patient refused, **V** - Vomitted out, **A** - Administered)

Know Allergies :

Date 24/6 Date Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	M	E	N
1. Diet		1	Ins - PAN - 4mg - IV - OD.				(A) Hari Kishan		
		2	Ins - Emzet - 4mg IV - BD.				(A) Hari Kishan		
		3	Ins - Calix - 4mg IV - Stat				(A) Hari Kishan		
2. Investigation		4	T. Amias - 5mg - po				(A) Hari Kishan		
CAm package		5	T. Arkanin - 0.5mg - po Stat				(A) Hari Kishan		
ELU, QDecho		6	Metb - Duolin + Budelort - BD.				(A) Hari Kishan		
RBP, CRR/A		7							
Ureic B		8							
		9							
		10							
		11							
IV Fluids		12							
		13							
		14							
		15							
3. Other		16							
Cath.		17							
		18							
		19							
		20							

Incharge Sign. :

Morning:
 Evening :
 Night :

SOS / Stat Drugs (To be filled by doctors only in capital letter)		(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	Given By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Insulin Sliding Scale					

CAG PKg level Report due.
 ECG done.

RBS → 186 mg/dl
 Echo done.

→ Urine 2m to be done

→ CXR Portable done @ d

SOS / Stat Drugs (To be filled by doctors only in capital letter)		(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	Given By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Insulin Sliding Scale				

CAG PKg send Report due.
ECG done.

RBS → 186 mg/dl

ED Echo done.

⇒ Urine AM to be done

⇒ CXR Portable done @ 12a



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)



MHIM/348

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

Please highlight orders that are not applicable or discontinued (**D** - Dr. Advised to Hold, **O** - Patient Out of Bed, **R** - Patient refused, **V** - Vomitted out, **A** - Administered)

Know Allergies : NOT KNOWN

Date 25/6/2018.

Date

Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	MORNING	EVENING	NIGHT
1. Diet		T. CEFTUM	500mg P/O BD		10 - 10	D2	10:10 Am		
HIGH PROTEIN DIET		T. ECOSPRIN	75mg P/O HS	✓	10pm				
		T. PLAVIX	75 mg P/O HS	✓	10pm				
2. Investigation		T. ATROVEN	20 mg P/O BD	✓	10 - 10		10:10 Am		
		T. RAMINACE	2.5 mg P/O OD	✓	2pm				
		T. VENOLOL	50 mg P/O BD	✓	9 - 9				
		T. CORDARONE X	200mg P/O OD	✓	10Am		10:10 Am		
		T. DYTOR Plus	10 mg P/O BD	OD	8 - 4	(A)	8Am clancy		
		T. ALDACTONE	50 mg P/O BD	q/c	8 - 4	(A)	8Am clancy		
		T. VENCID	40 mg P/O OD		7Am	(A)	clancy 6:30Am		
		T. VITAVEN FORT	1 P/O OD		2pm				
IV Fluids		T. ELTROXIN	25 mg P/O OD		6Am	(A)	clancy 6:30Am		
		T. TAPAL	50 mg P/O SOS						
		T. C.C.M	1 P/O BD		10 - 10		10:10 Am		
		T. DOLD	650mg P/O TDS		6 - 2 - 10	(A)	8Am clancy		
3. Other									
		SYP. SPARACID	10ml P/O QID		6-10-4-10	(A)	clancy 6:30Am	9:50 Am	
		SYP. BROMHEXINE	2 TSP P/O TDS		6-2-10	(A)	clancy 6:30Am		
		SYP CREMAFIN	80ml P/O HS		10pm				

Incharge Sign. : *[Signature]*

Morning: *[Signature]*

Evening:

Night:

SOS / Stat Drugs (To be filled by doctors only in capital letter)		(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	Given By
1			10/10/18		
2					
3	10mg	Q4H			
4					
5					
6					
7					
8					
9					
10					
	Insulin Sliding Scale				

10/10/18 10:00 AM



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)



MHIM/348

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)

Know Allergies : **NOT KNOWN**

Date 24/6/18 Date Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	MORNING			EVENING			NIGHT				
1. Diet		INJ. ALIACEF	1.5GM IV BD		10 - 10	D5											
		TB. ECOSPRIN	75mg P/O HS		10pm												
		T. PLAVIX	75mg P/O HS		10pm												
2. Investigation		T. ATROVEN	20mg P/O BD		10 - 10												
		T. RAMINAGE	2.5mg P/O OD		2pm												
		T. VENLOL	50mg P/O BD		9 - 9												
		T. CORDARONE x	200mg P/O ^{OD} (DR. chetan)		10Am - 10												
		T. DYTOR	10mg P/O BD		8 - 4												
		T. ALDACTONE (50)	25mg P/O BD		8 - 4												
		INJ. TRAMADOL	100mg IV SOS														
		INJ. PARACIP	1GM IV TDS SOS		6 - 2 - 10												
IV Fluids		T. VENCID	40mg P/O OD		7AM												
		T. VITAVEN FORT	1 P/O OD		2pm												
		T. ELTROXIN	25mg P/O OD		6AM												
		T. TAPAL	50mg P/O SOS														
3. Other		T. CCM	1 P/O BD		10 - 10												
		T. DOLO	650 P/O TDS		6 - 2 - 10												
		SYP. BROMHEXINE	2tsp P/O TDS		6 - 2 - 10												
		SYP SPARACID	10ml P/O QID		6-10-4-10												
		SYP CREMAFFIN	30ml P/O HS		10pm												

Incharge Sign. : MRS. DAISY DANIEL

Morning: Sleepy
 Evening: Sleepy
 Night: Awake



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (**D** - Dr. Advised to Hold, **O** - Patient Out of Bed, **R** - Patient refused, **V** - Vomitted out, **A** - Administered)

MHIM/348



Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

Know Allergies : *NOT KNOWN*

Date *23/6/18*

Date

Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	<i>m</i>	<i>e</i>	<i>n</i>
1. Diet		1. <i>inj. ALFACEF</i>	<i>1.54m iv BD</i>		<i>10-10</i>	<i>(D4)</i>	<i>A</i>		
		2. <i>T. ECOSPRIN</i>	<i>75mg p/o HS</i>	<i>✓</i>	<i>10pm.</i>				<i>10:30pm daily</i>
		3. <i>T. PLAVIX</i>	<i>75mg p/o HS</i>	<i>✓</i>	<i>10pm.</i>				<i>10:30pm daily</i>
2. Investigation		4. <i>T. ATROVEN</i>	<i>20mg p/o BD</i>	<i>✓</i>	<i>10-10</i>		<i>A</i>		<i>10:30pm daily</i>
		5. <i>T. RAMINACE</i>	<i>2.5mg p/o OD</i>	<i>✓</i>	<i>9pm.</i>		<i>A</i>	<i>9:30pm</i>	
		6. <i>T. VENOLOL</i>	<i>80mg p/o BD</i>	<i>✓</i>	<i>9-9.</i>		<i>A</i>	<i>9:30pm</i>	<i>9:30pm daily</i>
		7. <i>T. DUTOR</i>	<i>10mg p/o BD</i>	<i>✓</i>	<i>8-4</i>		<i>A</i>	<i>8:30pm</i>	<i>8:30pm daily</i>
		8. <i>T. ALDACTONE</i>	<i>25mg p/o BD</i>	<i>✓</i>	<i>8-4.</i>		<i>A</i>	<i>8:30pm</i>	<i>8:30pm daily</i>
		9. <i>inj. GRAMADOL</i>	<i>100mg iv SOS</i>						
		10. <i>inj. PARACEP</i>	<i>1gm iv TDS</i>		<i>6-2-10</i>		<i>A</i>	<i>2:30pm</i>	<i>9:30pm daily</i>
		11. <i>TAB VENCID</i>	<i>40mg iv QD</i>		<i>7Am.</i>		<i>A</i>		
IV Fluids		12. <i>T. VITAVEN FORT.</i>	<i>1 p/o OD</i>		<i>2pm</i>		<i>A</i>	<i>2:15pm</i>	
		13. <i>ELTROXIN</i>	<i>25mg p/o QD</i>	<i>✓</i>	<i>6Am</i>		<i>A</i>		
		14. <i>T. TAPAL</i>	<i>50mg p/o SOS</i>						
		15. <i>T. EEM</i>	<i>1 p/o BD</i>		<i>10-10.</i>		<i>A</i>	<i>9:30am</i>	<i>10:30pm daily</i>
3. Other		16. <i>T. LODARONG X.</i>	<i>200mg p/o BD.</i>	<i>(Dr. Chetan)</i>	<i>7Chn</i>				
		17.							
		18. <i>SYP. DROMETANIC.</i>	<i>250p p/o TDS</i>		<i>6-4-10</i>		<i>A</i>	<i>2:30pm</i>	<i>10:30pm daily</i>
		19. <i>SYP. SPARTANID</i>	<i>80ml p/o QID</i>		<i>6-10-4-10</i>		<i>A</i>	<i>10:30am</i>	<i>10:30pm daily</i>
		20. <i>SYP. CREMAPPIN</i>	<i>30ml p/o HS</i>		<i>10pm.</i>		<i>A</i>	<i>10:30pm</i>	<i>10:30pm daily</i>

Handwritten signature

Incharge Sign. : *Dr. Sudheep Singh*

Morning: *Slippy*
 Evening: *Slippy*
 Night: *Slippy*



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)



MHIM/348

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

Know Allergies : NKDA

Date 22/06/18

Date

Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. / Name Date / Time	Timing	No. of Days			
1. Diet		INT ALDACEP	1.5gm IV BD		10-10	(D3)	A. GOSWAMI 10/10PM		
(D3) (S1D)		T. ECOSPRIN	75mg p/o HS		10pm				
		T. PLAVIS	75mg p/o HS		10pm				
2. Investigation		INJ TRAMADOL	100mg IV TDS	SOS	6-2-10				
		INT PANTOLO	40mg IV OD		7AM				
		T. DATOR	10mg p/o BD		8-4				
		T. ATROVA	20mg p/o BD		10-10				
		T. VITAVEN FORTE	-1- p/o OD		2pm				
		INJ PARACIP	-1 gm IV TDS		6-2-10				
		T. ALDACTONE	25mg p/o BD		2pm				
		T. ELTROXIN	25mg p/o OD		6AM				
IV Fluids		T. TADAL	50mg p/o TDS	Sos.					
INFNS (9) 75mg IV		T. CCM	1600 p/o BD		10-10				
		T. RAMINACE	2.5 p/o OD						
		T. VENOLOL 50.	25, p/o BD.						
3. Other		SUP BLENNIDIAE	2TSP p/o TDS		6-2-10				
		SUP SPANCO	5ml p/o QID		6-10-4-10				
		SUP CLEMOPRIN	45mg p/o HS		10pm				

Consultant Signature

Date & Time: 22/6/18

Incharge Sign.: [Signature]

Date & Time: 22/06/18

Morning: MS GOSWAMI

Evening: [Signature]

Night: JSMI



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106



PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (**D** - Dr. Advised to Hold, **O** - Patient Out of Bed, **R** - Patient refused, **V** - Vomitted out, **A** - Administered)

Know Allergies : **NKDA**

Date ... 21/6/18 ... Date Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. Name Date / Time	Timing	No. of Days	M	E	N
1. Diet LIQUID DIET		1 INJ ALTACEF	1.5GM IV BD		10-10	(02)	A		
		2 T. ECOSPRIN	75mg PIO HS		10pm				
		3 P. PLAVIX	75mg PIO HS		10pm				
2. Investigation		4 INJ TRAMADOL	100mg IV TDS		6-2-10				
		5 INJ MGSO4	1gm IV TDS [W/H]		6-2-10				
		6 INJ PANTOCID	40mg IV OD		7AM				
		7 P. DYTOR	10mg PIO BD		8AM-4				
		8 P. ATROVA	20mg PIO HS BD		10AM-10PM				
		9 P. VITAVENFORT	1tab PIO OD		2PM				
		10 INJ PARACIP	1GM IV TDS		6-2-10				
		11							
IV Fluids		12 T. Eliowin 25y	OD.						
NS @ 75ml/hr		13 T. ADDAONZ	(2) OD.		8-4				
		14							
		15							
3. Other		16 SYP SPARACID	10ml PIO QID		6-10-4-10				
		17 SYP BROMHEXINE	15ml PIO TDS		6-2-10				
		18 SYP CREMAFFIN	10ml PIO HS		10pm				
		19							
		20							

any CH HGT, RR MR

(Handwritten signature)

Incharge Sign. : *(Handwritten signature)*

Morning: JOSELIN
 Evening: JOSELIN
 Night: JAKIB PJ

H/o: HIN; Pulm Edema.



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106



MHIM/348

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)

Know Allergies : NKDA

Date 20.06.18

Date

Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	M	E	N
1. Diet		1 Inj. ALTACEF	1.5gm IV BD						
NPO		2 Tab. ELOSPRIN	75mg PO HS	6hrs after Sx.					
		3 Tab. PLAVIX	75mg PO HS	6hrs after Sx.					
2. Investigation		4 Inj. TRAMADOL	100mg IV TDS						
CBC, S.KT, ABG.		5 Inj. PARACIP	1gm IV TDS						
ECG, CXR-ap (portable)		6 Inj. Mg++	1gm IV TDS						
RBS charting 4wsdy.		7 Inj. PANTOCID	40mg IV BD						
		8							
		9							
		10							
		11							
IV Fluids		12							
NS 35		13							
		14							
		15							
3. Other		16							
after extubation:		17							
nebulise E DUOLIN TDS		18							
and SUDEPURT BD.		19							
		20							

Handwritten notes in the table cells:

- Row 1: A Joslin 7pm Josly
- Row 2: A Joslin 7pm Josly
- Row 3: A Joslin 7pm Josly
- Row 4: A Joslin 7pm Josly
- Row 5: A Joslin 4:30pm Josly
- Row 6: A Joslin 4:30pm Josly
- Row 7: A Joslin 4:30pm Josly
- Row 8: A Joslin 4:30pm Josly
- Row 9: A Joslin 4:30pm Josly
- Row 10: A Joslin 4:30pm Josly
- Row 11: A Joslin 4:30pm Josly
- Row 12: A Joslin 4:30pm Josly
- Row 13: A Joslin 4:30pm Josly
- Row 14: A Joslin 4:30pm Josly
- Row 15: A Joslin 4:30pm Josly
- Row 16: A Joslin 4:30pm Josly
- Row 17: A Joslin 4:30pm Josly
- Row 18: A Joslin 4:30pm Josly
- Row 19: A Joslin 4:30pm Josly
- Row 20: A Joslin 4:30pm Josly

Consultant Signature

Date & Time : 20/06/18, 4:30pm

Incharge Sign. :

Date & Time : 20/06/18, 4:30pm

Morning: JOSELIN JOSE

Evening: Calendra

Night: Calendra



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)



MHIM/348

r. HARI KISHAN 70 Y/
IID 439195 IPNO 18/16635
DA 14/Jun/2018 2:10:00AM CTVSP
S.S.bansal/Neeraj Jain/Chetan/Ajay/N

Please highlight orders that are not applicable or discontinued (**D** - Dr. Advised to Hold, **O** - Patient Out of Bed, **R** - Patient refused, **V** - Vomitted out, **A** - Administered)

Know Allergies :

Date 20/6/18

Date

Date

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	M	E	N													
1. Diet		1 T. AUGMENTIN	1.2gm IV TDS	}	8-2-10	D3																
		2 T. VENCID	40mg P/O OD		7Am																	
		3 T. ATTOR	20mg P/O BD		10-10																	
2. Investigation		4 T. MONIT	20mg P/O BD	}	8-4		(D)															
		5 T. NIKORAN	10mg P/O BD		8-4																	
		6 T. FLAVEDON MR	35mg P/O BD		10-10																	
		7 T. VENOLOL	50mg P/O BD		9-9																	
		8 T. DYTOR	10mg P/O OD		8Am																	
		9 T. ATIVAN	1mg P/O HS		10pm																	
		10 T. ELTROXIN	25mg P/O OD		6Am																	
IV Fluids		12																				
		13																				
		14																				
		15																				
	3. Other		16																			
		17	NEB C DUOLIN	@ID		6-10-4-10																
		18	BUDECORT	BD		10-10																
		19																				
		20																				

Incharge Sign. :

Morning:
Evening:
Night:



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Sector-16A, Faridabad, Ph. 0129-4277777, Helpline No. 15106



MHIM/348

Mr. HARI KISHAN 70 Yr

U. ID 439195 IPNO 18/i6635

DD: 14/Jun/2018 2:10:00AM CCU-9

Dr. S.bansal/Neeraj Jain/Chetan/Ajay/

PHYSICIAN ORDER SHEET

(to be filled only by Doctor)

Please highlight orders that are not applicable or discontinued (D - Dr. Advised to Hold, O - Patient Out of Bed, R - Patient refused, V - Vomitted out, A - Administered)

Know Allergies : NOT KNOWN.

Date 17/6/18 Date 18/6/18 Date 19/6/18

Non-Drug Orders	Sign. / Name / Date / Time	Drug Name (To be filled by doctors only in capital letter)	(Dose/Route/Frequency)	Sign. . Name Date / Time	Timing	No. of Days	17/6/18			18/6/18			19/6/18		
							M	E	N	M	E	N	M	E	N
1. Diet		1 INJ- AUGMENTIN	1-2gm IV TDS		6-2-10	DS	Admin 6m	Admin 6m	Admin 6m	Admin 6m	Admin 6m	Admin 6m	Admin 6m	Admin 6m	Admin 6m
		2 TAB. VENCID	40mg P/O OD		7am		Admin 7am	Admin 7am	Admin 7am	Admin 7am	Admin 7am	Admin 7am	Admin 7am	Admin 7am	Admin 7am
		3 TAB. ATTOR	20mg P/O BD		10-10		Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am
2. Investigation		4 TAB. NONIT	20mg P/O BD		8-4		Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm
		5 TAB NIKORAN	10mg P/O BD		8-4		Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm	Admin 4pm
		6 TAB FLAVEDON MR	35mg P/O BD		10-10		Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am
		7 TAB. VENOLOL	50mg P/O BD		10-10		Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am	Admin 9:30am
		8 TAB RAMINACE DR	2-5mg P/O OD		10Am		Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am
		9 TAB DYTOR	10mg P/O OD		8am		Admin 8am	Admin 8am	Admin 8am	Admin 8am	Admin 8am	Admin 8am	Admin 8am	Admin 8am	Admin 8am
		10 T. Ativan	14 P/O BID				Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am
		11 Neb C DUOLIN	1R P/N BID		6-12-6-10		Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am
IV Fluids		12 Neb C BUDECORT	1R P/N BD		10-10		Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am	Admin 10am
		13													
		14 T. Eutroxin 250 OD			6Am		Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am	Admin 6am
		15													
3. Other		16													
		17													
		18													
		19													
		20													

Incharge Sign. : Davey

Morning: Davey Satya Prakashy Neeru

Evening: Davey Satya Prakashy Neeru

Night: Davey Satya Prakashy Neeru



TOTAL BLOOD TRANSFUSION :- 30 PRBC
 AVERAGE BLOOD SUGAR :- 170 mg/dl
 TOTAL INSULIN :- 4 unit



Helpline: 15106

Sector-16A, Faridabad (Delhi-NCR) - 121 002
 Tel. : 0129-4277777, Mobile : 9811561000

- PUPIL SIZE & REACTION
- GCS SCALE
- APACHE SCORE (AT TIME OF ADMISSION)

OBSERVATION CHART FOR ICU'S

Name : MR. HARI KISHAN
 AGE : 70y SEX M IP NO. : 18/16635/239195
 DIAGNOSIS : CAD, T2D, ELM
 OPERATION : OPCABG x 5 GRAFTS LIMA → LAD
 RSVG → D.O.M. PLB SKIP POA
 DATE : 25/6/18 DATE OF OPN. : 1st POA
 Ht. : 171cm Wt. : 79kg B.S.A. EF : 55%
 BLOOD GROUP 'B' POSITIVE
 CONSULTANT DR. SUDEEP SINGH SIDHU

I/V INFUSION				INJECTIONS				INJECTIONS				ORAL MEDICATION			
DRUG NAME	DOSAGE	ROUTE	SIG. OF NURSING STAFF	DRUG NAME	DOSAGE	ROUTE	SIG. OF NURSING STAFF	DRUG NAME	DOSAGE	ROUTE	SIG. OF NURSING STAFF	DRUG NAME	DOSAGE	ROUTE	SIG. OF NURSING STAFF

TIME	HAEMODYNAMIC PARAMETERS						INTAKE										OUTPUT							BOWEL		REPORT'S DUE										
	HR/PULSE	B.P. S/D (M)	PAP RACVP	PERIPH. PAL TEMP	RESP. RATE	SPO	RBS	INSULIN	BLOOD	NS/RL/DNS	PROFOL	NTG	DOPA	NOR-AD	DOBU-TAMINE	CORDA-RONE	LASIX/DYTOR	ORAL	HOURLY	TOTAL	DRAINAGE			URINE			GASTRIC ASP		TOTAL OUTPUT	HRLY BALANCE	TOTAL BALANCE	FLATUS	STOOL			
																					1	2	3	HOURLY	TOTAL	HOURLY	TOTAL	HOURLY	TOTAL							
8	82	148/78		96.4	20	98%												25ml	100	125	125				200	800	800	200	75	75	BOWEL SOUND PRESENT	MOTION NOT PASSED				
9	80	140/60		98.6	18	95%																														
10																																				
11																																				
12																																				
1																																				
2																																				
3																																				
4																																				
5																																				
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4																																				
5																																				
6																																				
7																																				

DETAILS OF VARIOUS CANULAE

AND OF TUBES	INVESTIGATION
E.T. TUBE	Hb.
ARTERIAL LINE SITE	TLC
C.V.P. LINE SITE RT. JUGULAR D6	PLT
PERIPHERAL LINE No: 20 23/6/18 D6	UREA
	CREAT
	Na+
URINARY CATHETER	K+ 2.6 ↑
	S. BIL
	SGOT/PT
URINE ROUTINE	PROTEIN
	S. AMYLASE
	PT/INR
	URINE KETONES

TIME	VENTILATORY PARAMETERS							BLOOD GAS										
	MODE	RATE	T.V.	FI ₂	PEEP	CPAP	PAW	HB	K+	Na+	PH	PO ₂	PCO ₂	HCO ₂	SBC	BE	SAT	

INSULIN SCALE

RBS → PRE MEAL
 → POST MEAL

HIR ACC TO SLIDING SCALE

TOTAL INTAKE	1175 ml
TOTAL OUTPUT	1700 ml
DRAINAGE	
BALANCE	525 (-ve)
STEAM INHALATIONS	6-10-4-10
BACK CARE	given

NEBULIZATION & STAT MEDICINE

NEB WITH DUOLIN + BUDECORT

8-10-4-100

SPIROMETRY 16-10-4-10

CHEST PHYSIO 10-4-10

DRESSING DONE

MOUTH CARE GIVEN



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
 Panel PF OFFICE (SEC-15)

VITALS CHART

Name of the Patient Mr. Hari Kishan Age 75 Sex M
 ID No. 10/16635 Ward EMR

Date	Time	BP	Pulse	RR	Temp.	Signature
11/6	2: AM	200/130	90mt	24mt	98°F	Kamli
	3: 15 AM	140/90	86mt	22mt	98°F	Sujanendra
	4 AM	150/80	88mt	24mt	98.2°F	Sujanendra
	6 AM	110/60	78mt	22mt	98°F	Sujanendra
	8 AM.	130/70	80mt	20mt	98.4°F	Sujanendra
	10 AM	120/70	74mt	22mt	98.6°F	Puspendra
	12 MD	120/60	76mt	20mt	98.8°F	Puspendra
	2 PM	130/70	80mt	22mt	98.6°F	Puspendra
	3 PM	130/80	84mt	20mt	98.2°F	euf
	6 PM	138/86	75	18mt	98.8°F	JR
	8 PM	130/80	82mt	24mt	98.6°F	Bhomi
	10 PM.	130/70	90mt	22mt	98.4°F	meghal
15/6/18	12 AM.	120/70	86mt	24mt	98.6°F	meghal
	2 AM.	110/80	76mt	20mt	98.8°F	meghal
	4 AM.	120/90	80mt	21mt	98.7°F	meghal
	6 AM.	130/80	78mt	24mt	99.9°F	meghal
	8 AM.	110/70	76mt	22mt	98.9°F	meghal
	10 AM	120/70	74mt	20mt	98.4°F	euf
	12 PM	130/70	74mt	18mt	98.8°F	euf
2 PM	140/80	80mt	20mt	98.2°F	euf	
4 PM	130/70	82mt	18mt	98.6°F	Achay	

Date	Time	BP	Pulse	RR	Temp.	Signature	
15/11/18	6pm	144/84	84	18	100.4°F	Dancy	
	8pm	120/60	88	20	98.8°F	Dancy	
	10pm	110/60	90b/m	22b/m	98.4°F	Dancy	
16/6/18	12AM	100/70	94	20b/m	98.6°F	Dancy	
	2AM	110/70	84	22	98.6°F	Dancy	
	4am	120/70	82	20	98.6°F	Dancy	
	6am	110/70	80	20	98.6°F	Dancy	
	8am	120/80	82	22	98.6°F	Dancy	
	10AM	122/90	82	14	98.6°F	Dancy	
	11AM	133/99	84	18	98.6	Dancy	
	1pm	120/80	82	20	98.4	Dancy	
	4pm	120/70	66/mt	18/mt	98.4°F	Sally	
	6pm	120/60	64/mt	19/mt	98.6°F	Sally	
	8pm	110/40	60/mt	20/mt	98.4°F	Sally	
	10pm	110/60	78b/m	20b/m	98.4°F	Dancy	
	17/6/18	12AM	120/70	86	22	98.6°F	Dancy
		2AM	110/70	84	20	98.6°F	Dancy
4AM		100/60	82	22	98.6°F	Dancy	
6AM		110/70	84	22	98.6°F	Dancy	
8AM		124/74	80	20	98.6°F	Dancy	
10AM		133/82	72	20	98.4°F	Dancy	
12pm		130/75	68	24	98.6°F	Dancy	
2pm		128/74	72	20	98.4	Dancy	
4pm		132/84	76	18	98.6°F	Dancy	
6pm		124/80	74	18	98.4°F	Dancy	
8pm		110/68	78	20	98.6°F	Dancy	
10pm		122/64	79b/mt	18 b/mt	98.6°F	Dancy	
12AM		120/72	78b/mt	14 b/mt	98.6°F	Dancy	
2am		126/68	70b/mt	16 b/mt	98.6°F	Dancy	
4am		132/72	68b/mt	22b/mt	98.6°F	Dancy	
6am		138/78	67b/mt	20 b/mt	98.6°F	Dancy	



Quality Accreditations

Mr. HARI KISHAN 70 Y/
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

VITALS CHART

Name of the Patient Mr. Hari kishan Age 70y Sex M
 ID No. 18.16635 Ward CTW-10P

Date	Time	BP	Pulse	RR	Temp.	Signature
18/6/18	8am	134/78	68b/mnt	22 b/mnt	98.6° F	Nee
	10AM	130/70	66/mnt	18/mnt	98.6 F	Saty
	12PM	140/80	74/mnt	19/mnt	98.4 F	Saty
	2pm	130/80	68/mnt	20/mnt	98.6 F	Saty
	4pm	130/70	66/mnt	18/mnt	98.6 F	Saty
	6pm	130/60	64/mnt	20/mnt	98.6 F	Saty
	8pm	140/70	66/mnt	18/mnt	98.4 F	Saty
	10pm	138/74	64 b/mnt	14 b/mnt	98.6° F	Nee
19/6/18	12MN	134/72	62 b/mnt	18 b/mnt	98.7° F	Nee
	2am	128/68	59 b/mnt	20 b/mnt	98.6° F	Nee
	4am	134/72	60 b/mnt	20 b/mnt	98.6° F	Nee
	6am	130/70	60h	20h	98.4 F	Dee
	8am	120/80	66h	22h	98.0 F	Dee
	10AM	140/70	66	22	98.4 F	Saty
	12pm	116/70	68	20	98.4 F	Saty
	2pm	130/80	68	20	98.4 F	Saty
	4pm	124/70	64	16/m	98.4 F	R
	6pm	128/66	66	20/m	98. F	R
8pm	130/70	70	16/m	98.4 F	R	
	10pm	130/60	76h	20h	98.0 F	R
20/6/18	12Am	130/60	80m	18m	98.0 F	Dee
	2Am	120/80	60m	20m	98.4 F	Dee



QUALITY ACCREDITATIONS

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

BLOOD INVESTIGATION CHART

INVESTIGATIONS	21/06/18 DATE	22/6/18 DATE	23/6/18 DATE	24/6/18 DATE	25/6/18 DATE
HB	8.1	8.0	9.4	9.1	
WBC TOTAL	12980	10490	11500	8830	
Platelet count	2.03x10 ³	1.6x	2.0x	2.15	
PCV	25.4	24.6	21.3		
MCV					
MCHC					
MCH					
Urea	48	46		35	
S.Creatinine	1.48	1.23		0.88	
S.Na+	133.1	137.4	136.6	136.7	
S.K+	4.6	3.6	3.4	3.1	3.6
PT (INR)					
APTT					
S. BIL TOTAL				0.5	
S. BIL DIRECT				0.3	
S. BIL INDIRECT				0.2	
SGOT				27	
SGPT				30	
S.ALK PHOSPHOTASE				180	
S. PROTEIN				5.6	
S. ALBUMIN				2.5	
S. GLOBULIN				3.1	
S. A/G RATIO				0.80	
S. CALCIUM	7.8			7.9	
S. MAGNESIUM	2.7			2.0	
PHOSPHORUS					
S. CPK					
S. CK-MB					
TROP-I					

INVESTIGATIONS	DATE	DATE	DATE	DATE	DATE	DATE
S-AMYLASE						
S. LIPASE						
BLOOD GROUP						
URINE R/E						
CULTURES :						
A. BLOOD CULTURES						
B. URINE CULTURES						
C. SPUTIUM CULTURES						
HIV (I & II)						
HBsAg						
HCV						
NSI (DENGUE)						
PERIPHERAL SMEAR						
LIPID PROFILE REPORT						
CHOLESTEROL						
LDL						
HDL						
TRIGLYCERIDE						
VLDL						

Signature of Nursing Staff

Yoselin

FULL Name : YOSELIN JOSE

Date & Time 20/09/18, 10:01:30 pm

18/10/2018



Quality Accreditations

MHIM/019

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
 Panel PF OFFICE (SEC-15)

BLOOD INVESTIGATION CHART

INVESTIGATIONS	14/6 DATE	14/6/18 DATE	15/6/18 DATE	16/6/18 DATE	17/6/18 DATE
Hb	13.4		11.2 ↓		
WBC TOTAL	10200		8430 ↓		
Platelet count	327		263 ↓		
HCT	42.2		35.5		
MCV	83.1		84.3		
MCHC	31.8		31.5		
MCH	26.4		26.6		
Urea	45	44 ✓	48 ↑	46 ↓	59 <i>new</i>
S. Creatinine	0.75	0.82 ✓	1.09 ↑	1.00 ↓	1.29 <i>new</i>
S. Na ⁺	135.8	139.9 ✓	135.2 ↓	132.8 ↓	138.4
S. K ⁺	4.9	4.5 ✓	3.7 ↓	3.7	4.0
PT (INR) Test - 10.2, Mean PT - 11.2, INR - 0.91					
APTT. Test - 26.6, Control 28					
S. BIL TOTAL	0.4		0.5		0.3
S. BIL DIRECT	0.4		0.2		0.1
S. BIL INDIRECT	0.0		0.3		0.2
SGOT			27		25
SGPT	36		33		28
S. ALK. PHOSPHOTASE			122		112
S. PROTEIN			7.4		7.1
S. ALBUMIN			3.6		3.4
S. GLOBULIN			3.8		3.7
S. A/G RATIO			0.95		0.92
S. CALCIUM					
S. MAGNESIUM					
PHOSPHORUS	5	7			
S. CPK	36	29			
S. CK-MB	13	12			
TROP - I					

INVESTIGATIONS	DATE	DATE	DATE	DATE	DATE	DATE
S-AMYLASE						
S. LIPASE						
BLOOD GROUP	B ⁺ Positive					
URINE R/E						
CULTURES :						
A. BLOOD CULTURE						
B. URINE CULTURE						
C. SPUTIUM CULTURE						
HIV (I & II)	} non - reactive					
HBsAg						
HCV						
NSI (DENGUE)						
PERIPHERAL SMEAR						
LIPID PROFILE REPORT						
CHOLESTEROL						
LDL						
HDL						
TRIGLYCERIDE						
VLDL						

Blood glucose - 183 mg/dl

T₃ - 1.58

T₄ - 60.90

TSH - 2.25

Urin R/m :-

Protein = Nil

sugar = Nil

Pus cell = 1-2

Epithelial cell = 1-2

Signature of Nursing Staff

Full Name :

Purpendra

Date & Time :

14/6/18



Quality Accreditations

Mr. HARI KISHAN 70 Y/ 19

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CTVSP

Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

BLOOD INVESTIGATION CHART

18/6/18 2016

INVESTIGATIONS	DATE	DATE	DATE	DATE	DATE
Hb					
WBC TOTAL					
Platelet count					
CV					
MCV					
CHC					
MCH					
Urea	39				
S. Creatinine	0.89				
S.Na ⁺	136.2				
S.K ⁺	4.1				
PT (INR)					
APTT					
S. BIL TOTAL					
S. BIL DIRECT					
S. BIL INDIRECT					
SGOT					
SGPT					
S. ALK. PHOSPHOTASE					
S. PROTEIN					
S. ALBUMIN					
S. GLOBULIN					
S. A/G RATIO					
S. CALCIUM					
S. MAGNESIUM					
PHOSPHORUS					
S. CPK					
S. CK-MB					
TROP - I					

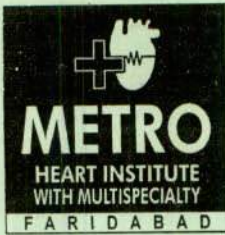
INVESTIGATIONS	DATE	DATE	DATE	DATE	DATE	DATE
S-AMYLASE						
S. LIPASE						
BLOOD GROUP						
URINE R/E						
CULTURES :						
A. BLOOD CULTURE						
B. URINE CULTURE						
C. SPUTIUM CULTURE						
HIV (I & II)						
HBsAg						
HCV						
NSI (DENGUE)						
PERIPHERAL SMEAR						
LIPID PROFILE REPORT						
CHOLESTEROL						
LDL						
HDL						
TRIGLYCERIDE						
VLDL						

Gau

Signature of Nursing Staff

Full Name : MR GAURAY SHARMA

Date & Time : 18/06/18



Quality Accreditations

MHIM/008

70 Y/M

Mr. HARI KISHAN
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M
 Panel PF OFFICE (SEC-15)

Date / Time _____

INTAKE/OUTPUT CHART (CLINICAL)

NAME : <u>Mr. Hari Kishan</u>					AGE/SEX <u>70/M</u>		Bed No. <u>GHR</u>		ID No. <u>18/16635</u>	
					Qty. In ml					
IN TAKE					OUTPUT					
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.	
					3:30pm	300ml			300ml	
4Am		$\frac{112}{100ml}$		100ml						
5:30pm		$\frac{112}{200ml}$		300ml	6Am	250ml			550ml	
7Am		$\frac{112}{200ml}$		300ml	7Am	300ml			600ml	
7:30pm		$\frac{112}{100ml}$		600ml	8:30pm	250ml			1050ml	
					10pm	200ml			1250ml	
TOTAL INTAKE IN 24 hrs. <u>600ml</u>					TOTAL OUTPUT IN 24 hrs. <u>1050ml</u>					
BALANCE <u>150ml -450</u>										

9 14/6/18

IN TAKE					OUTPUT				
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.
					9 AM	100ml			100ml
4 AM	1	BF 200ml		200ml					
					11 AM	250ml			350ml
11 AM		Juice 100ml		300ml					
					1 PM	250ml			600ml
12 AM		Lunch 200ml		500ml	2:30	100ml			700
					3:30	250			950
1 PM		1st 100		600					
					4 PM	350			1300
4 PM		Tea 100		700	8 PM	250			1550
6 PM		Soup 100		800	10 PM	200			1750ml
8 PM		Onnes 100		900					
					11:30 PM	250ml			2000ml
10 PM		H2O 100		1000ml	2 AM	250			2250ml
2 AM		H2O 200		1100ml	4 AM	200			2450ml
				1200ml					
		H2O 100			7 AM	250 ml			2700ml
				1300ml					
7 AM		Tea 100							
TOTAL INTAKE IN 24 hrs. 1300ml					TOTAL OUTPUT IN 24 hrs. 2700ml				
BALANCE 1400ml									



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/I
 Panel PF OFFICE (SEC-15)

Date / Time 15/6/18 @ 8AM

INTAKE/OUTPUT CHART (CLINICAL)

NAME : <u>MR. HARI KISHAN -</u>					AGE/SEX <u>70M</u> Bed No. <u>CCU-2</u> ID No. <u>439195</u>				
					Qty. In ml				
IN TAKE					OUTPUT				
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.
9AM		<u>200</u>		200	9AM	150			150
		<u>100</u>		300	12PM	250			400
10AM		<u>100</u>		600	2PM	200			600
		<u>100</u>			4P	250ml			850ml
4PM		<u>100</u>		700	5:30P	250ml			1100ml
6:30PM		<u>100</u>		800	7PM	100ml			1200
8PM		<u>100</u>		900	8PM	100ml			1300
		<u>200</u>		1100					1500
10PM		<u>100</u>		1200	10PM	200			1500
		<u>100</u>		1300					
11PM		<u>100</u>			12AM	300			1700
		<u>100</u>		1400	2AM	200			2000
2AM		<u>100</u>			4AM	300			2300
		<u>100</u>		1500	6AM	200			2500
6AM		<u>100</u>							
		<u>100</u>		1600					
7AM		<u>100</u>							
		<u>100</u>		1600					
TOTAL INTAKE IN 24 hrs. <u>1600ml</u>					TOTAL OUTPUT IN 24 hrs. <u>2500ml</u>				
BALANCE <u>900ml</u>									

16/6/19

IN TAKE					OUTPUT				
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.
9:30Am		150ml		150ml	9:40Am	250ml			250ml
11Am		100 H ₂ O		250ml	11Am	200			450ml
2pm		200 lunch		450ml	1:30pm	250ml			700ml
		H ₂ O 100ml		550ml	4pm	200ml			900ml
4pm		Teg 100ml		650ml	7pm	200ml			1100ml
6pm		H ₂ O 100ml		750ml					
8pm		PPM 300ml		1050ml	9pm	300ml			1400ml
10pm		200ml		1250ml					
11pm		milk 100		1350ml	2am	200			1600
2am		H ₂ O 100		1400					
6am		H ₂ O 100		1500	7am	400			2000ml
7am		100ml		1600					

TOTAL INTAKE IN 24 hrs. 1600 TOTAL OUTPUT IN 24 hrs. 2020ml
 BALANCE 405ml



Quality Accreditations

Mr. HARI KISHAN 70 77
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCU-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

Date / Time 17/6/18
18/16635

INTAKE/OUTPUT CHART (CLINICAL)

NAME : <u>MR. Hari Kishan</u>					AGE/SEX <u>70y</u> Bed No. <u>2</u>		ID No.		
					Qty. In ml				
IN TAKE					OUTPUT				
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.
					8:30AM	250			250
9:30AM		BF/200ml		200					
11AM		suit/200		400	10AM	200			450ml
12pm		H ₂ O/100		500ml	11:30AM	250ml			700ml
2pm		lunch/200		700ml	2pm	300			1100ml
4pm		H ₂ O/200		900	3pm	200			1300
6pm		sup/200		1100	5pm	300			1600
8pm		100ml		1200ml	6:30pm	300			1900ml
10pm		50 ml		1250ml	7:30pm				
2am		sup 100ml		1350ml	9pm	200			2100ml
6am		sup 100 ml		1400ml	12MN	200			2300 ml
7am		Tea 50ml		1500ml	6am	200			2500ml
TOTAL INTAKE IN 24 hrs. <u>1500 ml</u>					TOTAL OUTPUT IN 24 hrs. <u>2500 ml</u>				
BALANCE <u>1000 (-ve)</u>									

18/6/18

IN TAKE					OUTPUT				
Time	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	Time	Urine Output	Drains	N.G. Aspiration	Total Qty.
9 AM		B.F.							
		200ml		200ml	9 AM	300ml			300ml
		H ₂ O							
10 AM		100ml		300ml	11 AM	200ml			500ml
					1 PM	300ml			800ml
1 PM		Lunch							
		300ml		600ml	3 PM	300ml			1100ml
4 PM		Tea							
		100ml		700ml	5 PM	200ml			1300ml
6 PM		Soup							
		100ml		800ml	7 PM	200ml			1500ml
8 PM		Dinner							
		300ml		1100ml					
10 PM		H ₂ O 100ml		1200ml	10 PM	300ml			1800ml
12 AM		H ₂ O 80ml		1280ml					
		NBM			4 AM	300ml			2100ml
		For CABG							
		today			6 AM	200ml			2300ml
					7 AM	100ml			2400ml

TOTAL INTAKE IN 24 hrs. 1250ml TOTAL OUTPUT IN 24 hrs. 2400ml

BALANCE 1150ml Negative



Metro Heart Institute with Multispecialty
 Sector-16A, Faridabad (Delhi-NCR) - 121002
 Tel.: 0129-4277777, Mobile : 9811561000
 Helpline No. 15106



Quality Accreditations



UJL HAN NISALAN ALJIM/008
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

19/06/18

INTAKE / OUTPUT CHART (CLINICAL)

18/16635

NAME <u>MR. HanKishan</u>					AGE/SEX <u>70yr</u>		Bed No. <u>3</u>		I.D. No.	
					Qty. In ml					
INTAKE					OUTPUT					
TIME	I.V. Fluid Qty.	Oral Qty.	N.G. Feed Qty.	Total Qty.	TIME	Urine Output	Drains	N.G. Aspiration	Total Qty.	
		<u>NBM</u>			<u>10 AM</u>	<u>300</u>			<u>300</u>	
<u>1:00 PM</u>		<u>200 curd</u>		<u>200</u>	<u>1 PM</u>	<u>300</u>			<u>600</u>	
<u>2 PM</u>		<u>100</u> <u>100</u>		<u>300</u>	<u>2 PM</u>	<u>300</u>			<u>900</u>	
<u>3:30 PM</u>		<u>100</u> <u>100 ml</u>		<u>400</u>	<u>6 PM</u>	<u>200</u>			<u>1100</u>	
<u>5 PM</u>		<u>100</u> <u>100</u>		<u>500</u>	<u>7:15 PM</u>	<u>200 ml</u>			<u>1300</u>	
		<u>100</u> <u>100</u>		<u>600</u>	<u>10 PM</u>	<u>400</u>			<u>1700 ml</u>	
<u>7:30 PM</u>		<u>300 ml</u> <u>300 ml</u>		<u>900</u>	<u>1 PM</u>	<u>300</u>			<u>2000 ml</u>	
					<u>3 AM</u>	<u>400 ml</u>			<u>2400 ml</u>	
<u>10 PM</u>		<u>200 ml</u>		<u>1100 ml</u>	<u>6 AM</u>	<u>800</u>			<u>2700 ml</u>	
<u>11 PM</u>		<u>100 ml</u>		<u>1200 ml</u>						
		<u>PE NPO for CABG</u>								

TOTAL INTAKE IN 24 hrs. 1200 ml. TOTAL OUTPUT IN 24 hrs. 2700 ml.

BALANCE 1500 ml Negative



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106



Quality Accreditations

BLOOD / COMPONENT TRANSFUSION FORM

MR. Hasi Kishan
 STICKER
 LP No - 18/16635

BLOOD GROUP

A	B	O	AB	Positive	Negative
⊘	✓	⊘	⊘	✓	⊘

Component PRBC
 Bag No. 1362
 Date of Collection 10/6/18
 Date of Expiry 22/7/18
 Date of Transfusion 20/6/18
 Starting Time 12-20 PM
 Finishing Time 12-35 PM
 Pre Medication
 Rate of transfusion.....

Vital Signs	Pre transfusion	15 min after Starting
HR	80	
BP	110/70	
SpO2	100%	
Temp	35.4°C	

BLOOD BANK
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106
 Licence No. 681-B(H)
 FRESH FROZEN PLASMA (FFP) B.P.

Blood Group **B**

TESTED FOR VDRL, HCV, HBsAg, HIV1 & 2 & FOUND TO BE NON-REACTIVE
 MP Negative

Vol. 150-200 ml Prepared from 1 unit of whole Blood
 450 ml of Blood + 63 ml. CPDA
 450 ml of Blood + 100 ml. SAGM
 350 ml of Blood + 49 ml. of CPDA Solution

Unit No. 1362 Voluntary/Replacement
 Collection Date 10/6/18
 Expiry Date: 22/7/18
 Name of Pt. Hasi Kishan UHID 18/16635
 Date of Issue 17/6/18
 Cross Match Report: Comp

1. Store at a Temperature of minus (-) 30° C or below
2. Thaw before issuing at 37° C
3. Do Not refreeze or reuse after thawing
4. Disposable transfusion set with filter should be used for transfusion
5. Transfuse immediately after issue
6. Issue after cross matching only if the unit is not contaminated with red blood cells.

Any Reactions No
 Sister's Name Arvind Doctor Name Pankaj Jogle
 Signature Arvind Signature.....
 Date & Time 20/6/18 f 12-40 PM



Metro Heart Institute with Multispecialty
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 Helpline No.: 15106



Quality Accreditations

INFORMED CONSENT TO RECEIVE BLOOD TRANSFUSION

Name..... Age..... Sex.....

UHID No. Ward..... Bed No.....

It has been explained to me that I need blood / component for my self / my patient.

.....admitted under Dr.

I understand that though the blood / blood component to be transfused is tested according to the strict guidelines laid down by the Drug Controller of India there is a risk involved with blood transfused including infection (HIV, Hepatitis, Other virus), antibody development and immune reactions, contamination by bacteria difficulty in breathing related to antibodies in donor blood and hemolysis. No assurances have been made to me about the cost of the transfusion or the fitness or quality of the blood to be used.

Fresh blood if required, is tested by rapid methods, which are less sensitive and specific increase the chances of transmission of diseases.

I have had an opportunity to ask questions regarding blood transfusion and all my queries have been answered in a satisfactory manner

I hereby give consent to administering blood/blood component/Fresh blood for my self/my, patient.

.....
 Patient's Name Signature Date & Time

.....
 Responsible Party's Name & Relationship Signature Date & Time

Physician's Declaration : I have explained to the patient/responsible attendants the procedure and the risk benefits and alternative I have answered all the Patient's queries to the best of my knowledge.

.....
 Physician's Name Signature Date & Time

The right to refuse transfusion		
I DO NOT consent to blood transfusion and I assume all risk and hazard that may occur due to this refusal for transfusion of blood / blood components.		
..... Patient / Responsible Party Name Signature Date & Time



Metro Heart Institute with Multispecialty
SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, MOBILE : 9811561000
Helpline No.: 15106



Quality Accreditations

रक्त/रक्त के विभाजित प्रकार ग्रहण करने की स्वीकृति

नाम.....उम्रस्त्रीपुरुष.....
यू.एच.आई.डी.वार्डबैड नं.....
मुझे विस्तार में यह समझा दिया गया है कि मुझे स्वयं/अपने मरीज के लिए रक्त/ रक्त के विभाजित प्रकार चाहिए।
.....डा०.....के अधीन

मैं यह समझता हूँ कि रक्त/रक्त के विभाजित प्रकार जो मैं/मेरा मरीज ग्रहण करेगा उसकी ड्रग कन्ट्रोलर द्वारा दिए गए कड़े निर्देशों द्वारा जाँच की गई हैं तथा इसे ग्रहण करने से कुछ समस्याओं का सामना करना पड़ सकता है उदाहरण के लिए एच.आई.वी., हेपेटाइटिस बी, सी, जैसे वाइरस का संक्रमण, इम्यून रिस्पान्स, जीवाणु संक्रमण, साँस लेने में परेशानी, लाल रक्त कोशिकाओं का खंडन इत्यादि।

अगर ताजा रक्त चाहिए होगा, तो उसकी जाँच रैपिड कार्ड टेस्ट से होगी जिसकी वाइरल रोगों को पकड़ने की क्षमता प्रमाणित टेस्टों की तुलना में कम है

मुझे रक्त ग्रहण करने से संबंधित सभी जानकारी प्रदान कर दी गई है और मेरे सभी प्रश्नों का धैर्यपूर्ण जबाब दिया गया है।

स्वयं/अपने मरीज के लिए रक्त/रक्त के विभाजित/ताजा रक्त ग्रहण करने की स्वैच्छित स्वीकृति प्रदान करता हूँ।

.....
मरीज का नाम	हस्ताक्षर	तिथि/समय
.....
मरीज संबंधी व संबंध	हस्ताक्षर	तिथि/समय

चिकित्सक :

मैंने रोगी/रागी के संबंधी को रक्त ग्रहण करने की प्रक्रिया, उसके फायदे, नुकसान के बारे में अवगत करा दिया है। मैंने अपने ज्ञान के अनुसार रोगी के सभी प्रश्नों का उत्तर दिया है।

.....
चिकित्सक का नाम	हस्ताक्षर	तिथि/समय

रक्त ग्रहण करने से इन्कार का अधिकार

मैं रक्त ग्रहण करने की स्वीकृति देने में इन्कार करता हूँ और इसे न ग्रहण करने से होने वाले सभी नुकसानों के लिए स्वयं जिम्मेदार हूँ।

.....
रोगी/रोगी के संबंधी	हस्ताक्षर	तिथि/समय



Metro Heart Institute With Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No. : 15106

MHIM/120



Quality Accreditations

**BLOOD BANK
 COMPATIBILITY FORM**

Licence No. 681-B(H)
 Issue No. _____
 Ward Name CT 01

Sr. No. **19485**

The MHIWM BLOOD BANK is hereby issuing Whole Blood/FFP/Platetet Conc./Packed red Cell for the use of Patient Name Mari kishan

IPD No. 18/16635 Blood Group B Positive in our hospital

Test for HIV, HCV, HBsAg, HbcAb, VDRL Non-Reactive & MP Negative

Sr. No.	Unit No.	Blood/ Blood Component	Blood/ Group Rh.	D.O.C.	D.O.E.	Cross Match Result	Date & Time of Issue	Issued By (Full Name)	Received By (Name & Signature)
1)	1362	PRBC	B Pos	10/6/18	22/7/18	Comp	20/6/18 12:10 PM	<i>[Signature]</i>	<i>[Signature]</i> Kapil

X-Match Done by *[Signature]*
 Blood/Blood Product once issued will be taken back only within half an hour of issue by the Blood Bank.

For HEAD OF DEPT.
 BLOOD BANK

**Metro Heart Institute With Multispecialty
 ADVERSE TRANSFUSION REACTION FORM (To be filled by the Doctor)**

Receiving Date & Time (for Blood Bank) _____

Instruction : In case of an adverse transfusion reaction:- (1) Stop Transfusion (2) Inform Doctor on Duty (3) For reaction like itching, urticaria, rashes-administer medication as per hospital protocol (4) Restart transfusion after 30 min (5) Monitor vitals & look for further reaction, if reaction recurs then stop transfusion & send the following to the Blood Bank with the remaining blood in the Blood Bag with transfusion set (Post transfusion sample of patient (a) In 3ml EDTA vial (b) 3ml PLAIN vial (c) First void urine sample (d) Completed Adverse Transfusion reaction report form.

Patient Name _____ CR. No. _____ Age & Sex _____

Hospital Name _____ Blood Bag No. _____

Type of Product _____

Condition of patient before transfusion _____

Date _____ Time of start _____ AM/PM stopped at _____ AM/PM

Rate of Transfusion _____ ml/min. Amount transfused _____ ml/(aprox)

Chill _____ Fall in B.P. _____ Anaphylactic reaction _____

Temperature _____ Back pain _____ Oliguria / Anuria _____

Chest pain _____ Dyspoea _____ Hemoglobinuria _____

Urticaria _____ Shock _____ Generalised bleeding _____

Any Other _____

Measures taken to counteract the sings & symptoms observed _____

Date & Time

Name & Signature of Medical officer



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106



Quality Accreditations

BLOOD / COMPONENT TRANSFUSION FORM

Mr. HARI KISHAN /U Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

BLOOD GROUP

A	B	O	AB	Positive	Negative
✓	✓	✓	✓	✓	✗

Component..... PRBC.
 Bag No. 1365
 Date of Collection..... 10.06.18
 Date of Expiry..... 22.07.18
 Date of Transfusion..... 21.06.18
 Starting Time..... 10:30 am
 Finishing Time..... 2:30 pm
 Pre Medication

Rate of transfusion..... slow transfusion over 4 hrs

BLOOD BANK

SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
Helpline No.: 15106

Licence No. 681-B(H)
FRESH FROZEN PLASMA (FFP) B-B

Blood Group	B	TESTED FOR VDRL, HCV, HBsAg, HIV 1 & 2 & FOUND TO BE NON-REACTIVE
		MP <input type="checkbox"/> Negative <input checked="" type="checkbox"/>

Vol. 150-200 ml Prepared from 1 unit of whole Blood
 450 ml of Blood + 63 ml. CPDA
 450 ml of 5% D + 100 ml. SAGM
 350 ml of Blood + 43 ml. of CPDA Solution

Unit No. 1365 Voluntary/Replacement
 Collection Date 10/06/18
 Expiry Date 22/07/18
 Name of Pt. Hari Kishan UHID 18/16635
 Date of Issue 11/06/18
 Cross Match Report : _____

1. Store at a Temperature of minus (-) 30° C or below
2. Thaw before issuing at 37° C
3. Do Not refreeze or reuse after thawing
4. Disposable transfusion set with filter should be used for transfusion
5. Transfuse immediately after issue.
6. Issue after cross matching only if the unit is not contaminated with red blood cells.

Vital Signs	Pre transfusion	15 min after Starting
Bp	126/68	130/70
Pulse	80	82
Temp	98.6	98.4
Respn	20	22

Any Reactions..... Nil
 Sister's Name..... Ms Goshin Gos. Doctor Name..... Dr. Swarna
 Signature..... Goschin Signature..... Swarna
 Date & Time..... 21.06.18, 10:30 pm



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106



Quality Accreditations

INFOI

BLOOD TRANSFUSION

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

Name..... Age..... Sex.....
 UHID No. Bed No.....
 It has been explained to me f / my patient.
admitted under Dr.

I understand that thought the blood / blood component to be transfused is tested according to the strict guidelines laid down by the Drug Controller of India there is a risk involved with blood transfused including infection (HIV, Hepatitis, Other virus), antibody development and immune reactions, contamination by bacteria difficulty in breathing related to antibodies in donor blood and hemolysis. No assurances have been made to me about the cut come of the transfusion or the fitness or quality of the blood to be used.

Fresh blood if required, is tested by rapid methods, which are less sensitive and specific increase the chances or transmission of diseases.

I have had an opportunity to ask questions regarding blood tranfusion and all my queries have been answered in a satisfactory manner

I hereby give consent to administering blood/blood component/Fresh blood for my self/my, patient.

BHARAT BHUSHAN

Patient's Name

Signature

Date & Time

BHARAT BHUSHAN

21/06/18, 10:30

SON

Responsible Party's Name & Relationship

Signature

Date & Time

Physician's Declaration : I have explained to the patient/responsible attendants the procedure and the risk benefits and alternative I have answered all the Patient's queries to the best of my knowledge.

Dr. Swarna

21.06.18.

Physician's Name

Signature

Date & Time

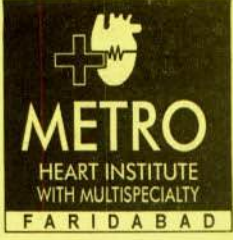
The right to reduce transfusion

I DO NOT consent to blood transfusion and I assume all risk and hazard that may occur due to this refusal for transfusion of blood / blood components.

.....
 Patient / Responsible Party Name

.....
 Signature

.....
 Date & Time



Metro Heart Institute with Multispecialty
SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, MOBILE : 9811561000
Helpline No.: 15106



Quality Accreditations

रक्त/रक्त के विभाजित प्रकार ग्रहण करने की स्वीकृति

नाम.....उम्रस्त्रीपुरुष.....

यू.एच.आई.डी.वार्डबैड नं.....

मुझे विस्तार में यह समझा दिया गया है कि मुझे स्वयं/अपने मरीज के लिए रक्त/ रक्त के विभाजित प्रकार चाहिए।

.....डा०.....के अधीन

मैं यह समझता हूँ कि रक्त/रक्त के विभाजित प्रकार जो मैं/मेरा मरीज ग्रहण करेगा उसकी ड्रग कन्ट्रोलर द्वारा दिए गए कड़े निर्देशों द्वारा जाँच की गई हैं तथा इसे ग्रहण करने से कुछ समस्याओं का सामना करना पड़ सकता है उदाहरण के लिए एच.आई.वी., हेपेटाइटिस बी, सी, जैसे वाइरस का संक्रमण, इम्यून रिस्पान्स, जीवाणु संक्रमण, साँस लेने में परेशानी, लाल रक्त कोशिकाओं का खंडन इत्यादि।

अगर ताजा रक्त चाहिए होगा, तो उसकी जाँच रैपिड कार्ड टेस्ट से होगी जिसकी वाइरल रोगों को पकड़ने की क्षमता प्रमाणित टेस्टो की तुलना में कम हैं

मुझे रक्त ग्रहण करने से संबंधित सभी जानकारी प्रदान कर दी गई है और मेरे सभी प्रश्नों का धैर्यपूर्ण जबाब दिया गया है।

स्वयं/अपने मरीज के लिए रक्त/रक्त के विभाजित/ताजा रक्त ग्रहण करने की स्वैच्छित स्वीकृति प्रदान करता हूँ।

.....
मरीज का नाम	हस्ताक्षर	तिथि/समय
.....
मरीज संबंधी व संबंध	हस्ताक्षर	तिथि/समय

चिकित्सक :

मैंने रोगी/रागी के संबंधी को रक्त ग्रहण करने की प्रक्रिया, उसके फायदे, नुकसान के बारे में अवगत करा दिया है। मैंने अपने ज्ञान के अनुसार रोगी के सभी प्रश्नों का उत्तर दिया है।

.....
चिकित्सक का नाम	हस्ताक्षर	तिथि/समय

रक्त ग्रहण करने से इन्कार का अधिकार

मैं रक्त ग्रहण करने की स्वीकृति देने में इनकार करता हूँ और इसे न ग्रहण करने से होने वाले सभी नुकसानों के लिए स्वयं जिम्मेदार हूँ।

.....
रोगी/रोगी के संबंधी	हस्ताक्षर	तिथि/समय



Metro Heart Institute With Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No. : 15106



**BLOOD BANK
 COMPATIBILITY FORM**

Licence No. 681-B(H)

Issue No.

Ward Name ETVS

Sr. No. **19497**

The MHIWM BLOOD BANK is hereby issuing Whole Blood/FFP/Platetet Conc./Packed red Cell for

the use of Patient Name Hari Kishan

IPD No. 18/10635 Blood Group BPOS in our hospital

Test for HIV, HCV, HBsAg, HbcAb, VDRL Non-Reactive & MP Negative

Sr. No.	Unit No.	Blood/ Blood Component	Blood/ Group Rh.	D.O.C.	D.O.E.	Cross Match Result	Date & Time of Issue	Issued By (Full Name)	Received By (Name & Signature)
①	1365	PRBC	BPOS	10/6/18	22/7/18	Comp	21/6/18 9:33 AM	manjun	Anju

X-Match Done by Hari Kishan
 Blood/Blood Product once issued will be taken back only within half an hour of issue by the Blood Bank.

For HEAD OF DEPT.
 BLOOD BANK

**Metro Heart Institute With Multispecialty
 ADVERSE TRANSFUSION REACTION FORM (To be filled by the Doctor)**

Receiving Date & Time (for Blood Bank) _____

Instruction : In case of an adverse transfusion reaction:- (1) Stop Transfusion (2) Inform Doctor on Duty (3) For reaction like itching, urticaria, rashes-administer, medication as per hospital protocol (4) Restart transfusion after 30 min (5) Monitor vitals & look for further reaction, if reaction recurs then stop transfusion & send the following to the Blood Bank with the remaining blood in the Blood Bag with transfusion set (Post transfusion sample of patient (a) In 3ml EDTA vial (b) 3ml PLAIN vial (c) First void urine sample (d) Completed Adverse Transfusion reaction report form.

Patient Name _____ CR. No. _____ Age & Sex _____
 Hosptal Name _____ Blood Bag No. _____
 Type of Product _____

Condition of patient before transfusion _____

Date _____ Time of start _____ AM/PM stopped at _____ AM/PM
 Rate of Transfusion _____ ml/min. Amount transfused _____ ml/(aprox)

Chill	Fall in B.P.	Anaphylactic reaction
Temperature	Back pain	Oliguria / Anuria
Chest pain	Dyspoea	Hemoglobinuria
Urticaria	Shock	Generalised bleeding

Any Other _____
 Measures taken to counteract the sings & symptoms observed _____

Date & Time _____ Name & Signature of Medical officer _____



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

BLOOD / COMPONENT TRANSFUSION FORM

BLOOD GROUP

A	B	O	AB	Positive	Negative
	✓				

Component... PRBC
 Bag No. 1369
 Date of Collection... 11.6.18
 Date of Expiry... 23.7.18
 Date of Transfusion... 22.6.18
 Starting Time... 10:30pm
 Finishing Time... 4pm.
 Pre Medication... Nil
 Date of transfusion... Slowly transfuse over 4 hrs.

BLOOD BANK
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129 4277777 MOBILE : 9811561000
 Helpline No.: 15106
 Licence No. 681-B(H)
 FRESH FROZEN DE-SMALLERED

Blood Group	B_{BS}	TESTED FOR VDRL, HCV, HBsAg, HIV 1 & 2 & FOUND TO BE NON-REACTIVE
Vol. 150-200 ml Prepa.		MP
450 ml of Blood + 100 ml. SAGM		
330 ml of Blood + 19 ml. of CPDA Solution		
Unit No. <u>1369</u>		Voluntary/Non-Voluntary
Collection Date <u>11/6/18</u>		
Expiry Date <u>23/7/18</u>		
Name of Recipient <u>Hari Kishan</u>		
Date of Issue <u>22/6/18</u>		UHID <u>18/16635</u>
Cross Match Report <u>Comp</u>		

- Store at a temperature of minus (-1.30° C or below
- Thaw before issuing at 37° C
- Do Not refreeze or reuse after thawing
- Disposable transfusion set with filter should be used for transfusion immediately after issue.

Use matching only if the unit is irradiated with

Vital Signs	Pre transfusion	15 min after Starting	1
Bp.	140/70	142/72	15
Pulse	84	82	8
Rate	88	20	18
Temp	98.6	98.6	98.6

Any Reactions... Nil
 Sister's Name... Ms JOSELIN JOSE
 Signature... [Signature]
 Date & Time... 22.06.18 11:30 am
 Doctor Name... Dr. Svarna
 Signature... [Signature]



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No.: 15106



Quality Accreditations

INFORMED CONSENT TO RECEIVE BLOOD TRANSFUSION

Name..... Age..... Sex.....

UHID No. Ward. *CVS ICU* Bed No. *(2)*

It has been explained to me that I need blood / component for my self / my patient.

Mr. Hari Vishan admitted under Dr. *SUDEEP SINGH SIDDHU*

I understand that though the blood / blood component to be transfused is tested according to the strict guidelines laid down by the Drug Controller of India there is a risk involved with blood transfused including infection (HIV, Hepatitis, Other virus), antibody development and immune reactions, contamination by bacteria difficulty in breathing related to antibodies in donor blood and hemolysis. No assurances have been made to me about the cut come of the transfusion or the fitness or quality of the blood to be used.

Fresh blood if required, is tested by rapid methods, which are less sensitive and specific increase the chances or transmission of diseases.

I have had an opportunity to ask questions regarding blood tranfusion and all my queries have been answered in a satisfactory manner

I hereby give consent to administering blood/blood component/Fresh blood for my self/my, patient.

Patient's Name

Signature

Date & Time

SAH TO SH

wife

[Signature]

22-6-2018

Responsible Party's Name & Relationship

Signature

Date & Time

Physician's Declaration : I have explained to the patient/responsible attendants the procedure and the risk benefits and alternative I have answered all the Patient's queries to the best of my knowledge.

Dr. Swarna

[Signature]

22.06.18

Physician's Name

Signature

Date & Time

The right to ~~refuse~~ transfusion

refuse
 I DO NOT consent to blood transfusion and I assume all risk and hazard that may occur due to this refusal for transfusion of blood / blood components.

Patient / Responsible Party Name

Signature

Date & Time



Metro Heart Institute with Multispecialty
SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
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Helpline No.: 15106



Quality Accreditations

रक्त/रक्त के विभाजित प्रकार ग्रहण करने की स्वीकृति

नाम.....उम्रस्त्रीपुरुष.....

यू.एच.आई.डी.वार्डबैड नं.....

मुझे विस्तार में यह समझा दिया गया है कि मुझे स्वयं/अपने मरीज के लिए रक्त/ रक्त के विभाजित प्रकार चाहिए।

.....डा०.....के अधीन

मैं यह समझता हूँ कि रक्त/रक्त के विभाजित प्रकार जो मैं/मेरा मरीज ग्रहण करेगा उसकी ड्रग कन्ट्रोलर द्वारा दिए गए कड़े निर्देशों द्वारा जाँच की गई हैं तथा इसे ग्रहण करने से कुछ समस्याओं का सामना करना पड़ सकता है उदाहरण के लिए एच.आई.वी., हेपेटाइटिस बी, सी, जैसे वाइरस का संक्रमण, इम्यून रिस्पान्स, जीवाणु संक्रमण, साँस लेने में परेशानी, लाल रक्त कोशिकाओं का खंडन इत्यादि।

अगर ताजा रक्त चाहिए होगा, तो उसकी जाँच रैपिड कार्ड टेस्ट से होगी जिसकी वाइरल रोगों को पकड़ने की क्षमता प्रमाणित टेस्टो की तुलना में कम है।

मुझे रक्त ग्रहण करने से संबंधित सभी जानकारी प्रदान कर दी गई है और मेरे सभी प्रश्नों का धैर्यपूर्ण जबाब दिया गया है।

स्वयं/अपने मरीज के लिए रक्त/रक्त के विभाजित/ताजा रक्त ग्रहण करने की स्वैच्छित स्वीकृति प्रदान करता हूँ।

.....
मरीज का नाम	हस्ताक्षर	तिथि/समय
.....
मरीज संबंधी व संबंध	हस्ताक्षर	तिथि/समय

चिकित्सक :

मैंने रोगी/रागी के संबंधी को रक्त ग्रहण करने की प्रक्रिया, उसके फायदे, नुकसान के बारे में अवगत करा दिया है। मैंने अपने ज्ञान के अनुसार रोगी के सभी प्रश्नों का उत्तर दिया है।

.....
चिकित्सक का नाम	हस्ताक्षर	तिथि/समय

रक्त ग्रहण करने से इन्कार का अधिकार

मैं रक्त ग्रहण करने की स्वीकृति देने में इनकार करता हूँ और इसे न ग्रहण करने से होने वाले सभी नुकसानों के लिए स्वयं जिम्मेदार हूँ।

.....
रोगी/रोगी के संबंधी	हस्ताक्षर	तिथि/समय



Metro Heart Institute With Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No. : 15106

MHIM/120



Quality Accreditations

**BLOOD BANK
 COMPATIBILITY FORM**

Sr. No. **19757**

Licence No. 681-B(H)
 Issue No. _____
 Ward Name **CTVS**

The MHIWM BLOOD BANK is hereby issuing Whole Blood/FFP/Platetet Conc./Packed red Cell for the use of Patient Name Mr. Hari Kishan

IPD No. 18/16635 Blood Group 'B' Pos in our hospital

Test for HIV, HCV, HBsAg, HbcAb, VDRL Non-Reactive & MP Negative

Sr. No.	Unit No.	Blood/ Blood Component	Blood/ Group Rh.	D.O.C.	D.O.E.	Cross Match Result	Date & Time of Issue	Issued By (Full Name)	Received By (Name & Signature)
1.	1369	PRBC	'B' Pos	11/6/18	23/07/18	Comp	22/6/18 9:30 Am	[Signature]	Anju

X-Match Done by Hanish
 Blood/Blood Product once issued will be taken back only within half an hour of issue by the Blood Bank.

For HEAD OF DEPT.
 BLOOD BANK

**Metro Heart Institute With Multispecialty
 ADVERSE TRANSFUSION REACTION FORM (To be filled by the Doctor)**

Receiving Date & Time (for Blood Bank) _____

Instruction : In case of an adverse transfusion reaction:- (1) Stop Transfusion (2) Inform Doctor on Duty (3) For reaction like itching, urticaria, rashes-administer medication as per hospital protocol (4) Restart transfusion after 30 min (5) Monitor vitals & look for further reaction, if reaction recurs then stop transfusion & send the following to the Blood Bank with the remaining blood in the Blood Bag with transfusion set (Post transfusion sample of patient (a) In 3ml EDTA vial (b) 3ml PLAIN vial (c) First void urine sample (d) Completed Adverse Transfusion reaction report form.

Patient Name _____ CR. No. _____ Age & Sex _____

Hospital Name _____ Blood Bag No. _____

Type of Product _____

Condition of patient before transfusion _____

Date _____ Time of start _____ AM/PM stopped at _____ AM/PM

Rate of Transfusion _____ ml/min. Amount transfused _____ ml/(aprox)

- | | | |
|-------------|--------------|-----------------------|
| Chill | Fall in B.P. | Anaphylactic reaction |
| Temperature | Back pain | Oliguria / Anuria |
| Chest pain | Dyspoea | Hemoglobinuria |
| Urticaria | Shock | Generalised bleeding |

Any Other _____

Measures taken to counteract the sings & symptoms observed _____

Date & Time

Name & Signature of Medical officer



Quality Accreditations

70 Y/M
Mr. HARI KISHAN
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M
 Panel PF OFFICE (SEC-15)

MHIM/270

Nursing Initial Assessment Sheet

KK HTN / (Knee Replacement 7/5/18) done in asia

177cm / 79kg
 N/A

Diagnosis:

Status : Conscious / Unconscious / Disoriented

Drug Allergies: Yes No If yes name of drug: *N/A*

Food Allergies:

Vitals: BP *130/80* PULSE *90* RR *20* Temperature *98°F*

Pain Scoring : 0 1 2 3 4 5 6 ?
 Duration Location Action required Yes No

Primary Language spoken (Hindi/English/Indian/International) Interpreter needed : Yes / No.

Cultural / religious barriers Yes No If Yes, describe : *Indian*

Psychological Status Calm Anxious Withdrawn
 Agitated Depressed Sleeping Difficulty

Orient Patient if : Conscious Orient Patient Attendant if : Unconscious Disoriented

Room Side Rails Toilet Bell Visiting Policy
 Bathroom Bed Controls Use of Footstool Grievance Handling
 Emergency Light Nurses Call Television Handbook Given
 Light Controls Telephone Smoking Policy Grab Bars

Current Medications :

	Name	Dose	Frequency	Last dose taken
1)	<i>T. Amlovan</i>	<i>5mg</i>	<i>OD</i>	<i>12/6/18</i>
2)				
3)				
4)				
5)				

Fall Risk assessment (Modified Morse Scale) Yes No Reason Low risk Medium risk High risk

Fall Risk Assessment (Modified Morse Scale) :

Variables	Numeric Values	Score
1. History of Falling	No 0 Yes 25	<u>0</u>
2. Secondary diagnosis / Elimination Problem	No 0 Yes 15	<u>15</u>
3. Ambulatory aid None/bed rest/nurse assist Crutches / Cane / Walker Furniture	0 15 30	<u>15</u>
4. CMS / CVS Medication	No 0 Yes 20	<u>0</u>
5. Gait Normal / bed rest / wheel chair, Weak Impaired	0 10 20	<u>10</u>
6. Mental Status Oriented to own ability Overestimated of forgets limitations	0 15	<u>0</u>

Specific Needs

S.No.		Yes / No.	If Yes, Describe	Action
1.	Sensory Impairment (hearing / Visual	No		
2.	Is there a speech problem	No		
3.	Dose this patient have any artificial Prosthesis	No		
4.	Any other problem	HTN		

Functional Assessment

Activity

Independent

Dependent

Bathing

Dressing

Eating

Mobility

Climbing Stairs

Toilet Use

Walking

Pressure Ulcer risk

 Yes

 No

Presenting bedsore

 Yes

 No

Diet informed to dietician

 Yes

 No

Loaction / Stage. no

Name of patient / Attendent

Signature Santosh

Time & Date 14/6/18 12:30 am.

Signature of assessing Name

Signature Kavita

Time & Date 14/6/18 at 2Am



Quality Accreditations

MHIM/269

Mr. HARI KISHAN 70 Y/A
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay
 Panel PF OFFICE (SEC-15)

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
14/6/18	10am	pain	<ul style="list-style-type: none"> provide comfortable position to the patient provide medicine to the patient as prescribed by doct 	↓ pain	ruspende	5003	ruspende
	3pm	Anxiety	<ul style="list-style-type: none"> Assessme patient Condition provided psycho social support provide elder son therapy 	↓ held Anxiety	elhoron	5003	elhoron
14/6/18	10pm	Anxiety, sleepless ness	<ul style="list-style-type: none"> checked the pt condition vital watch medicines given 20mg psychological support given comfortable position given 	↓ anxiety pt better and pt sleep.	meghal	2484	meghal

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
15/6/18	11AM	Pain in R.V. Cannula site	<ul style="list-style-type: none"> checked R.V. cannula site DT. Cannula site checked R. Cannula removed and Thrombostop UA Adly and was cannulization done 	In pain for better feel	Meghala	3484	Meghala
			<ul style="list-style-type: none"> Assessing patient condition provided adequate diet provided comfortable device 	held weakness	CHHOTECAR	5053	elotely
15/6/18	3pm	Anxiety	<ul style="list-style-type: none"> checked the PT condition. provide psychological support comfortable position PT calm & quiet 	Reduce anxiety	Achal	4294	Achal



Quality Accreditations

Mr. HARI KISHAN 70 Yr
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCU-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
10 am	15/6/18	Discomfort	Assess the patient condition provide clean and quite environment provide comfortable position	Feel Comfort	Madan	4298	Madan
3 pm	16/6/18	Low Anxiety	Assess the patient condition provide psychological support provide comfortable position	Feel Decreased Anxiety	Madan	4298	Madan
10 am		Risk for Infection	Assess the condition of the patient Perform hand hygiene Use Aseptic technique	Reduced the spread of infection	Jancy	5229	Jancy

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
16/6/18	4pm	Anxiety	→ Assess the pt condition → Provide Health Education → Provide Psychological Support → Provide Comfortable Position	↓ Anxiety	Safarpoor	4017	see
10pm	16/6/18	Discomfort	Assess the pt condition Provide Comfortable Position Provide Comfortable Position	Feel Comfort	Madani	4298	Madani
4pm	17/6/18	Anxiety	Assess the pt condition Provide Comfortable Position Provide Psychological Support	↓ Anxiety	Madani	4298	Madani
9:30am		Risk for Infection	Assess the condition of the patient Perform hand hygiene Use Aseptic technique	Reduced the spread of infection	Jansy	6229	Jansy



Quality Accreditations

Mr. HARI KISHAN 70 Yr
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCU-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
17/6/18	4pm	Pain	Assess the condition of patient Administer Analgesic	Goal met	Ajay	5229	Ajay
17/6	10 pm	Discomfort	Assess the condition of the pt - provide comfortable position	Reduced discomfort	Neenu	5897	Neenu
18/6	6am	lack of knowledge related to hospitalization	educate the pt about hospital & procedures. - provide knowledge about surgery	Improved knowledge	Neenu	5897	Neenu
18/6	10 AM	Anxiety	Assess the pt condition → provide health education → provide psychological support → provide comfortable position	↓ Anxiety	Ajay	5229	Ajay

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
18/6/18	5 PM	Discomfortable → → → →	Assess the pt condition provide Psychological support provide Comfortable position provide Healthy Education	pt is feel better	S. Jeyaprasath	4017	S. Jeyaprasath
18/6/18	11 PM	Anxiety	Assess the pt condition Provide comfort Guide environment Provide Psychological Support	Anxiety	Neeny	5297	Neeny
18/6/18	9 AM	Discomfort	Assess the pt condition Provide Comfortable Position Provide Comfortable quiet environment	Feel comfort	Neeny	5297	Neeny



Quality Accreditations

UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
 Honi Kishan
 M. HADIKISHAN 70 VV

19/6/18

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
19/6/18	10 AM	Discomfort	pt provide comfortable position pt provide psychological support	Discomfort	Joga	4902	Joga
	3 pm	pain & Anxiety	Assess patient condition provide emotional support	↓ pain levels	Madhavi	5295	Madhavi
19/6/18	10 PM	Discomfort	Assess the condition provide emotional support Guide emily provide comfortable position	Feel Comfort	Devendra	5299	Devendra
20/6/18	4 PM	Anxiety	Assess the condition provide psychological support provide comfortable position	Feel Comfort & ↓ Anxiety	Devendra	5299	Devendra



Quality Accreditations

MHIM/269

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
24/6/18	10am	Discomfort	→ provide comfortable dilice	Reduced Discomfort	Steppy	4407	Steppy
			→ provide psychological support				
	3pm	Cough	→ provide nebulization				
			→ provide cough syrup	Reduced Cough	Steppy	4407	Steppy
			→ provide steam inhalation				
	9pm	Risk for Infection	Assess the condition of the patient perform hand hygiene Use Aseptic technique	Reduced the spread of infection	Jancy	5229	Jancy
25/6/18	6AM	Pain	Assess the condition of the patient Administer Analgesic	Pain Reduced to some extent	Jancy	5229	Jancy



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
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 DOA 14/Jun/2018 2:10:00AM
 9891980094
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 Panel PF OFFICE (SEC-15)

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
20/06/18	4 PM	Hypotension related prolonged surgery.	→ provided adequate fluid support to the patient.	maintain normal BP	JOSELIN	4610	Joselin
	10 PM	⇒ HYPOTENSION	⇒ INJ Norad Infusion on flow ⇒ INJ ADRI Infusion on flow ⇒ INJ Dobutamine infusion on flow ⇒ IVP on flow	Maintain B.P	Geendya	3227	Geendya
21/06/18	6 AM	Pain	⇒ Assess the condition of the patient ⇒ provide comfort tube position ⇒ Give Analgesic	rel Pain	Geendya	3227	Geendya
21/06/18	10 AM	Knowledge defect	→ provided orientation regarding Rx by oral.	improve knowledge level	Joselin.	4610	Joselin

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
21/6/18	4 PM	Anemia.	→ provided iron to the patient → 1700mg folic acid PRBC	Maintained normal Hb level.	GOSLIN	4610	Goscho
21/6	9:30 PM	Peak for iron in his related to the iron deficiency - 1.12 mg/dl	check the amount of iron in patient - hard waxy stool - iron records marked	Peak for iron controlled	Jebis	4631	Jebis
22/6/18	07 AM	Boxing	rights are combined of the pt - 1.04 mg/dl iron - 1.04 mg/dl iron	As they reduced	Jebis	4631	Jebis



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
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 Panel PF OFFICE (SEC-15)

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
					Goschin	4610	Goschi
22	10am	knouledg defect	→ provided adequate orientation regarding Rx Modabit	improve knouledg level			
22/6/17	9am	discomfort	→ provide comfortable position → provide psychological support			9903	soha
22	10:30am	sleeping pattern disturbed	checked patient condition and provided comfortable position and comfort	patient sleep	Jigroni	4447	Dr
23	10:30am	discomfort	checked patient condition and provided comfortable position.	checked discomfort	4447	soha	Dr

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
8/16/18	10:00 AM	AF	<ul style="list-style-type: none"> -> Assess the patient condition -> give IV. cordarone -> provide cordarone infusion -> Take ECG 	Reduced AF	Stephy	4407	Stephy
	3pm	Discomfort	<ul style="list-style-type: none"> -> provide comfortable device -> provide psychological support 	Reduced Discomfort	Stephy	4407	Stephy
	8:20pm	Risk for Infection	<ul style="list-style-type: none"> Assess the condition of the patient Perform hand hygiene Use Aseptic technique 	Reduced the spread of infection.	Dancy	5229	Dancy
	Sub 5 AM	Pain	<ul style="list-style-type: none"> Assess the condition of the patient using pain scale Administer Analgesic Health education given about disease condition 	Pain Reduced to some extent	Dancy	5229	Dancy



Quality Accreditations

MHIM/007

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
Panel PF OFFICE (SEC-15)

NURSES NOTES

18/16635

DATE 14/6 NAME Mr. Hari Kishan AGE/SEX 71/M I.D. No. I.P. NO.

TIME		SIGNATURE
	<p>Pt came in emergency chief. clo Breathing Difficulty. vitals checked & Pt seen the duty doctor Adv. Admission IV cannula insert blood sample to be taken & send to lab. IV Pan IV Emerst 10 Lains given at time Neb. Duolin + Bulevest done. ECG done Pt shift to CCU for further treatment</p>	Kanika
	(Receiving Notes)	
3:30 Am	Handover taken from the emergency staff.	Lyonmuchi
4 Am	Vitals are checked. Acc taken. Foley's Catheterization done. Urine C^{H} send.	Lyonmuchi
6 Am	Monitored patient; Conscious level. Stabilized patient condition. Vitals signs are checked & recorded	Lyonmuchi
8 Am	Handover given to morning duty staff. Medication given as doctor's order.	Lyonmuchi

DATE	MORNING DUTY NOTES	SIGNATURE & FULL NAME.
14/6/8		
8 AM	patient awakened from night duty staff.	
	give breakfast to the patient.	
	provide medicine to the patient	Puspendra
10 AM	provide comfortable position to the patient	Puspendra
	- wait for doctor around and after that follow prescription	
12 MD	Doctor visit done doctor Ad. pt	Puspendra
	Today plan for M Angiography patient consent done. fast preparation done	
2 pm	patient All vitals checked and	
	rechecked pt conscious and recorded.	Puspendra
	Hand Over given next duty staff.	
	Evening duty staff	
	—————	
0:30	Patient's Handover taken from (1st) duty shift.	aul
3m	Vital sign checked Reversed. patient shift to cath lab.	aul
3:15	Patient received from cath lab patient kept for CABG for Admit	



Quality Accreditations

HIM/007

Mr. HARI KISHAN 70 Y/
UHID 439195 IPNO IS/16635
DOA 14/Jun/2018 2:10:00AM CCU-9
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/V

NURSES NOTES

DATE 14/6/18 NAME Mr. Hari Kishan AGE/SEX 70 y/m I.D. No 439195 I.P. NO. 18/16635

TIME	Dr. advised Patient shift to	SIGNATURE
5:30pm	CCU Pop. Hand over to staff	[Signature]
14/6/18	Receiving Notes	
4PM	Received the patient from CCU CCU done today Condition is TVD, Plan for CABG CABG anal. vitals checked and checked.	[Signature]
3pm	vitals checked and checked patient's heel scap. intake output chart maintained	[Signature]
12/6/18	Receiving Notes	
7:15pm	Received the patient from CCU CCU Pop. have LM-PVD Pw. oedema. Plan for CABG. HOBIX TKR done. v/s are checked & recorded. I/O chart is maintained. Patient hand over given to the duty staff	[Signature]

DATE	* NIGHT NOTE *	SIGNATURE & FULL NAME
14/6/18 8:30pm	Patient received. From evening duty. Staff pt conscious and oriented. Pt do severe breathing difficulties C/O. T/D. P. BLTRR Plan CABG.	meghad
10:30pm	Vital watch and vital recorded and vital stable. and All due medicine given as per doctor order. nebulization given and Dis Clean gown given and maintains output input chart and Pt do sleepless	meghad
15/6/18 12Am	P. Bi Toled drug given and Pt sleep. Vital watch and vital recorded and vital stable and maintains output input chart and Pt sleep.	meghad
2Am	Vital watch and vital stable and maintains output input chart and Pt sleep.	meghad
4Am	Vital watch and vital stable CBC RBT. LFT Thyroid Profree S. CPU-CK S. CPU-MB ^{II} send @ due and maintains output input chart and Pt sleep well	meghad
6Am	Vital watch and vital recorded and Pt do fever 99.9°f and in feverish lamp given and B. Mouth care given Bed Bath given and nebulization given and maintains output input chart	meghad



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Mr. HARI KISHAN 70 Yr

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:19:00AM CCU-9

Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/V

NURSES NOTES

DATE 15/6/18 NAME MR. HARI KISHAN AGE/SEX 70 Yr/m I.D. No. 439195 I.P. NO. 18/16635

TIME		SIGNATURE
7Am	All morning due medicine given as per doctor order and All @ checked	megha
8Am	Vital Watch and vital recorded pt no fever 99.6 T. pads given and maintain output input chart and pt better feed and pt no fresh complaint	megha
8:30Am	pt hand over given morning duty staff	megha
	MORNING duty notes	
8 Am	Patient's Hand over taken from Night duty staff.	chetan
9Am	vital sign checked & recorded.	chetan
10Am	Administered medicine as per drug chart.	
11Am	DR. came for rounds advised for carotid doppler	chetan
	patient shift for carotid doppler.	
12Pm	maintained intake output chart	chetan

DATE	Admitted all due medicines of Per drug chart.	SIGNATURE & FULL NAME
		ekta
	EVENING DUTY ON 15/6/18	
2:30pm	Hand over taken from morning duty staff. Pt EAD U/A, HTN P-CAY LMTOLAD. WD. Plan CABG.	Hcho
3pm	My Augmentin 1.2gm given.	
4pm	All due Medicines are given.	
5:45pm	Nes duolin given as per drug chart	JP
5:45	Pt sent to ERG pp-3	
6:15pm	Receiving alert	
	Hand over taken from the resident with all documents. Patient is having IV cannula and foley cath. Patient is stable and oriented.	daney
6:30pm	Dr. Ajay Rounds done advised to do foley cath	daney
6:40pm	patient is refused to remove foley cath informed duty doctor	daney
8pm	patient had food.	daney
9pm	hand over given to the next duty staff	daney



Quality Accreditations

Mr. HARI KISHAN 70 Yr
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM C U-9
 Dr. S.S.bansal/Neeraj Jain/Cheta Ajay/

NURSES NOTES

DATE 5/6/18 NAME Hari Kishan AGE/SEX 70/M I.D. No. I.P. NO. 18/16635

TIME	Notes	SIGNATURE
	<u>Night notes</u>	
8:30	Revised TWT from @ duty staff	/maly
	MS cables & monitor @ room 200A	
	VS results received	/maly
10:00	Admin medication given	
	Plan for CABG. CT VS cl 5 tubes	/maly
	Flu chart maintained	
	Foley clm removed	/maly
	pt sleeping ps. CU motion	
	Not passed syb. loose stool	/maly
11:00	Flu chart maintained	
6:00	morning care done	/maly
8:00	FOLEYS came out	
9:00	Admin medication given	/maly
	discharge orders	
	pt. H/o given @ duty staff	/maly

DATE	Morning Reports	SIGNATURE & FULL NAME
9:Am	Hand over taken from the night duty staff with all documents. plan for CABG on Tuesday IV cannula present patient is stable and oriented	Dorey
9:30Am	vitals checked and Recorded.	
9:30Am	One medicine given as per chart	
1:40pm	patient had food.	Dorey
3p	Hand over given to the next staff	Dorey
16/6/12	[Evening duty Note]	
2:55pm	Patient Received from @duty staff patient is conscious & oriented. vitals signs checked & Recorded.	Salby
3pm	All due medicine given at time as advise by doctor No chesting maneuvers. plan for CABG	Salby
6pm	DR Band done	
6:30pm	patient is stable no any other complaint	Salby
7pm	All due medicine given at time	Salby
8pm	patient hand over @duty staff	Salby



Quality Accreditations

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Mr. HARI KISHAN 70 Y/
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCU-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

NURSES NOTES

DATE NAME AGE/SEX I.D. No. I.P. NO. 18/16635

Mr. Hari Kishan 76/M

TIME	Notes	SIGNATURE
	<u>Night Notes</u>	
<u>8pm</u>	Pt Received Evening duty staff	<u>Madam</u>
<u>9/6/18</u>	we checked and Record Pt General and oriented Plan for CABG etc.	
<u>10pm</u>	we checked and Record All due medication given Perby doctor. Nebulization given Pt General and oriented	
<u>12pm</u>	we checked and Record Pt sleep. No Bpht Complend. 40 PRBC to Pt to be arranged ECH, LAT Ch to be done	<u>Madam</u> <u>mal</u>
<u>6am</u>	V/S checked & Record Has no PAF to be done inform to team leader & @duty staff Nebulization given	<u>mal</u>
<u>7am</u>	All due medication given.	<u>may</u>
<u>8am</u>	Pt. N/O given @duty AM	<u>may</u>

DATE	Morning Reports	SIGNATURE & FULL NAME
8:30am	Hand over taken from the night duty staff with all documents.	
	Patient is admitted with complaints of chest pain. plan for CABG on Monday. IV cannula present. Patient is stable.	
10am	Vitals checked and oriented. Due medicine given as per chart. Dr. Ajay Rounds done	AJ
1pm	Patient had food. Due medicine given as per chart	AJ
6pm	Nebulization given as per chart. Patient had food. Due medicine given as per chart	Ajay
9pm	Hand over given to the next staff	Ajay
	Night Duty Notes	
17/6/18 9pm	Hand over taken from evening duty staff. P. CABG pt have peripheral line only. Stable & oriented. Vls checked & recorded. ECG chart	
10pm	checked & maintained. All medicines given as per drug chart. Nebulization given.	Ajay
10:30am	No any fresh complaints. pt slept well. Loose Stool given for motion passing.	



Quality Accreditations

MHIM/007

Mr. HARI KISHAN

70 Y

UHID 439195 IPNO 18/16635

DOA 14/Jun/2018 2:10:00AM CCU-5
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/

NURSES NOTES

18/16635

DATE NAME AGE/SEX I.D. No. I.P. NO.

MR. Harikishan 70

TIME		SIGNATURE
4am	Sample collected (BPT) & send to lab. V/S checked & recorded. Mouth care given, bed bath given	
6am	ACG taken Medicine given as per drug chart. Nebulization given, pt had Tea.	Neeraj
8am	V/S checked & recorded. No chart maintained. Hand over given to morning duty staff	Neeraj
78/6/18	<u>Morning duty note</u>	
8:30AM	Patient Received from @duty staff Patient is conscious & oriented. vitals sign checked & recorded.	Neeraj
10am	All due medicine given at time as advise by doctor	
11 AM	No charting → maintained	
12 PM	Patient is stable no any other complaint	Neeraj
	CABG & JVPB Billing done.	Neeraj

DATE		SIGNATURE & FULL NAME
18/6/18	Patient is stable no any other	
4pm	Complaint	
6pm	vitals sgn checked & recorded.	Satey
7pm	All due medicine given at time as Advise by doctor	
8pm	Patient Hand over to @ duty staff	Satey
<u>Night Notes</u>		
8pm	Pt Received @ duty staff	
18/6/18	Vital checked and recorded	
	Pt conscious and oriented	
	Plan for care c/m.	
10pm	Vital checked and recorded	
	All due Medication given per by doctor	
	Pt Conscious and oriented	
12Am	Vital checked and recorded	
19/6/18	Pt Sleep.	
	Pt NPO at 12Am. No Belth complaint	
2Am	Vital checked and recorded	
	Pt Sleep	
9Am	Vital checked and recorded	
	Post Preparation done at 9Am.	



Quality Accreditations

UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

HIM/007

NURSES NOTES

DATE NAME MR. Hanikishan AGE/SEX 70yr I.D. No. 18/16635 I.P. NO.

TIME		SIGNATURE
6AM	vs checked and assessed	Neeraj
	Arterial medication given per by PAC doctor.	
8AM	vs checked and assessed	
	PT NPO	
	Hand over given to morning duty staff.	Neeraj
<u>MORNING NOTE</u>		
9AM	I received the patient from duty staff	Jolly
	pt vitals checked and vital.	
	pt all medication as per doctor's order	
	pt plan to be done.	
10AM	pt vitals checked and vital	Jolly
	pt to be NPO	

DATE		SIGNATURE & FULL NAME
<u>19/6/12</u>		
12pm	pt vitals checked and recd.	
	pt on ant sept used	V012
2pm	pt vitals checked and recorded	
	pt on medication on a 12	
	docs out	
	pt plan proposed checked by	
	pt. side and discuss by pt. side,	243
	pt stake, to help complete	
	pt back and	
	pt also	
2pm	pt hand over to (R) duty staff	200
	with all reports and cash count.	
3pm	<u>EVENING duty notes</u>	
	Hand over received from morning duty	Nure
	staff. patient received from morning	
	duty staff. patient is oriented &	
	consciousness. vital sign checked &	
	recorded to chart.	
	1pm CABU Surgery pt. mid/late	Maddy
	night 13m game Pottswells	Maddy
5pm	all checked & received	Maddy
8pm	pt on log in @ duty staff	Maddy



Quality Accreditations

Mr. HARI KISHAN 70 Y/
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

NURSES NOTES

DATE NAME AGE/SEX - *70yr* I.D. No. *18/16635* I.P. NO.

TIME	DESCRIPTION	SIGNATURE
	<u>Night Notes</u>	
<i>8pm</i> <i>19/6/18</i>	Patient Received Evening duty staff vs checked and Record	<i>David</i>
	Pt Conscious and oriented	
<i>10pm</i>	vs checked and Record All due medication given per by doctor.	
	Pt Conscious and oriented	
<i>12Am</i> <i>20/6/18</i>	vs checked and Record Pt sleep. No breath Complaint	
<i>2Am</i>	vs checked and Record Pt NPO mid Night	
<i>4Am</i>	vs checked and Record Pt sleep.	
<i>6Am</i>	vs checked and Record Pt Conscious and oriented Pain Preparation done.	
<i>8Am</i>	vs checked and Record Hand over given morning duty staff	



Quality Accreditations

70 Y/M -18/V0.0
 Mr. HARI KISHAN
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE _____ NAME ~~Manish~~ ^{Manish} AGE/SEX 70m I.D. No. _____ I.P. NO. 18/16635

TIME		SIGNATURE
8pm	vitals rec Recorded. RBS checked.	
	DR. Manish advised enema. But patient refused. Inform to duty doctor.	Shetty
9pm	Hand over given to night duty staff	Shetty
9pm.	Night Reports	
	Hand over taken from the evening duty staff with all documents. patient is admitted with diagnosis of CAD Undergone surgery of CABG x 5. EF 40%. pad 3rd day. cup present inj cordarone 900mg + 50mlals 1ml/hr ongoing. Patient is stable and oriented.	
10pm.	Vitals checked and Recorded	daney
	Insulin given. patient had food	daney
	Due medicine given as per drug chart.	
11pm	RBS checked and Recorded	daney
24/6/18 12:30pm	patient is sleeping	daney
4:30AM	Blood samples send to lab. ECG taken.	
5:30am	Dressing done. sponge bath given.	daney
	Nebulization given. cup dressing changed	
6AM.	Mouth care given. Due medicines given	

DATE		SIGNATURE & FULL NAME
8AM	Due medicine given as per chart	
	P.C. cream given	
	Hand over given to the next duty staff -	Jony
	Morning Duty notes	
24/6/18	—	
9AM	Received the patient from Night Duty	
	Staff. P. CABG patient. patient conscious and	
	oriented. CVP, peripheral line present.	
	patient had Break fast. CXR Done	Steppt
10AM	Medications given. vitals Recorded.	
	Nebulization given. Chest physio Done.	
	Spirometry given. DR. Firdouse seen the	
	patient. Adviced stoped INT. Alface	
	Start T. CEFPIK 500mg BD. continue	
	Same treatment. Discharge plan tomorrow	Steppt
11AM	Echo Done. RBS checked and Recorded	Steppt
12pm	S.KT sample send	Steppt
2pm	RBS checked and 4 unit HIR given	
	Vitals Recorded. Medications given.	Steppt
4pm	INT. KCl 20meq given as per	
	doctors order. pt had food	
4pm	Nebulization given. chest physio done	
	Spirometry given. RBS checked and	
	Recorded.	Steppt



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Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

18/V0.0

NURSES NOTES

DATE

NAME Mr. Hari kishan AGE/SEX 70yrs/m I.P. No. 18/16635 I.P. NO.

TIME		SIGNATURE
6pm	> Intake output maintained. vitals recorded. Discharge summary ready for discharge.	Shetty
8pm	> RBS checked and recorded.	Shetty
9pm	> Hand over given to night duty staff.	Shetty
9pm	Night Report Hand over taken from the evening duty staff with all documents. Patient is admitted with diagnosis of CAD undergone surgery of CABG X5. RBS checking pre and post meal. pacing wire and cup present. > plan for discharge tomorrow > patient is stable and oriented	daney
9pm	> vitals checked and recorded	daney
9:40pm	Due medicine given as per chart	daney
11pm	RBS checked and recorded	daney
1AM	patient is sleeping. vitals are stable	
4AM	Blood samples sent to lab. ECG taken Dressing done. Morning care given.	
6AM	RBS checked and recorded	daney

DATE		SIGNATURE & FULL NAME
8AM	vitals checked and recorded _____	Daneey
	- Due medicine given as per drug sheet	
8:15AM	- Doctor's Rounds done _____	Daneey
9AM	Hand over given to the next staff _____	Daneey
	<u>MORNING REPORT</u>	
<u>9AM</u>	H/o. Revised & 4/5 are checked & recorded.	Daneey
	Pt. taken breakfast.	
<u>10AM</u>	due medication are given. nebu. given.	Daneey



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE 20/6/18 NAME MR. HARI AGE/SEX 70y I.D. No. 439195 I.P. NO.

TIME	Receiving Notes.	SIGNATURE
1:30pm	Received the patient from CTOS following CABG @ 1:30pm. Patient was on naxad@15mg/h and ade @ 10ml/hr. Profol infusion started. pt connected to ventilator with settings as follows: v _e /f _i /i/450/4/60% exr done. ECG taken having irondrops support of INS. NORAD. 10 cmcl ADRx1. → 10.0	Joby Goschin.
2:00	DR. pankaj visited the patient and advice for maintain bp checked vitals and recorded. maintain intake and output chart	Goschin.
4pm	Given medicine as per the doctor's order. checked vitals and recorded maintain intake and output chart ECG taken	Goschin
6pm	Given medicine as per the doctor's order checked vitals and recorded maintain intake and output ch	Goschi.

DATE		SIGNATURE & FULL NAME
7pm	T. Ecosprin and PLAVIX checked.	
	vitals and recorded maintain	
	intake and output chart	Goschin
8:30 _{pm}	NO any fresh complaint	
	checked vitals plan for	
	Extubation. Stop propofol	Goschin
	Hand Over given to the	
	next duty staff	Goschin
	NIGHT NOTES	
8:30pm	Received pt from on duty staff.	
	pt on ventilator. VC mode. pt under	
	vent. P-CABG. pt have ET TUBE, Foley's	
	Ryley's tube, femoral, Radial pressure	
	IV Cramela, PA present. pt on	
	INJ Norad, INJ Dobutamine, INJ ADR	
	infusion can flow.	
9pm	pt put on CPAP As per doctor	
	order. ABG send. Plan for extubation.	Arim
9:30pm	pt extubated at 9:30 pm. chest	
	physio Cien. Nebulizers given	
10pm	All due medication Cien As per	
	Doctor order	
12:10	RBS checked INJ HIR Cien @ 70	
	-8% Cien.	



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE 22/6/18 NAME Mr. Hari Kishan AGE/SEX 70 M I.D. No. I.P. NO. 18/16635

TIME	NOTE	SIGNATURE
	<u>NIGHT NOTE</u>	
9pm	Reviewed the patient. From evening duty staff.	J. Singh
	patient P. 08139. 11 RD POP	
	Foley's & cup present.	
	vitals checked and recorded.	
10pm	Intake Output chart maintained.	
	patient refused to take medicine.	J. Singh
	and will not give the medicine.	
	Informing to duty doctor. Kang. Neb. given.	
12 am	vitals checked and condition stable.	
	patient slept.	
4am	Blood sample collected and sent	J. Singh
	sponge given. catheter, dressing done.	
6am	nebulization given.	
	all medications given as per order.	
	Intake output chart maintained.	
8am	vitals checked and recorded	
	no fresh complaints recorded and	
	given to morning duty staff	J. Singh

to

DATE	9 AM Morning duty notes	SIGNATURE & FULL NAME
23/6/18	Received the patient from night duty staff. Patient are conscious & no fresh Complaint Patient have.	
	CVP line present, patient oxygen flow. Regularly 2L. patient have AF	
	10 AM Medicine are given & vital	Steppt
	Sign checked. Spirometry done	
	Physiotherapy done,	
	9m CORDARONE infusion 6 ampule,	
	Dissolve. 50mc NS infusion 1mc	
	Hourly. Set. Patient urin out	
	nutrate. E _c checking,	Steppt
	11 AM patient Nebulization done, &	
	vital checking,	Steppt
	1 pm > vitals checked and recording.	
	RBS checked. Foley's removed	Steppt
	2 pm > medications given. S.K ⁺ sample send.	
	vitals checked and recorded.	
	cordarone infusion on flow 1ml/hr	Steppt
	4 pm > vitals checked and recorded.	
	nebulization given. chest physio done	
	spirometry given. RBS checked. Report S.K ⁺	
	collected. intake output maintained.	Steppt
	6 pm > vitals recorded. infusion cordarone	
	on flow.	Steppt



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE NAME MR. HARI KISHAN AGE/SEX 70y I.D. No. 439195 I.P. NO. 18/16635

TIME		SIGNATURE
4pm	Nebulization done RBS checked.	
	S.K ⁺ checked vitals and	Goschin
	Recorded maintenance intake	
	and output chart	
5pm	checked vitals and Recorded	Goschin
	maintenance intake and output	
	report collected & /	
6pm	no any fresh complaint	Goschin
	maintenance intake and out	
	put chart	Goschin
7pm	no any fresh complaint	
	checked vitals and Recorded	
	RBS checked and Recorded	
	maintenance intake and out	
	put chart	Goschin
8:30pm	no any fresh complaint	
	hand over given to the	
	next duty staff	Goschin

DATE		SIGNATURE & FULL NAME
	<u>NIGHT NOTES</u>	
8pm	ps received from Ed Stone	
	pg p copy sent Ed pop	
	ps returned and sent all necessary	
	letter at table areas present	Tobis
10pm	medium given and reproduction	
	and sponsorship done.	
	Pische and recorded	Tobis
4pm	visited and got Am report	
	after as per doctors order	
8pm	Ecg taken and try done.	
6pm	medium given and reproduction	
	and sponsorship done	Tobis
7pm	A4 calculations done and	
	A4 report called and recorded	Tobis
8pm	Hand over given to morning	
	Duty staff	Tobis



Quality Accreditations

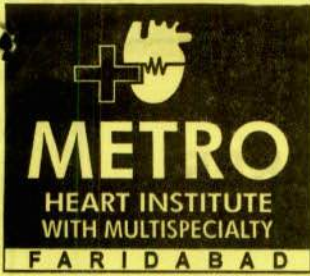
Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE 22/6/18 NAME Mr HARI KISHAN AGE/SEX 70y/m I.D. No. 439195 I.P. NO. 18/16635

TIME	MORNING NOTES	SIGNATURE
8:45 AM	patient received from night duty staff patient is conscious and oriented having today's drug chart checked vitals and recorded.	Goschin
	Maintain intake and output chart	Goschin
10:00 AM	Given medicine as per the doctor's order Dr. SUDEEP sir see the the and advice I.O.PRBCTransfer and removal out chest tube out, PA REMOVED.	Goschin
10:15 AM	checked vitals and recorded maintain intake and output chart swam removed and	Goschin
11:30 AM	Removed ip no any fresh complaint hand over given to the next duty staff	Goschin
11 PM		

DATE	Evening Note	SIGNATURE & FULL NAME
22/6/14	I received the report from	
23/6/14	(C) duty start	
	at 8.00 AM	
	at vitals checked and recorded	Joice
	at 8.30, radial, loins, breast.	
	at All medicines on 11 p.m.	
	done 00	
4pm	at vitals checked and recorded	
	at observation on	
	at observation on	Joice
	at observation on	
6 pm	at vitals checked and recorded	
	at observation on 10.30 AM	
	at vitals checked and recorded	Joice
	at observation on 11.30 AM	
	done 00	
	at observation on 12.30 AM	Joice
	at observation on 1.30 AM	
	at observation on 2.30 AM	
9pm	at vitals checked and recorded	Joice
10	at observation on 3.30 AM	
	at observation on 4.30 AM	
	at observation on 5.30 AM	



Quality Accreditations

EF-407.

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M
 Panel PF OFFICE (SEC-15)

PRE-PROCEDURE FITNESS FORM

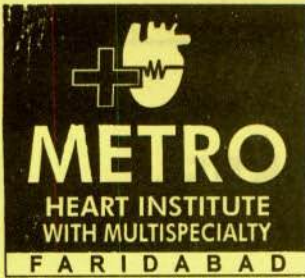
S. No.	Description	Yes	No
1.	Is Patient NBM	✓	
2.	Paripheral IV Line Secured	✓	
3.	Investigations CBC 13.4/10200/3.2F Na/K 135.8/4.9 Urea/Creatinine 45/0.75 RBS 183 mg/dl Urine Routine ECG/X-Ray	✓ ✓ ✓ ✓ ✓	
4.	PT/APTT, BT, CT 10.2/11.2/0.91 26.6/28		
5.	Cardiac Enzymes 36/13	✓	
6.	Current 177 - Amoxicillin 1.2 gm iv Medication / Insulin / Clexane / Aggramed		
7.	Urine passed before procedure/24 hours output	✓	
8.	Vitals B.P. 130/70 pulse 84/m R. 10 in 10m. 98.4F		
	Portable Monitor attached	✓	
10.	IV Fluids	✓	
11.	V/HBsAg/HCV } Negative		
12.	Any previous procedure eg. CAG/PTCA/ Surgery H/o DM. HTN. Blood disorder		
13.	Pulmonary oedema	✓	
14.	Systolic Murmur	✓	
15.	FIT / UNFIT FOR PROCEDURE		

Doctor's Signature :

Full Name: Dr. F.S. Yadav

Date: 14/6/18

Time :



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M
 Panel PF OFFICE (SEC-15)

PRE SURGERY PROTOCOL

Name of the Patient. Mr. Hari Kishan Ward CC4-9
 Date of Surgery 14 Jun 2018 Name of Surgery CAG
 Surgical Team DR. S.S. Bansal

DEPARTMENT	REMARKS	SIGNATURE
SURGEON'S COMMENTS INCLUDING CONSENT FORM	Fit for surgery or not ? Comments :-	
ANAESTHETIST	Acceptable / Not Acceptable Any Spacial Instructions Consultation Sought Pre-oppratively if any	
BLOOD BANK If applicable	No. of Units of blood arranged/ Blood not arranged Request to direct blood donors to the blood bank	
OT SISTER	All relevant equipments in working condition Except (if any) All OT consumables arranged for	
Accounts Officer Billing Status :	Acceptable Payments Made Payment Outstanding	Not Acceptable

IT IS THE DUTY OF THE CONCERNED DOCTOR TO SEE THAT THE PROTOCOL IS COMPLETED WELL IN TIME.

CONCERNED ANAESTHETIST AND OT SISTER SHOULD CHECK THAT THE PROTOCOL IS COMPLETED BEFORE START OF SURGERY.



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002

Sector-16A, Faridabad (Haryana) Ph.: 0129-4271111

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A
Panel PF OFFICE (SEC-15)

Consent for Angiography

Name Mr Hari Kishan Age 70y/m Yrs.

UHID No. 439195 Bed No. CC4-9

I hereby authorize Dr. Bansal and those whom he designate as associate or assistant to perform upon me / my relative (Name & Relation) _____

diagnostic / therapeutic procedure (Name of procedure) CAG.

under general anaesthesia / regional anaesthesia. I am suffering from chest pain

I have been explained about the risk associated with this procedure :-

Common risk & complications (more than 5%)

- Minor bruising at the puncture site.
- Major bruising or swelling at the groin/arm puncture site due to local bleeding.

Rare risks and complications (less than 1%) include:

- Abnormal heart rhythm that continues for a long time. This may need an electric shock to correct.
- Surgical repair of the groin/arm puncture site or blood vessel.
- Derangement of kidney function due to the side effects of the dye used for procedure.
- A stroke.
- Contrast induced nephropathy.
- Death as a result of this procedure is very rare.

It has been explained to me that, during the course subsequent to procedure unforeseen conditions may be revealed to be encountered which may necessitate surgical or other procedures in addition to or different from those contemplated. I therefore further authorize cardiologist or his designates to perform such additional surgical or other procedures as he or they deem necessary or desirable.

- I consent to the administration of anesthesia (general & / or regional) and to the use of such anesthetics as may be deemed necessary or desirable.
- **The full implication of above procedure have been explained to me in my own language, and I have understood it fully to my satisfaction. I voluntarily give my authorization and consent for Angiography and that all blanks or statements requiring insertion or completion were filled in & any inapplicable paragraphs stricken before I signed.**

Patient's Signature <u>[Signature]</u>	Signature of Doctor/Surgeon <u>[Signature]</u>	Signature of Anaesthetist _____
Patient's Full Name _____	Full Name : <u>Dr. N. Jain</u>	Full Name : _____
Signature of Guardian <u>SAHITOY KUMARI</u> (in case of minor)	Full Name : _____	Full Name : _____
Full Name of Guardian <u>WIFE</u>	Date or Time : <u>14/6/18</u>	Date or Time : _____
Relationship _____		
Date Or Time : _____		



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 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
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 Helpline No. : 15106



Quality Accreditations

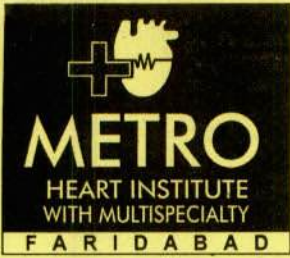
CONSENT FOR RESTRAINT

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
 Panel PF OFFICE (SEC-15)

We have been informed that our patient requires physical / chemical restraint. It is necessary for uninterrupted medical treatment in safe environment. Shortest possible duration of restrain & regular monitoring of our patient has been assured to us.

मुझे समझा दिया गया है कि उपचार के दौरान मेरे मरीज को Restraint की आवश्यकता है जोकि Mechenice/ chemical है। इसे कम से कम समय के लिए इस्तेमाल किया जायेगा तथा ये अति आवश्यक है। इस दौरान मेरे मरीज की अति विशिष्ट देखभाल की जायेगी।

Signature of Doctor on Duty डॉक्टर के हस्ताक्षर Full Name : Dr. F.S. Yadav पूरा नाम : Date & Time : 14/6/18	Signature of Patient मरीज के हस्ताक्षर Full Name : पूरा नाम : Time / Date
Signature of Witness पूरा नाम एवं पता : Date & Time :	Signature of Relative (यदि मरीज हस्ताक्षर करने की अवस्था में नहीं है) SAHITOSSI KUMARI Name & Relation wife Date & Time : 14/6/18



Quality Accreditations

MHIM/278

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
Panel PF OFFICE (SEC-15)

CONSENT FORM FOR HIV TESTING

Patient Name : Mr. Hari Kishan Age/Sex 70y/M

Marital Status : Married Ward/Bed CCU-9

Ref. Doctor : Dr. S.S. Bansal

OPD/IPD : 18/16635 Date : 14/6/18

This is to state that I have been counselled about the HIV test & the reason for undergoing the test has been clearly explained. I have been informed about the implications of the test result : positive, negative or indetermined. All the details pertaining to HIV, its transmissions, testing procedure, its limitations & interpretation of results have been explained to me in a manner that I can understand.

I here by, give my consent for the test to be conducted on me in order to ascertain my HIV sero status.

Patient's Signature

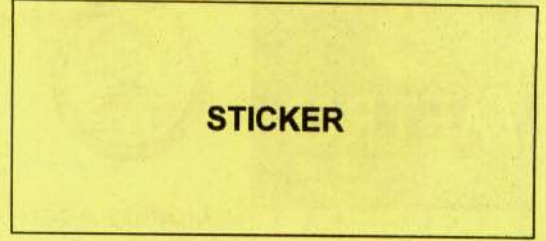
"This is to certify that the consent form has been signed in my presence & patient has been given pre testing counselling by our team".

Doctor's Signature



Quality Accreditations

MHIM/278



एच.आई.वी. जाँच के लिए स्वीकृति पत्र

मरीज का नाम.....उम्र.....

शादीशुदा : हाँ / नहीं.....पुरुष / स्त्री.....

ओ.पी.डी./आई.पी.डी:.....चिकित्सक का नाम :.....

तिथि तथा समय:.....

मैं यह प्रमाणित करता हूँ कि मुझे एच.आई.वी. जाँच के बारे में जानकारी प्रदान कर दी गई है और इसके पॉसिटिव/नेगेटिव/अनिश्चित आने के संभव में सब बता दिया गया है। मुझे इस टेस्ट से संबंधित सभी जानकारी जैसे, जाँच की प्रतिक्रिया, जाँच के नतीजों की व्याख्या, रोग के संक्रमण के बारे में समझा दिया गया है।

मैं एच.आई.वी.जाँच के लिए अपनी स्वैच्छिक स्वीकृति देता हूँ।

.....
रोगी के हस्ताक्षर

मैं यह प्रमाणित करता हूँ कि इस स्वीकृति पत्र पर मेरे सामने हस्ताक्षर किए गए हैं और रोगी को जाँच से पूर्व व पश्चात से संबंधित सभी जानकारी दे दी गई है।

.....
चिकित्सक के हस्ताक्षर

+ High risk consent.



Quality Accreditations

EF \Rightarrow 40 %
 wt \Rightarrow 79kg
 HC \Rightarrow 177 cm.
 Blood group \Rightarrow B +ve

F. HARI KISHAN 70 Y/
 MHIM/261
 HID 439195 IPNO 18/16635
 OA 14/Jun/2018 2:10:00AM CTVSP
 S.S.bansal/Neeraj Jain/Chetan/Ajay/M

NURSING CHECKLIST FOR PRE-OPERATIVE PATIENT

Nursing staff are requested to complete the following checklist before sending the patient to operation theater for any surgery.

S.No.	Check List	Yes	No.	Remarks
1.	Consent taken	✓		
2.	PAC done	✓		
3.	Part preparation done	✓		
4.	Prepared part checked by Nursing Incharge/Senior Staff	✓		
5.	All investigations report including X-ray, CT scan, MRI etc. are attached with file	✓		
6.	Blood Grouping & arrangement of blood done	✓		
7.	Patient fasting	✓		
8.	Jewellery, Banglex etc. removed	✓		
9.	Prosthesis removed like dentures (false teeth) hearing aid eye-glasses, contact lenses etc.		✓	
10.	Nail polish make up & hair pins removed		✓	
11.	Hair combed and tied		✓	
12.	Voided/catheterized		✓	
13.	Enema given with result		✓	
14.	Through bath & patient dressed in hospital clothes	✓		
15.	Information about drug allergy recorded on case file	✓		
16.	Vital signs checked & recorded.	✓		
17.	Appropriate size of Canula placed on left arm	✓		
18.	All i/v lines appropriate placed	✓		
19.	Pre-medication given on call from O.T.	✓		
20.	Identification tag tied on patient	✓		
21.	Whether patient is Hbs Ag/HIV +ve (tested before operation)	✓		
22.	Naso-gastric tube inserted if orderd		✓	
23.	Patient accompanied and handed over to O.T. nurse with case file	✓		

Name : Devaki

Signature : Devaki

Date : 20/6/18



Metro Heart Institute With Multi
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 TEL. : 0129-4277777, MOBILE : 98115610
 Helpline No. : 15106

Dr. HARI KISHAN 70 Y/
 IPNO 18/16635
 OA 14/Jun/2018 2:10:00AM CTVSP
 r. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

Quality Accreditations

PRE-PROCEDURE FITNESS FORM

S. No.	Description	Yes	No
1.	Is Patient NBM	✓	
2.	Paripheral IV Line Secured	✓	
3.	Investigations CBC Hb: 11.2, TLC: 8430, PLT: 2.63, PCV: 35.5 Na / K 136.2 / 4.1 Urea/Creatinine 39 / 0.89 RBS Urine Routine ✓ ECG/X-Ray ✓		
4.	PT/APTT, BT, CT 10.2/11.2 / 0.91 APTT 126.6/28		
5.	Cardiac Enzymes 29 / 12		
6.	Current Medication / Insulin / Clexane / Aggramed <i>Insulin 12gm</i>		
7.	Urine passed before procedure/24 hours output		
8.	Vitals Bp1 Temp1 HR1 RR1		
9.	Portable Monitor attached	✓	
10.	IV Fluids	✓	
11.	V/HBsAg/HCV <i>Non-reactive</i>		
12.	Any previous procedure eg. CAG/PTCA/ Surgery H/o DM. HTN. Blood disorder		
13.	Pulmonary oedema		✓
14.	Systolic Murmur		✓
15.	✓ FIT / UNFIT FOR PROCEDURE		

Doctor's Signature :

Debya

Date:

12/6/18

Time :

Full Name:

Dr. HARI KISHAN 70 Y/
 HID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

F A R I D A B A D

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 4277777, MOBILE : 9811561000
 : 15106



NABL ACCREDITED
 M-0351

Quality Accreditations

MHIM/262

PRE SURGERY PROTOCOL

Name of the Patient MR. Hari Kishan Ward OPR 3
 Date of Surgery 20/6/18 Name of Surgery CABG + IABP
 Surgical Team DR. Sudeep Singh Sidhy

DEPARTMENT	REMARKS	SIGNATURE
SURGEON'S COMMENTS INCLUDING CONSENT FORM	Fit for surgery or not ? Comments :- <u>Fit</u>	<u>[Signature]</u>
ANAESTHETIST	Acceptable / Not Acceptable Any Spacial Instructions Consultation Sought Pre-opratively if any	
BLOOD BANK If applicable	No. of Units of blood arranged/ Blood not arranged Request to direct blood donors to the blood bank	<u>40</u> <u>10</u> <u>[Signature]</u> BANK 18-6-18 17-24/18
OT SISTER	<input checked="" type="checkbox"/> All relevant equipments in working condition Except (if any) <u>ok</u> <input checked="" type="checkbox"/> All OT consumables arranged for <u>CABG.</u>	<u>[Signature]</u> <u>20/6/18</u> <u>at: 8.20am</u>
Accounts Officer Billing Status :	Acceptable Payments Made Payment Outstanding	Not Acceptable

IT IS THE DUTY OF THE CONCERNED DOCTOR TO SEE THAT THE PROTOCOL IS COMPLETED WELL IN TIME.

CONCERNED ANAESTHETIST AND OT SISTER SHOULD CHECK THAT THE PROTOCOL IS COMPLETED BEFORE START OF SURGERY.



Metro Heart Institute with Multispeciality

Sector-16A, Faridabad (Delhi-NCR) - 121 002
Tel. : 0129-4277777, Mobile : 9811561000



r. HARI KISHAN 70 Y/
HID 439195 IPNO 18/16635
MOA 14/Jun/2018 2:10:00AM CTVSP
r. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

PRE-SURGERY FITNESS FORM FOR OPEN HEART SURGERY

S. No.	Description	Yes	No												
1.	Is Patient NBM	<input checked="" type="checkbox"/>													
2.	Paripheral IV Line Secured	<input checked="" type="checkbox"/>													
3.	<table border="1"> <tr> <td>Investigations</td> <td>CBC</td> <td>Na/k Urea/Creatinine</td> <td>RBS</td> <td>Urine RE/C/S</td> <td>ECG/X-Ray</td> </tr> <tr> <td></td> <td>11.2</td> <td>136.2/41/39/0.89</td> <td></td> <td></td> <td></td> </tr> </table>	Investigations	CBC	Na/k Urea/Creatinine	RBS	Urine RE/C/S	ECG/X-Ray		11.2	136.2/41/39/0.89					
Investigations	CBC	Na/k Urea/Creatinine	RBS	Urine RE/C/S	ECG/X-Ray										
	11.2	136.2/41/39/0.89													
4.	History of Previous MI or Acute MI		<input checked="" type="checkbox"/>												
5.	PT/APTT, BT, CT 10.2/11.2/0.91/APTT, 26.6/28														
6.	Cardiac Enzymes / Tropt CPK 29 CPK MB 12														
7.	Current Medication eg-Heparine / Clexane / GP II Inhibitor														
8.	25 Hrs. urine output.	<input checked="" type="checkbox"/>													
9.	Vitals Parameter BP - ✓ - R - T ✓	<input checked="" type="checkbox"/>													
10.	Status of hydration		<input checked="" type="checkbox"/>												
11.	HIV / HBsAg / HCV / any other Signification finding Nonreactive ✓		<input checked="" type="checkbox"/>												
12.	Systolic Murmur														
13.	Echo report / Stress Echo ✓ Normal In size with mod. systolic dysfunction LVEF: 40%. ✓ diastolic dysfunction. Dilated left atrium. mild mitral regurgitation, Rv Normal In size & adequate systolic function														
14.	Angiography Findings TRIPLE VESSEL disease.														
15.	Carotid Doppler Normal study.														
16.	PFT														
17.	Any support - Inotropes / IABP / Ventilator														
18.	Fit	Usual Risk	High Risk <input checked="" type="checkbox"/>												
	Unfit	Reason:													

Doctor's Signature : *[Signature]* Date : 18/6/18 Time :
Full Name : *[Signature]*



Quality Accreditations

Mr. HARI KISHAN 70 Y/
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM CTVSP5
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

MHIM/054

Date / Time _____

CONSENT FORM FOR GENERAL ANAESTHESIA + REGIONAL ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. It is produced by drugs given through a vein and/or breathed from an anaesthesia machine. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury.

RISKS

Common risks for All patients includes:

- ★ Bruising at the site of injections or drips
- ★ Nausea or vomiting (although the anaesthetist will limit or prevent this as far as possible)
- ★ Sore throat from the gases and / or the breathing tube. You may notice temporary difficulty in speaking. This should improve after some hours.
- ★ Temporary muscle pains.
- ★ Temporary headache or blurred vision .

Uncommon risks for All patients includes:

- ★ Awareness of activity in the operating room during anaesthesia, particularly during certain operations and in some emergency situations.
- ★ Eye abrasions causing pain and requiring treatment with medication and patching.
- ★ Damage to teeth or dental work, lips or tongue.

Extremely rare risks for All patients. These may cause brain damage or death and include.

- ★ Obstruction in the breathing passage that cannot be readily controlled. These can lead to severe difficulty with breathing.
- ★ Allergy to drugs causing wheezing and rash and in rare cases, severe swelling, low blood pressure and poor circulation.
- ★ Inherited muscle sensitivity to particular anaesthetic drugs (malignant hyperthermia). This can cause a rapid rise in temperature, heart rate and breathing with high blood pressure and muscle rigidity.
- ★ Heart attacks, strokes and pneumonia, while these are uncommon, the risks are higher for patients with the diseases of the arteries or lungs and in smokers.
- ★ Temporary headache or blurred vision.
- ★ Position Related Nerve Compression, eye Compression Temporary Numbness.

Regional anaesthesia has some of the risks listed above and several other risks or consequences :

- ★ Muscle weakness in the anaesthetized limb, or difficulty passing urine for a lower body block, while the anaesthetic is working. While this returns to normal as the drugs effects wear off, a temporary urinary catheter may be necessary.
- ★ Headache, which is usually short-lived but can be severe and lasts some days.
- ★ Damage to near by blood vessels or organs eg : lungs.

- ★ Backache may follow spinal or epidural anaesthesia. This usually improves quickly, but occasionally can be lasting.
- ★ There is a very small risk of infection or bleeding at the injection site, which may require antibiotic or surgical treatment.
- ★ Rarely, nerves may be damaged resulting in long term weakness, pain, altered sensation or paralysis.

Note ** There may be other unusual risks that have not been listed here. Please ask your anaesthetist if you have any general or specific concerns. RISK CONTINUED OVER.

INDIVIDUAL RISKS (TO BE COMPLETED BY THE ANAESTHETIST COMPLETING THIS FORM)

The following are examples of possible risks and complications specific to this patient::

.....

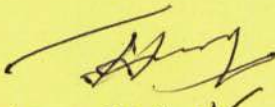
.....

.....

Location and circumstances of obtaining this patient's consent for anaesthesia :-

DECLARATION BY PATIENT / GUARDIAN / PROXY

- ★ I acknowledge the anaesthetist has informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter.
- ★ I acknowledge that I have discussed with the anaesthetist significant risks and complications specific to my individual circumstances that I have considered in deciding to have general anaesthesia-

Signature of Patient: 

Date: 20/6/18

Name: MR. Hari Singh

Signature of the person consenting if not the patient: -

Date:

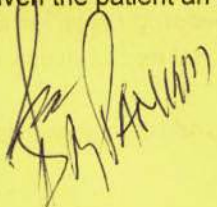
Name: SANJANA KUMARI

Relationship wife
to patient:



DECLARATION BY THE ANAESTHETIST PROVIDING INFORMATION FOR THIS CONSENT

- ★ I declare that I have explained the nature of general and / or regional anaesthesia to be given and discussed the risks that particularly concern this patient.
- ★ I have given the patient an opportunity to ask questions and I have answered these.

Doctor's Signature 

Doctor's Name:

Date: 20/6/18



Quality Accreditations

Mr. HARI KISHAN 70 Y/
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CTVSP
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

M/320

HIGH RISK CONSENT FOR ANAESTHESIA / SURGERY (APPLICABLE / NOT APPLICABLE)

I understand that, I / my relative fall into the category of a high risk patient for anaesthesia because in addition to the presenting problem, I/my patient also suffers from one or more of the following additional diseases as identified below which can complicate the course of pre-operative, intraoperative and post-operative period and add to the risk of anaesthesia :-

Heart disease		High blood pressure	
Diabetes Mellitus		Other endocrine disorders	
Incapacitating restrictive/ Obstructive lung disease		Blood Dyscrasias	
Severe anemia		Shock	
Renal Failure		Electrolyte and acid base imbalance	
Difficult upper airway		Severe chest injuries / Polytrauma/R.T.A.	
Patients with full stomach		Multiple organ disease syndrome	
Deranged neurological status		Hepatic disorders	
H.I.V. positive/immuno compromised			

Type of Anaesthesia

<input checked="" type="checkbox"/> GA	<input type="checkbox"/> Spinal	<input type="checkbox"/> Epidural	<input type="checkbox"/> Short GA	<input type="checkbox"/> MAC Local	<input type="checkbox"/> Other Regional Block
--	---------------------------------	-----------------------------------	-----------------------------------	------------------------------------	---

Procedure for which Anaesthesia is to be given: CPB

Any other: CPB / Aortic / LM / TM / MDA / MO

Possible risks / complications involved: _____

DECLARATION :

- I hereby after fully understanding the grave risk involved & give my consent for the administration of anaesthesia in the best interest of myself/my patient.
- Although it is impossible for the doctor to inform me of every possible complication that may manifest itself during anaesthesia at a later date, all my queries have been explicitly answered and I give my consent for any therapeutic/resuscitative measure that may be needed.

Patient's Name	Mr. Harisingh	IP No.	18/16635	Signature	
Key Attendant's Name (1)	SANBISH	Relationship	wife	Signature	
Key Attendant's Name (2)	Dr. Prant	Relationship	Son	Signature	
Anaesthetist's Name	Dr. Bansal			Signature	
Date					



Quality Accreditations

STICKER

उच्च जोखिम सहमति (शल्य चिकित्सा तथा अचेतना के लिए)

मैं अच्छी तरह समझता हूँ कि मैं/मेरा मरीज उच्च जोखिम श्रेणी में आते हैं। मुझे/मेरे रिश्तेदारकी बीमारी होने की वजह से सामान्य से अधिक खतरा है। इस बीमारी की वजह से शल्य चिकित्सा के पूर्व, दौरान तथा बाद में, अतिरिक्त परेशानी हो सकती है, जिसके बारे में भली भांति बता दिया गया है।

हृदय की बीमारी		उच्च रक्त चाप	
शुगर		अन्य Endocrine disorders	
श्वास तथा फेफड़ों सम्बन्धी रोग		Blood dyscrasias	
खून की कमी		Shock	
गर्दों की बीमारी		इलैक्ट्रो लाईट तथा Acid base imbalance	
श्वास नली का विकार		छाती की चोट तथा Polytrauma	
पेट भरा होना		सड़क दुर्घटना	
दिमागी परेशानी		Multiorgan failure	
HIV ग्रसित		जिगर के रोग	

अचेतना का प्रकार :

जी.ए.	स्पाइनल	एपीडूरल	सोर्ट जी.ए.	एम.ए.सी.लोकल	आदर रिजीनल ब्लॉक
-------	---------	---------	-------------	--------------	------------------

क्रिया जिसके लिए अचेतन किया जाना है:-.....

अन्य.....

संभावित जोखिम.....

घोषणा

- 1) मैं उच्च जोखिम को समझते हुए अपने/अपने सम्बन्धी के लिए अचेतन क्रिया हेतु सहमति देता/देती हूँ।
- 2) मैं समझता हूँ, कि डाक्टर ने सभी संभावित परिणामों तथा दुष्परिणामों के बारे में मुझे विस्तार से बताया है, मगर इसके बावजूद कुछ समस्याएँ अचेतन तथा शल्य क्रिया के दौरान उत्पन्न हो, सकती है, ये मैं समझता हूँ। मेरे सारे सवाल्यों का संतुष्टिपूर्ण जवाब मुझे दिया गया है। मैं अपने इलाज, शल्य क्रिया तथा अचेतना के लिए सहमति देता/देती हूँ।

मरीज का नाम		आइ.पी. नं०		हस्ताक्षर	
सम्बन्धी का नाम (1)		क्या सम्बन्ध		हस्ताक्षर	
सम्बन्धी का नाम (2)		क्या सम्बन्ध		हस्ताक्षर	
एनेस्थिजिया डाक्टर					
दिनांक					



Quality Accreditations

r. HARI KISHAN 70 Y/

HID 439195 IPNO 18/16635

OA 14/Jun/2018 2:10:00AM CTVSP

r. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

MHIM/319

Informed Consent for Surgical Procedures

Name Mr. Hari Kishan Age 70 Yrs.

UHID No. 439195 Bed No. CT-01

I hereby authorize Dr. S.S. Chakraborty and those whom he designate as associate or assistant to perform upon me / my relative (Name & Relation) _____

diagnostic / therapeutic procedure (Name of procedure) CABG

under general anaesthesia / regional anaesthesia.

I have been explained that no surgical procedure/anaesthesia is without risk certain complications are always associated which can happen anytime like:-

- Allergic reaction.
- Excessive bleeding.
- Infection which will require antibiotics.
- Sudden heart attack or arrest, which could be due to pre existing heart disease or procoagulant status caused by surgical procedure itself.
- Deep vein thrombosis leading to dislodgement of clot & pulmonary embolism.
- Strock/Paralysis
- Sudden death though the risk is very less.

2. Doctor has explained me about all treatment options, out of which I have opted for surgery.
3. I also understand that during this procedure, I may require transfusion of blood or blood products. I understand that all blood products are tested for infections diseases such as VDRL, hepatitis B, Hepatitis C, Syphilis and HIV (AIDS). I understand that even though test results indicate the absence of infections disease in the blood, there as still extremely low possibility that the blood is actually infected and that I may acquire an infectious disease from the transfusion. In addition I understand that about one to three percent of patients can experience elevated temperature or an allergic reaction, such as hives or rash from transfusion
4. I understand that under anaesthesia, a tube will be put in my wind pipe (intubation), which can cause hoarseness of voice & some loose teeth can come out. After procedure I may need to be on ventilator for some time. Death is a very rare possibility but it can happen after surgery and anaesthesia.
5. I am aware that other unexpected risks or complication not discussed may also occur though doctor has explained me majority of the details. During the course of surgical procedure if any unforeseen condition is revealed, requiring other procedure, I authorize to conduct the same for me. I further acknowledge that no guarantee or promise have been made to me for the results of the treatment.
6. I fully understand what has been discussed with me as well as the contents of this form and have been given opportunity to ask my question which are answered satisfactorily by consultant in my own language. I hence voluntarily give my consent to perform the procedures anaesthesia.

Patient's Signature <u>[Signature]</u>	Signature of Doctor/Surgeon <u>[Signature]</u>	Signature of Anaesthetist <u>[Signature]</u>
Patient's Full Name <u>HARI KISHAN</u>	Full Name: _____	Full Name: <u>[Name]</u>
Signature of Guardian <u>[Signature]</u> (in case of minor)	Full Name: _____	Full Name: _____
Full Name of Guardian, <u>BHARDA BHUSHAN</u>	Date or Time: _____	Date or Time: <u>[Date/Time]</u>
Relationship <u>SON</u>		
Date Or Time: <u>18/06/18</u>		

शल्य चिकित्सा के लिए सहमति पत्र

रोगी का नाम.....उम्र तथा लिंगUHID No.....
 बेड नं०.....श्रेणी.....
 मैं.....डा०.....को अपनी / आपके रिश्तदार
 श्री(रिश्ता).....के
 ऊपर.....(शल्यचिकित्सा का प्रकार).....की अनुमति देता/देती हूँ।

इस चिकित्सा/जाँच/शल्य क्रिया/अचेतन/अन्य उपचार की विधि के बारे में व उसकी आवश्यकता के बारे में मुझे डॉ.....
ने जानकारी दे दी है। यह उपचार न किए जाने पर जो भी जटिलताएँ या परेशानियाँ उत्पन्न हो सकती हैं
 वह भी मुझे समझा दी गई हैं।

1) डाक्टर द्वारा मुझे समझाया गया है कि जब शल्य चिकित्सा या कोई अन्य चिकित्सा विधि या अचेतन (Anaesthesia) दिया जाता है तो निम्नलिखित
 जटिलताएँ अचानक कभी भी उत्पन्न हो सकती हैं।

- अत्यधिक रक्त स्राव
- संक्रमण जिसके लिए Antibiotics की जरूरत होगी।
- अकस्मात हृदयघात अथवा हृदय गति रुकना जो कि पहले से मौजूद हृदयरोग की वयज से अथवा Surgical Procedure द्वारा उत्पन्न
- Procoagulant condition की वजह से खून की थक्का जमने से होती है।
- पैरो की नसों में खून का थक्का जमना (Deep Vein thrombosis) जो कि वहा से निकल कर फेफडों कि धमनियों में जाकर pulmonary embolism जैसे जानलेवा परिस्थिति पैदा कर सकता है।
- अनुर्जता प्रक्रिया (Allergic reaction)
- लकवा
- आकस्मित मृत्यु जिसका खतरा अत्यधिक कम है।
-
-
-

2) मुझे साफ-साफ बता दिया गया है कि कोई भी दवा/जाँच/शल्य चिकित्सा/उपचार या विधि पूर्णता सुरक्षित नहीं है और कोई भी चिकित्साक्रम
 या एनस्थीसिया (बेहोशी) किसी स्वस्थ व्यक्ति के जीवन के लिए खतरा पैदा कर सकता है।

3) डॉक्टर ने मुझे अन्य प्रकार की उपचार विधियाँ समझा दी हैं और उसके उपरान्त मैंने शल्य-क्रिया कराने का निश्चय किया है। इस दौरान मुझे खून की
 जरूरत पड़ने पर दे दिया जाये, इससे जो भी परेशानियाँ उत्पन्न हो सकती हैं, उनका खतरा उठाने के लिए मैं तैयार हूँ। Blood Transfusion एक
 Life saving procedure है इसके द्वारा कुछ बीमारियों जैसे VDRI, Hepatits B, Hepatits C, Syphilis तथा HIV संक्रमण हो
 सकता है। इन सभी के लिए किये जाने वाले टेस्टों के होने के बावजूद कुछ प्रतिशत संक्रमण की आशंका रहती है मुझे ये सभी जानकारियाँ दी गई हैं।

4) हमें बता दिया गया है कि पूर्ण अचेतन देने के लिये साँस की नली में ट्यूब डालनी पड सकती है, इस से गले में खराश, आवाज का बैठना, ढीले टेढे या नकली
 दांत निकलने जैसे समस्या भी उत्पन्न हो सकती है। अचेतन के बाद अगर श्वास कि प्रक्रिया में खराबी आती है तो Ventilator (जैसे की मशनी) द्वारा
 कृत्रिम साँस में फेफडों की मदद की जरूरत पड़ सकती है। ऑक्स्मिक मृत्यु की आशंका बहुत कम है पर शल्य क्रिया या अचितन प्रक्रिया के दौरान ऐसा भी हो
 सकता है।

5) शल्य चिकित्सा के दौरान मेरे फायदे अथवा मेरी जान बचाने हेतु अगर कोई और Procedure करने की आवश्यकता होती है तो मैं अपने चिकित्सा को
 उसकी इजाजत देता हूँ।

6) मुझे मेरी शल्य क्रिया ये फायदे तथा नुकसान सभी का विवरण, विस्तार पूर्वक दिया है। किसी भी उपचार विधि से होने वाले फायदे की गारन्टी नहीं दी गई है।
 मेरे सभी सवालों का जवाब मुझे मेरी अपनी भाषा में दिया गया है तथा सब कुछ समझने के बाद मैं अपनी चिकित्सक तथा उनकी टीम के अपनी सहमती
 शल्य चिकित्सा तथा अचेतना के लिए देता/देती हूँ।

मरीज के हस्ताक्षर:.....	चिकित्सक / सर्जन के हस्ताक्षर	अचेतना शिषज्ञ के हस्ताक्षर
मरीज का पूरा नाम:.....		
मरीज के सम्बन्धि के हस्ताक्षर:.....		
(यदि मरीज 18 वर्ष से कम है अथवा सहमति देने की स्थिति में नहीं है)	पूरा नाम:.....	परा नाम:.....
सम्बन्धि का पूरा नाम:.....		
दिनांक तथा समय:.....	दिनांक तथा समय:.....	दिनांक तथा समय:.....



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002



Sector-16A, Faridabad (Haryana) Ph.: 0129-4277777

Consent for Intra-aortic Balloon Pumps

Name Mr. Hari Kishan Age 70 Yrs.

UHID No. 138195 Bed No. CI-01

I hereby authorize Dr. Sandeep Singh Sidhu and those whom he designate as associate or assistant to perform upon me / my relative (Name & Relation) _____

diagnostic / therapeutic procedure (Name of procedure) CABG ± IABP

under general anaesthesia / regional anaesthesia. I am suffering from _____

I have been explained about the risk associated with this procedure :-

Common risk & complications (more than 5%)

- Small risk of damage to an artery during insertion which may require a surgical procedure to treat it.
- Trouble in breathing while lying down.
- You may get a blood clot in your leg or arm leading to pulmonary embolism.

Rare risks and complications (less than 1%) include:

- The IABP balloon may burst inside your aorta and the air inside the balloon may leak out.
- If serious infection occurs, the balloon may need to be removed & sometimes replaced with a new balloon
- Clot may form on the balloon despite blood thinning medication.
- Complete blockage of leg artery because of clot formation at the site of insertion of balloon.
- Bleeding in stomach & brain due to blood thinness.

-
-
-

• It has been explained to me that, during the course subsequent to procedure unforeseen conditions may be revealed to be encountered which may necessitate surgical or other procedures in addition to or different from those contemplated. I therefore further request and authorize surgeon/physicians or his designates to perform such additional surgical or other procedures as he or they deem necessary or desirable.

• I consent to the administration of anesthesia (general & / or regional) and to the use of such anesthetics as may be deemed necessary or desirable.

• **The full implication of above procedure have been explained to me in my own language, and I have understood it fully to my satisfaction. I voluntarily give my authorization and consent for Intra-aortic balloon pumps and that all blanks or statements requiring insertion or completion were filled in & any inapplicable paragraphs stricken before I signed.**

Patient's Signature _____	Signature of Doctor/Surgeon _____	Signature of Anaesthetist _____
Patient's Full Name <u>MR HARI KISHAN</u>	Full Name : _____	Full Name : _____
Signature of Guardian (in case of minor) _____	Full Name : _____	Full Name : _____
Full Name of Guardian <u>BHARAT BHUSHAN</u>	Date or Time : _____	Date or Time : _____
Relationship <u>Son</u>	Date or Time : _____	Date or Time : _____
Date Or Time : <u>18/02</u>		

Mr. HARI KISHAN 70 Y/
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

HIGH RISK CONSENT FOR CARDIAC SURGERY

DIAGNOSIS:

PLAN:

It has been explained to me in my language that my patient is suffering from cardiac illness and requiring cardiac surgery on urgent basis. Details of the illness and peri-operative (pre operative, operative and post operative) risks involved have been explained to me in detail.


Risks include:

- Risk to life 4-5%,
- Risk of brain stroke 1-2%,
- Bleeding and septicaemia
- Arrhythmias (VT/ VF / AF/ CHB requiring PPI),
- CHF and pulmonary edema,
- Multiorgan failure including renal failure,
- Prolong ventilation and ventilator dependence,
- Need for IABP insertion and all related complications.

All the options of treatment (PTCA, cardiac surgery and medical management), benefits and risks involved have been discussed in detail. After having all the related information and the risks involved in the surgery, I give my informed high risk consent for cardiac surgery on my own risk.

हमें हमारी भाषा में सारी समस्याओं के बारे में बता दिया गया है। सारी बातों को समझते हुए तथा होनेवाली सारी समस्याओं की जिम्मेदारी लेते हुए हम अपने मरीज के ऑपरेशन की अनुमति देते हैं।

Consent taken by:

Signature: 
Name:
Designation:
Date/Time:

Patient / attendant signature:

Name: BHARAT BHUSHAN
Address: 2-3/W-4/22
Date/Time: NIT FBD.
5:33 PM
18/06/18

Note :

1. If the test results are alarming or unexpected the patient is advised to contact the laboratory for possible medical readvice.
2. Results pertain to the specimen submitted.
3. All test results should be clinically correlated.
4. The Lab is NABL accredited for the tests marked with*



Metro Heart Institute Multispeciality
Sector-16A, Faridabad (Delhi-NCR) - 121 002
Tel. : 0129-4277777, Mobile : 9811561000
Helpline No. 15106



Mr. HARI KISHAN 70 Y / 228
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N

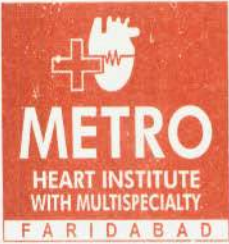
SURGICAL SAFETY CHECKLIST

Before Induction of anaesthesia.....
Date / Time 20/6/2018
Before patient leaves operating room

<p>SIGN IN</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> PATIENT HAS CONFIRMED → IDENTITY <u>Mr. Hari Kishan</u> → SITE <u>Median Sternum</u> → PROCEDURE <u>CABG</u> → CONSENT <u>Donor</u> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> SITE MARKED/NOT APPLICABLE <input checked="" type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input checked="" type="checkbox"/> DOES PATIENT HAVE A : <ul style="list-style-type: none"> KNOWN ALLERGY ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES DIFFICULT AIRWAY / ASPIRATION RISK ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, AND EQUIPMENT / ASSISTANCE AVAILABLE RISK OF >500 ML BLOOD LOSS (7 ML/KG IN CHILDREN) ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED 	<p>TIME OUT</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE <input checked="" type="checkbox"/> SURGEON ANAESTHESIA PROFESSIONAL AND NURSES VERBALLY CONFIRM PATIENT <u>Mr. Hari Kishan</u> SITE <u>Median Sternum</u> PROCEDURE <u>CABG</u> ANTICIPATED CRITICAL EVENTS <input checked="" type="checkbox"/> SURGEON REVIEWS : WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS ? <input checked="" type="checkbox"/> ANAESTHESIA TEAM REVIEWS : ARE THERE ANY PATIENT SPECIFIED CONCERNS ? <input checked="" type="checkbox"/> NURSING TEAM REVIEWS : HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED ? ARE THERE EQUIPMENT ISSUE OR ANY CONCERNS ? HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE IF ESSENTIAL IMAGING DISPLAYED ? <ul style="list-style-type: none"> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE 	<p>SIGN OUT</p> <ul style="list-style-type: none"> NURSE VERBALLY CONFIRMS WITH THE TEAM <input checked="" type="checkbox"/> THE NAME OF THE PROCEDURE RECORDED <u>Yes</u> <input checked="" type="checkbox"/> THAT INSTRUMENT SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE) <u>Correct</u> <input checked="" type="checkbox"/> HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME) <u>N/A.</u> <input checked="" type="checkbox"/> WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED <input checked="" type="checkbox"/> SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT
---	---	--

Signature of Nurse [Signature]
Name Chetan Singh
Signature of Anaesthetist [Signature]
Full Name : Dr. Bansal, Neeraj, Tryde
Date : 20/6/2018

Signature of Surgeon [Signature]
Full Name : Dr. Sanchay Singh Sidhu
Date : 20/6/2018



METRO HEART INSTITUTE WITH MULTISPECIALTY

SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, Fax : 0129-4277799
Ambulance : 9811561000, 9999714000

Helpline:
15106

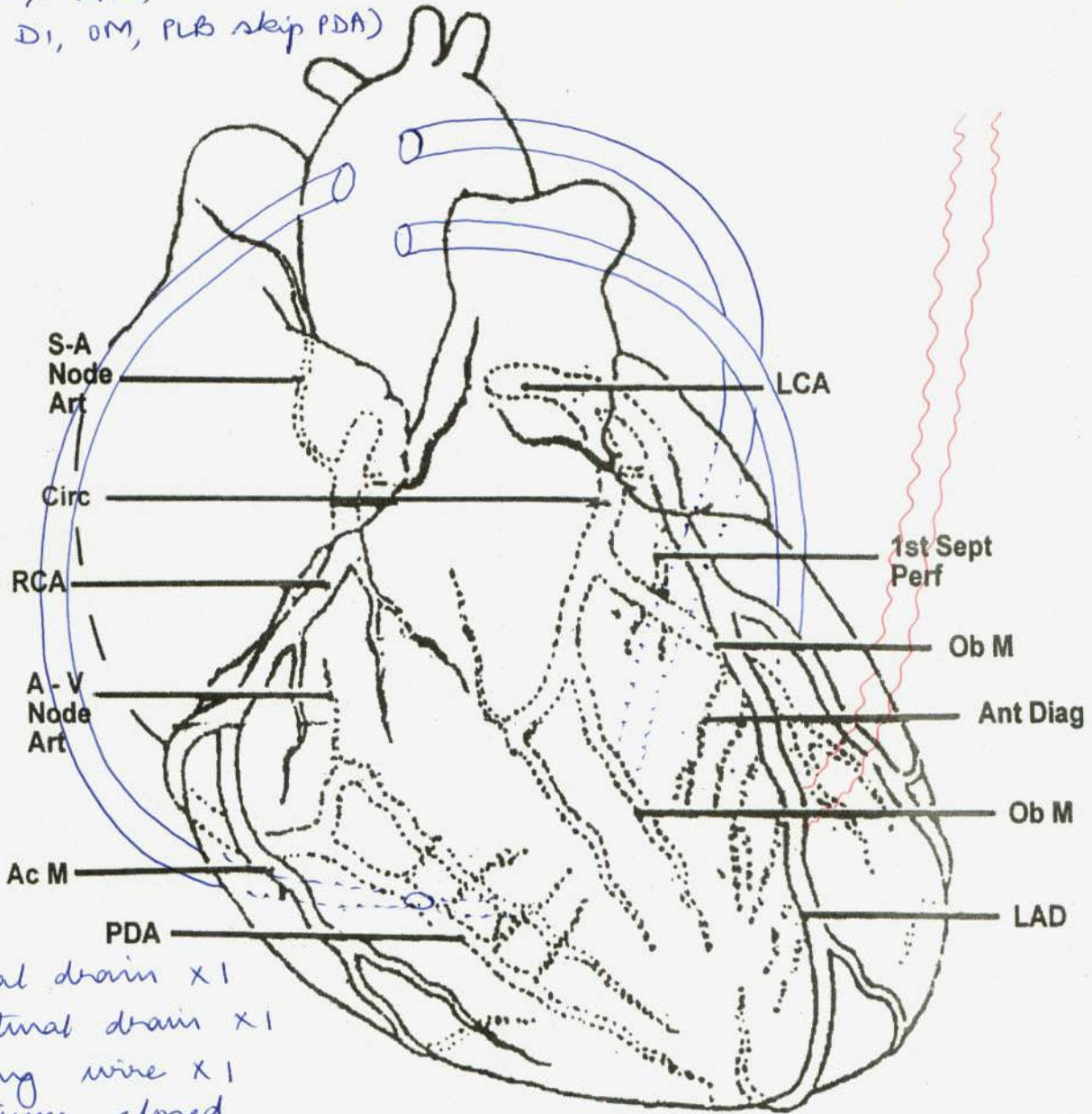


Quality Accreditations

Patient Name MR. Hari Kishan Age/Sex 70/m IPD No. 18/16635

Date 20/06/2018

*OPCAB x 5
(LIMA → LAD,
RSVG → DI, OM, PLB skip PDA)*



*① pleural drain x 1
mediastinal drain x 1
RV pacing wire x 1
Pericardium closed*

Sidhu
CHIEF CARDIAC SURGEON
• **DR. SUDEEP SINGH SIDHU**

CONSULTANT CARDIAC SURGEON
DR. FIRDOOS AHMAD MIR



MHIM/221
METRO HEART INSTITUTE
 (ISO 9001 - 2000 Approved Hospital)
 With Multispeciality
 Sector - 16A, Faridabad - 121001 (Haryana)
 Tel. ; 0129 - 4277777 , Mobile : 9811561000

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

CTVS - OPERATION NOTE

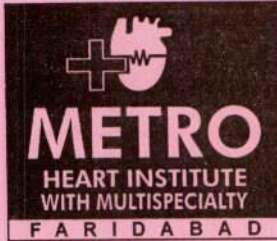
NAME OF PATIENT : MR. Hari Kishan SURGEON: DR. Surdeep Singh Sidhu
 AGE/SEX: 70/m ASST. SURGEON: -
 I.D NO.: 439195 ANESTHETIST: DR. Pankaj Tyagi
 ROOM / WARD: Cardiac ot NURSE: sister. Premlata
 ANESTHESIA: GA TOURNIQUET TIME: -
 SPONGE COUNT: 15 GAUGE COUNT: 20 INSTRUMENT COUNT: correct
 DATE: 20/06/2018 OPN STARTED AT: 2:30Am. OPN FINISHED AT: -
 BLOOD / BLOOD PRODUCTS TRANSFUSED: -
 PRE OPERATIVE DIAGNOSIS: CAD 2 Lm, TVD, EF-40%.
 POST OPERATIVE DIAGNOSIS: -
 PROCEDURE PLANNED: O.P. CABG.
 PROCEDURE EXECUTED: OPCAB X 5
(LIMA → LAD, rSVG → D1, OM, PLB skip PDA)
 Findings: Dilated heart, LNH +

FINDINGS:

Graft NO.	Conduit IMA/SVG/ Radial (Lumen in mm)	Target Vessel	Calibre (mm)	Calcification / Diffuse Disease	Site of Graft	Distal Run off	Endarteveitomy
1	LIMA	LAD	1.5mm	+	Distal	Good	
2	rSVG	D1	1.5mm	-	Mid	Good	
3	rSVG	OM	1.5mm	-	Distal	Good	

4 rSVG PLB 1.5mm - Mid Good
 skip PDA 1.5mm - Mid Good

John



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
 Panel PF OFFICE (SEC-15)

NUTRITIONAL ASSESSMENT PERFORMA

Diagnosis :

CAD VA

- Food Allergies :- Yes / No — Specify :- ✓
- Food Preferences / Religious Beliefs :- Veg / Non-Veg / Eggitarian / No Onion Garlic
- Medication (Specify) :-
 (Provided for relevant patient Education regarding food & drug interaction) : Yes / No MA

Height (cm): 170

Present Weight (Kg): 70

Step 1 - BMI Score : Kg / m² 24.2

- 18.5 - 24.9 (normal) 0
- 25 - 29.9 (overweight) 1
- >30 (obese) 2
- >40 (morbid obese) 3
- 15-18.4 underweight/wasting 4

Step 2 - Appetite :

- Normal food intake (taking all 3 meals) 0
- Moderate decrease in food intake 1
- Severe decrease in food intake 2
- Virtually no intake for past 2-3 days 3

Step 3 - Weight loss in last 3 months (unintentional)

- No weight loss/doesn't know 0
- Weight loss between 1 - 3 kg 1
- Weight loss more than 3 kg 2
- Weight loss more than 6 kg 3

Step 4 - Ability to eat / retain food

- No nausea/vomitting/diarrhoea/no difficulty in eating 0
- No difficulty in swallowing/mild diarrhoea/vomitting 1
- Moderate diarrhoea/vomitting/problem in eating food 2
- Unable to take food orally / complete dysphagia/ severe vomiting/diarrhoea 3

Step 5 - Stress factor

- No Major ailments 0
- Mild - Minor Surgery/ Minor Infection 1
- Moderate - Chronic Disease / Major Surgery / infection Fractures / CVA / IBD / Other GI Disease. 2
- Severe - Multiple injuries / Burn / Severe sepsis / cancer and malignancy 3

Note : Nutritional assessment for each patient shall be carried out within 24 hours of admission Reassessment whenever required will be done as per policy.

Score ✓
1) 0 - 3

Risk
Low Risk
(Normal Nutritional Status)

Action / Intervention
• No action necessary
• Check weight weekly

2) 4 - 5

Needs Monitoring
(At risk of malnutrition)

• Check weight weekly
• Encourage with eating & drinking
• Reassess after one week

3) 6 - 15

High Risk
(Malnourished)

• Check weight weekly
• Commence food record chart
• Dietary intervention / supplementation

Diet Prescription instructions by Treating Consultants :- Yes / No (Specify if any.....)

Date	Time	Diet recommended	Assessed By
14/6	11 am	<u>Riox</u> Sgr	Rox
15/6	10:11	Normal diet	Rox
16/6	10:20	Normal diet	Rox
12/6	10:11	Normal	Rox
18/6	10:00	Normal diet	Rox
19/6	10:00	NBM → Normal	Rox
20/6	10:00	Normal NBM for surgery	Rox
21/6	10:00	Lipid	Rox
22/6	10:30	Sgr ↑ protein	Rox
23/6	10:20	Sgr + Normal ↑ protein	Rox
24/6	10:00	Sgr + Normal + protein diet	Rox

Signature of Dietician: *Rox*
Name of the Dietician: Rox

Date & Time..... 14/6/18
11 am



Metro Heart Institute With Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No. : 15106

MHIM/205



Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

DEPARTMENT OF PHYSIOTHERAPY
 Inpatient Initial Assessment Form

Date Time 21/6/18

Patient Hari Kishan Age: 70y Sex: M Occupation: _____

Chief Complaints: chest pain, breathing difficulty, sweating

History of Present illness: _____ Past History: CAD

Personal History: Physical Activity Mild to moderate Smoking: Yes/No _____ Alcohol: Yes/No _____

Vulnerable: Yes/No Medication for Pain: Paracetamol

Vas scale: _____

CVS: Heart Rate & Rhythm: (80/min) BP: (130/70 mmHg)

CNS: Sensory: Conscious, oriented Motor: PR Reflexes: PR

Rsspiratory: Rate 16/min Breath Sounds: BLK AS (+)

On Examination: ROM WNL Palpitation _____

Crepitus _____

MMT WNL

Special Test if any: _____

Sputum: _____ Diagnosis: P. CABG

Plan for Treatment _____

Chest & limb physio-

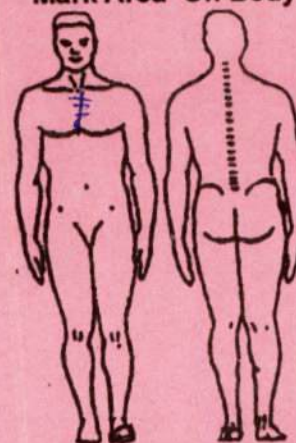
Vibration, percussion

Deep Breathing Exer

Sproming

Precautions :- _____

Mark Area On Body



Signature of physiotherapy _____

Full Name.....

Dr. Sudeep Kumar

Date 21/6 /20 18

Time: 10:30 AM

S. No.	Date	Re-assessment modifications if any	Signature
2			
3			
4			
5			
6			
7			
		Re-assessment after 7 days (Modifications if any)	
		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL.: 0129-4277777, MOBILE : 9811561000
 Helpline No: 15106

MHIM/379
 Mr. HARI KISHAN
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/N
 Panel PF OFFICE (SEC-15)
 Accredited



CAUTI CARE BUNDLE

CAUTI CARE BUNDLE
 PATIENT'S NAME Mr. Hari Kishan UNIT CCY-9 BED NO.: CCY-9 UHID 439195 MONTH June CONSULTANT NAME Dr. Baysa
 TYPE OF CATHETER : Foley's Silicon Condom Catheter Date of Changing Catheter _____

Total Catheter Days _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HAND HYGIENE DURING DAILY CATHETER																															
ASEPSIS DURING CATHETER INSERTION																															
DOCUMENTATIONS AND REVIEW OF INDICATIONS FOR CATHETER INSERTION																															
DAILY ASSESSMENT FOR THE NEED OF CATHETER																															
POSITIONING OF THE DRAINAGE BAG BELOW THE BLADDER																															
REGULAR EMPTYING OF DRAINAGE BAGS																															
CLOSED CIRCUIT TO BE MAINTAINED																															
SIGNATURE OF STAFF																															
SIGNATURE OF ICN																															

Remove 16/6/18

REMARKS : _____
 SIGN (Physician/Duty doctor) _____
 REMARKS : _____
 SIGN (ICN) : _____



Quality Accreditations



Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/
 Panel PF OFFICE (SEC-15)

HANDOVER CHECK LIST

DATE	14/6			14/6/18			15/6/18		
OPPORTUNITIES	M	E	N	M	E	N	M	E	N
Patient Profile [DOA, Consultant, diagnosis]			14/6/18 DR. Bansal Ac. Ltr.	14/6/18 DR. Bansal DR. LUT	14/6/18 DR. Bansal TVD	14/6/18 DR. Bansal CAD TVD	14/6/18 DR. S.S. Bansal	14/6/18 DR. S.S. Bansal TVD	14/6/18 DR. S.S. Bansal TVD
Is patient vulnerable ?			Yes	Yes	Yes	Yes	Yes	Yes	Yes
Current medication as per drug chart [If Any variation, Mention]			Give	Yes	Yes	Yes	Yes	Yes	Yes
Pending lab reports & investigations [Details]			Yes Lab.	Yes Lab.	Yes	Yes Lab. CAN	Yes Lab. CAN	Yes Lab.	Yes
Diet			M-D	NP	ND	N-D	ND	ND	ND
RBS frequency / Sliding scale			SOS	SOS	SOS	N/A	NA	NA	NA
Fasting status [for Tests, OT]			N/A	N/A	No	N/A	No	NA	Yes
Pending referrals [Mention]			N/A	NA	No	Yes	Yes	NA	NA
HAND OVER TO THE NEXT STAFF									
Status of Peripheral/CVP/Arterial line			Good	Good	Good	Good	Good	Good	Yes
Drain [ICD/Abdominal/Other]			N/A	NA	NA	N/A	NA	NA	NO
Intact Epidural Catheter			N/A	NA	NA	N/A	NA	NA	NO
Colostomy/Ileostomy/Stomas & Bags			N/A	NA	NA	N/A	NA	NA	NO
Wound Status & Braden Score			21/23	21	21/23	21/23	21/23	21	21
Pain Score			2/10	1	1/10	2/10	1/10	4/10	1/10
Foley's Catheter / Condom Catheter			Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tracheotomy Status			N/A	NA	NA	N/A	NA	NA	NA
Ryle's Tube			N/A	NA	NA	N/A	NA	NA	NA
DEMONSTRATIONS/CHECK									
Monitor/Spo2 Parameters With Clear Wave Forms			Good	Good	Good	Good	Good	Good	Yes
Back Flow of CVP/Arterial Line			N/A	NA	NA	N/A	NA	NA	NO
Colostomy Bag Dressing, Emptying			N/A	NA	NA	N/A	NA	NA	NO
Functioning of ICD, Column With Movement			N/A	NA	NA	N/A	NA	NA	NO
Working of Suction			N/A	NA	NA	N/A	NA	NA	NO
Tracheal Suction & Frequency			N/A	NA	NA	N/A	NA	NA	NO
Hand Over Given By			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Chetan	Ajay
Hand Over Received By			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Chetan	Ajay
Name of Staff			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Chetan	Ajay
Name of Staff			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Chetan	Ajay

Neeraj



Quality Accreditations

Mr. HARI KISHAN 70 Y.
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCU-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/

HANDOVER CHECK LIST

DATE	16/6/18			17/6/18			18/6/18		
	M	E	N	M	E	N	M	E	N
Patient Profile [DOA, Consultant, diagnosis]	14/6/18 DR.S.S. TUD	14/6/18 DR.S.S.B TUD	17/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD	14/6/18 DR.S.S.B TUD
Is patient vulnerable ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Current medication as per drug chart [If Any variation, Mention]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pending lab reports & Investigations [Details]	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diet	N.D	N.D	N.D	N.D	N.P	N.D	N.D	N.D	N.D
NISS frequency / Sliding scale	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fasting status [for Tests, OT]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pending referrals [Mention]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HAND OVER TO THE NEXT STAFF									
Status of Peripheral/CVP/Arterial line	Yes	Yes	Yes	Good	Good	Good	Good	Good	Yes
Drain [ICD/Abdominal/Other]	No	No	No	No	No	NA	NA	NA	NA
Intact Epidural Catheter	No	No	No	No	No	NA	NA	NA	NA
Colostomy/Ileostomy/Stomas & Bags	No	No	No	No	No	NA	NA	NA	NA
Skin Status & Braden Score	21/23	21/23	21/27	21/23	21/23	21	21/23	21/23	21/23
Pain Score	1/10	1/10	1/10	1/10	1/10	1	1/10	1/10	1/10
Foley's Catheter / Condom Catheter	No	No	NA	N/A	N/A	NA	NA	NA	NA
Tracheotomy Status	No	No	NA	N/A	N/A	NA	NA	NA	NA
He's Tube	No	No	NA	N/A	N/A	NA	NA	NA	NA
DEMONSTRATIONS/CHECK									
Monitor/Spo2 Parameters With Clear Wave Forms	clear	All clear	Yes	clear	clear	clear	All clear	All clear	Yes
Back Flow of CVP/Arterial Line	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Colostomy Bag Dressing, Emptying	No	No	No	No	No	No	NA	NA	NA
Functioning of ICD, Column With Movement	No	No	No	No	No	No	NA	NA	NA
Working of Suction	No	No	No	No	No	No	NA	NA	NA
Trachael Suction & Frequency	No	No	No	No	No	No	NA	NA	NA
Hand Over Given By	Mansu	Sob	Sob	Mansu	Sob	Jansu	Mansu	Sob	Sob
Name of Staff									
Hand Over Received By	Manu	Sob	Sob	Manu	Manu	Manu	Sob	Sob	Manu
Name of Staff									

Handwritten signature/initials at the bottom of the page.



Quality Accreditations

HID 439195 IPNO 18/16635
 OA 14/Jun/2018 2:10:00AM CTVSP
 r. S.S.bansal/Neeraj Jain/Chetan/Ajay/M

IIM/298

HANDOVER CHECK LIST

DATE	19/6/18								
OPPORTUNITIES	M	E	N	M	E	N	M	E	N
Patient Profile [DOA, Consultant, diagnosis]	14/6/18 Dr S.S.Bansal Dr Neeraj Jain	14-6-18 Dr S.S. Dr Chetan	14/6/18 Dr S.S. Dr Chetan						
Is patient vulnerable ?	Yes	Yes	Yes						
Current medication as per drug chart [If Any variation, Mention]	Yes	Yes	Yes						
Pending lab reports & Investigations [Details]	Yes	Yes	Yes						
Diet	N/A	N/A	ND						
RBS frequency / Sliding scale	N/A	2 pre post	NA						
Fasting status [for Tests, OT]	N/A	N/A	NA						
Pending referrals [Mention]	N/A	N/A	NA						
HAND OVER TO THE NEXT STAFF									
Status of Peripheral/CVP/Arterial line	Good	Good	Yes						
Drain [ICD/Abdominal/Other]	NA	N/A	NA						
Intact Epidural Catheter	NA	N/A	NA						
Colostomy/Ileostomy/Stomas & Bags	NA	N/A	NA						
Skin Status & Braden Score	NA	18/20	20/20						
Pain Score	1	1	1/10						
Foley's Catheter / Condom Catheter	NA	N/A	NA						
Tracheotomy Status	NA	N/A	NA						
Ryle's Tube	NA	N/A	NA						
DEMONSTRATIONS/CHECK									
Monitor/Spo2 Parameters With Clear Wave Forms	Clear	Clear	clear						
Back Flow of CVP/Arterial Line	NA	N/A	NA						
Colostomy Bag Dressing, Emptying	NA	N/A	NA						
Functioning of ICD, Column With Movement	NA	N/A	NA						
Working of Suction	NA	N/A	NA						
Tracheal Suction & Frequency	NA	N/A	NA						
Hand Over Given By	Neeraj	Chetan	Chetan						
Name of Staff									
Hand Over Received By	Chetan	Neeraj	Neeraj						
Name of Staff									

Handover



Quality Accreditations

MHIM/298

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

HANDOVER CHECK LIST

DATE	23/6/18			24/6/18			25/6/18		
OPPORTUNITIES	M	E	N	M	E	N	M	E	N
Patient Profile [DOA, Consultant, diagnosis]	14/6/18 Dr. S. S. Sidhu P-CABG	14/6/18 Dr. S. S. Sidhu P-CABG	14/6/18 Dr. S. S. Sidhu P-CABG	14/6/18 Dr. S. S. Sidhu P-CABG	14/6/18 Dr. S. S. Sidhu P-CABG	14/6/18 Dr. S. S. Sidhu P-CABG			
Is patient vulnerable ?	Yes	Yes	Yes	Yes	Yes	Yes			
Current medication as per drug chart [If Any variation, Mention]	Yes	Yes	Yes	Yes	Yes	Yes			
Pending lab reports & Investigations [Details]	No	No	No	No	No	No			
Diet	ND DM	ND DM	ND DM	ND DM	ND DM	DM ND			
RBS frequency / Sliding scale	Pre post	Pre post	Pre post	Pre post	Pre post	Pre post			
Fasting status [for Tests, OT]	NO	NO	NO	NO	NO	NO			
Pending referrals [Mention]	NO	NO	NO	NO	NO	NO			
HAND OVER TO THE NEXT STAFF									
Status of Peripheral/CVP/Arterial line	Good	Good	Good	Good	Good	Good			
Drain [ICD/Abdominal/Other]	NA	NO	NO	NO	NO	NO			
Intact Epidural Catheter	NA	NO	NO	NO	NO	NO			
Colostomy/Ileostomy/Stomas & Bags	NA	NO	NO	NO	NO	NO			
Moisture Status & Braden Score	20	20	20	20	20	20			
Pain Score	2	1	1/10	1	1	1			
Foley's Catheter / Condom Catheter	Yes	NO	NO	NO	NO	NO			
Tracheotomy Status	NA	NO	NO	NO	NO	NO			
Ryle's Tube	NA	NO	NO	NO	NO	NO			
DEMONSTRATIONS/CHECK									
Monitor/Spo2 Parameters With Clear Wave Forms	Good	clear	clear	clear	clear	clear			
Back Flow of CVP/Arterial Line	Good	Yes	Yes	Yes	Yes	Yes			
Colostomy Bag Dressing, Emptying	NA	NO	NO	NO	NO	NO			
Functioning of ICD, Column With Movement	Yes	NO	NO	NO	NO	NO			
Working of Suction	NA	NO	NO	NO	NO	NO			
Tracheal Suction & Frequency	NA	NO	NO	NO	NO	NO			
Hand Over Given By	Dancey	Dancey	Dancey	Dancey	Dancey	Dancey			
Name of Staff	Dancey	Dancey	Dancey	Dancey	Dancey	Dancey			
Hand Over Received By	Dancey	Dancey	Dancey	Dancey	Dancey	Dancey			
Name of Staff	Dancey	Dancey	Dancey	Dancey	Dancey	Dancey			

848427

MHIM/023



Quality Accreditations

STICKER
18/16635

LAB SERVICES REQUISITION FORM

NAME K Hari Keshan AGE/SEX 70/M UHID / LAB. REF. NO. DATE 20/6/18

BED / WARD No. C707 TIME OF COLLECTION OF SPECIMENA.M./P.M.

REFERRED BY DR. : Pankaj RECEIVED AT LAB AM/PM

INVESTIGATION	INVESTIGATION
<input type="checkbox"/> Blood Group & RH	<input type="checkbox"/> S.BILIRUBIN UNCONJ (INDIRECT)
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> SGOT (AST)
<input type="checkbox"/> Hb%	<input type="checkbox"/> SGPT (ALT)
<input type="checkbox"/> TLC	<input type="checkbox"/> S. ALK PHOSPHATASE
<input type="checkbox"/> Differential Count	<input type="checkbox"/> S. TOTAL PROTEIN
<input type="checkbox"/> Platelets Count	<input type="checkbox"/> S. ALBUMIN
<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> S. GLOBULIN
<input type="checkbox"/> BT	<input type="checkbox"/> S. A/G ARTIO
<input type="checkbox"/> CT	<input type="checkbox"/> S. GGTP
<input type="checkbox"/> ESR	<input type="checkbox"/> S. CPK
<input type="checkbox"/> M P	<input type="checkbox"/> S. CK-MB
<input type="checkbox"/> PT	<input type="checkbox"/> S. LDH
<input type="checkbox"/> INR	<input type="checkbox"/> S. AMYLASE
<input type="checkbox"/> PTTK	<input type="checkbox"/> S. LIPASE
<input type="checkbox"/> ANTICOAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. ACID PHOSPHATASE (T)
<input type="checkbox"/> NO ANTIC OAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. ACID PHOSPHATASE (P)
<input type="checkbox"/> BIO-CHEMISTRY REPORT	<input type="checkbox"/> TROP I
<input type="checkbox"/> B. GLUCOSE F/IP/R	<input type="checkbox"/> HbA1C
<input type="checkbox"/> B. GLUCOSE PP/R	<input type="checkbox"/> S. IRON AND TIBC
<input type="checkbox"/> KIDNEY FUNCTION TEST	<input type="checkbox"/> FERRITIN
<input type="checkbox"/> B. UREA	<input type="checkbox"/> SPUTUM
<input type="checkbox"/> S. CREATININE	<input type="checkbox"/> AFB STAIN
<input type="checkbox"/> S. URIC ACID	<input type="checkbox"/> GRAM STAIN
<input checked="" type="checkbox"/> S. SODIUM (Na)	<input type="checkbox"/> FUNGAL STAIN
<input checked="" type="checkbox"/> S. POTASSIUM (K)	<input type="checkbox"/> MALIGNANT CELLS
<input type="checkbox"/> S. CHLORIDE (CL)	<input type="checkbox"/> URINE R/E
<input type="checkbox"/> S. CALCIUM	<input type="checkbox"/> STOOL R/E
<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> CULTURE
<input type="checkbox"/> S. MAGNESIUM	<input type="checkbox"/> URINE
<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> STOOL
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> BLOOD
<input type="checkbox"/> S. TRIGLY CERIDES	<input type="checkbox"/> SPUTUM
<input type="checkbox"/> S. HDL-CHOLESTEROL	<input type="checkbox"/> OTHER FLUIDS
<input type="checkbox"/> RATIO of CHOL/HDL	<input type="checkbox"/> CYTOLOGY
<input type="checkbox"/> RATIO LDL/HDL	<input type="checkbox"/> FLUID EXAMINATION R/E
<input type="checkbox"/> THYROID FUNCTION TEST	<input type="checkbox"/> BIOCHEMISTRY / CYTOLOGY
<input type="checkbox"/> FT3	<input type="checkbox"/> FLUID FOR MALIGNANT CELLS
<input type="checkbox"/> FT4	<input type="checkbox"/> SLIDES FOR REVIEW
<input type="checkbox"/> TSH	<input type="checkbox"/> VACUTAINER DETAILS
<input type="checkbox"/> LIVER FUNCTION TEST	SST <input type="checkbox"/>
<input type="checkbox"/> S. BILIRUBIN TOTAL	EDTA <input type="checkbox"/>
<input type="checkbox"/> S. BILIRUBIN CONJ (DIRECT)	FLOURIDE <input type="checkbox"/>
	CITRATE <input type="checkbox"/>
	HEPARIN <input type="checkbox"/>
	OTHERS <input type="checkbox"/>

Any Other Investigation
Provisional Diagnosis
Remarks

ADS

Sign. of Nursing Incharge

Sign. & Name of RMO



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002

Sector-16A, Faridabad (Haryana) Ph.: 0129-4277777

Mr. HARI KISHAN 70 Y/
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094 *08360006566*
Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay
Panel PF OFFICE (SEC-15)

POST CATH ORDERS

ROUTE OF CATH : Radial Femoral

CAG FINDING :

IMMEDIATE PLAN OF MANAGEMENT:

Medical Management Angioplasty CABG

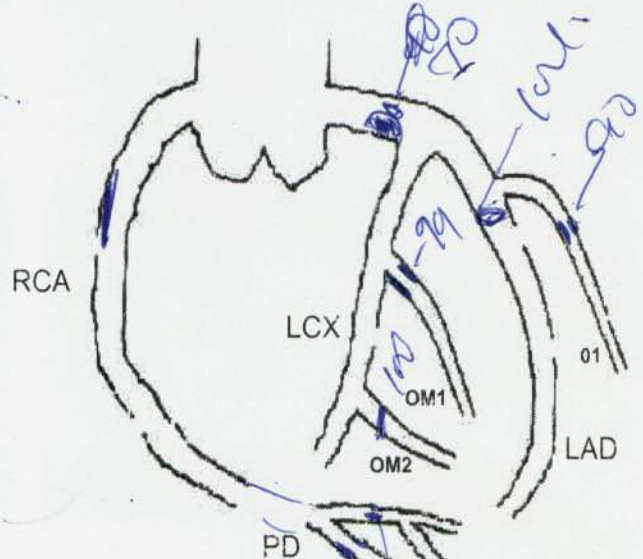
FUTURE PLAN OF MANAGEMENT:

BEFORE DISCHARGE

AFTER DISCHARGE

MEDICATION :

- 1.
- 2.
- 3.
- 4.
- 5.



Special order if any:

SHIFT THE PATIENT TO:

CCU Cardiac Ward Private Room

Puncture Pressed by : *Dr. Chetan*

Consultant : Name & Signature

Date : *14/6/18*



Quality Accreditations

Mr. HARI KISHAN 70 Y/A HIM/023
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

LAB SERVICES REQUISITION FORM

NAME <i>MR. HARI KISHAN</i>		AGE/SEX	UHID / LAB. REF. NO.	DATE <i>20.06.18</i>
BED / WARD No. <i>CTVS ICU (2)</i>		<i>5455</i>		TIME OF COLLECTION OF SPECIMEN <i>1:40pm</i> A.M./P.M.
REFERRED BY DR.: <i>PANKAJ R. INGOLE.</i>		RECEIVED AT LAB		AM/PM
INVESTIGATION		INVESTIGATION		
<input type="checkbox"/> Blood Group & RH		<input type="checkbox"/> S. BILIRUBIN UNCONJ (INDIRECT)		
<input type="checkbox"/> CBC		<input type="checkbox"/> SGOT (AST)		
<input type="checkbox"/> Hb%		<input type="checkbox"/> SGPT (ALT)		
<input type="checkbox"/> TLC		<input type="checkbox"/> S. ALK PHOSPHATASE		
<input type="checkbox"/> Differential Count		<input type="checkbox"/> S. TOTAL PROTEIN		
<input type="checkbox"/> Platelets Count		<input type="checkbox"/> S. ALBUMIN		
<input type="checkbox"/> Reticulocyte Count		<input type="checkbox"/> S. GLOBULIN		
<input type="checkbox"/> BT		<input type="checkbox"/> S. A/G ARTIO		
<input type="checkbox"/> CT		<input type="checkbox"/> S. GGTP		
<input type="checkbox"/> ESR		<input type="checkbox"/> S. CPK		
<input type="checkbox"/> M P		<input type="checkbox"/> S. CK-MB		
<input type="checkbox"/> PT	ANTICOAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. LDH		
<input type="checkbox"/> INR		<input type="checkbox"/> S. AMYLASE		
<input type="checkbox"/> PTTK	NO ANTIC OAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. LIPASE		
<input type="checkbox"/> BIO-CHEMISTRY REPORT		<input type="checkbox"/> S. ACID PHOSPHATASE (T)		
<input type="checkbox"/> B. GLUCOSE F/I/P/R		<input type="checkbox"/> S. ACID PHOSPHATASE (P)		
<input type="checkbox"/> B. GLUCOSE PP/R		<input type="checkbox"/> TROP I		
<input type="checkbox"/> KIDNEY FUNCTION TEST		<input type="checkbox"/> HbA1C		
<input type="checkbox"/> B. UREA		<input type="checkbox"/> S. IRON AND TIBC		
<input type="checkbox"/> S. CREATININE		<input type="checkbox"/> FERRITIN		
<input type="checkbox"/> S. URIC ACID		<input type="checkbox"/> SPUTUM		
<input type="checkbox"/> S. SODIUM (Na)		<input type="checkbox"/> AFB STAIN		
<input type="checkbox"/> S. POTASSIUM (K)		<input type="checkbox"/> GRAM STAIN		
<input type="checkbox"/> S. CHLORIDE (CL)		<input type="checkbox"/> FUNGAL STAIN		
<input type="checkbox"/> S. CALCIUM		<input type="checkbox"/> MALIGNANT CELLS		
<input type="checkbox"/> PHOSPHORUS		<input type="checkbox"/> URINE R/E		
<input type="checkbox"/> S. MAGNESIUM		<input type="checkbox"/> STOOL R/E		
<input type="checkbox"/> LIPID PROFILE		<input type="checkbox"/> CULTURE		
<input type="checkbox"/> CHOLESTEROL		<input type="checkbox"/> URINE		
<input type="checkbox"/> S. TRIGLY CERIDES		<input type="checkbox"/> STOOL		
<input type="checkbox"/> S. HDL-CHOLESTEROL		<input type="checkbox"/> BLOOD		
<input type="checkbox"/> RATIO of CHOL/HDL		<input type="checkbox"/> SPUTUM		
<input type="checkbox"/> RATIO LDL/HDL		<input type="checkbox"/> OTHER FLUIDS		
<input type="checkbox"/> THYROID FUNCTION TEST		<input type="checkbox"/> CYTOLOGY		
<input type="checkbox"/> FT3		<input type="checkbox"/> FLUID EXAMINATION R/E		
<input type="checkbox"/> FT4		<input type="checkbox"/> BIOCHEMISTRY / CYTOLOGY		
<input type="checkbox"/> TSH		<input type="checkbox"/> FLUID FOR MALIGNANT CELLS		
<input type="checkbox"/> LIVER FUNCTION TEST		<input type="checkbox"/> SLIDES FOR REVIEW		
<input type="checkbox"/> S. BILIRUBIN TOTAL		<input type="checkbox"/> VACUTAINER DETAILS		
<input type="checkbox"/> S. BILIRUBIN CONJ (DIRECT)		SST <input type="checkbox"/>		
		EDTA <input type="checkbox"/>		
		FLOURIDE <input type="checkbox"/>		
		CITRATE <input type="checkbox"/>		
		HEPARIN <input type="checkbox"/>		
		OTHERS <input type="checkbox"/>		
Any Other Investigation	<i>UDC, ABG, S.K+ - 10/11/18</i>			
Provisional Diagnosis				
Remarks	Sign. of Nursing Incharge		Sign. & Name of RMO	



Quality Accreditations

MHIM/023

STICKER

IPNO-18/16635

LAB SERVICES REQUISITION FORM

NAME MR. HARI KISHAN AGE/SEX 70/M UHID / LAB. REF. NO. DATE 20/6/18

BED / WARD No. CTOT TIME OF COLLECTION 848353
OF SPECIMENA.M./P.M.

REFERRED BY DR. : Pankaj RECEIVED AT LAB AM/PM

INVESTIGATION	INVESTIGATION
<input type="checkbox"/> Blood Group & RH	<input type="checkbox"/> S.BILIRUBIN UNCONJ (INDIRECT)
<input type="checkbox"/> CBC	<input type="checkbox"/> SGOT (AST)
<input type="checkbox"/> Hb%	<input type="checkbox"/> SGPT (ALT)
<input type="checkbox"/> TLC	<input type="checkbox"/> S. ALK PHOSPHATASE
<input type="checkbox"/> Differential Count	<input type="checkbox"/> S. TOTAL PROTEIN
<input type="checkbox"/> Platelets Count	<input type="checkbox"/> S. ALBUMIN
<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> S. GLOBULIN
<input type="checkbox"/> BT	<input type="checkbox"/> S. A/G ARTIO
<input type="checkbox"/> CT	<input type="checkbox"/> S. GGTP
<input type="checkbox"/> ESR	<input type="checkbox"/> S. CPK
<input type="checkbox"/> M P	<input type="checkbox"/> S. CK-MB
<input type="checkbox"/> PT	<input type="checkbox"/> S. LDH
<input type="checkbox"/> INR	<input type="checkbox"/> S. AMYLASE
<input type="checkbox"/> PTTK	<input type="checkbox"/> S. LIPASE
<input type="checkbox"/> ANTICOAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. ACID PHOSPHATASE (T)
<input type="checkbox"/> NO ANTIC OAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. ACID PHOSPHATASE (P)
<input type="checkbox"/> BIO-CHEMISTRY REPORT	<input type="checkbox"/> TROP I
<input type="checkbox"/> B. GLUCOSE F/IP/R	<input type="checkbox"/> HbA1C
<input type="checkbox"/> B. GLUCOSE PP/R	<input type="checkbox"/> S. IRON AND TIBC
<input type="checkbox"/> KIDNEY FUNCTION TEST	<input type="checkbox"/> FERRITIN
<input type="checkbox"/> B. UREA	<input type="checkbox"/> SPUTUM
<input type="checkbox"/> S. CREATININE	<input type="checkbox"/> AFB STAIN
<input type="checkbox"/> S. URIC ACID	<input type="checkbox"/> GRAM STAIN
<input type="checkbox"/> S. SODIUM (Na)	<input type="checkbox"/> FUNGAL STAIN
<input type="checkbox"/> S. POTASSIUM (K)	<input type="checkbox"/> MALIGNANT CELLS
<input type="checkbox"/> S. CHLORIDE (CL)	<input type="checkbox"/> URINE R/E
<input type="checkbox"/> S. CALCIUM	<input type="checkbox"/> STOOL R/E
<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> CULTURE
<input type="checkbox"/> S. MAGNESIUM	<input type="checkbox"/> URINE
<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> STOOL
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> BLOOD
<input type="checkbox"/> S. TRIGLY CERIDES	<input type="checkbox"/> SPUTUM
<input type="checkbox"/> S. HDL-CHOLESTEROL	<input type="checkbox"/> OTHER FLUIDS
<input type="checkbox"/> RATIO of CHOL/HDL	<input type="checkbox"/> CYTOLOGY
<input type="checkbox"/> RATIO LDL/HDL	<input type="checkbox"/> FLUID EXAMINATION R/E
<input type="checkbox"/> THYROID FUNCTION TEST	<input type="checkbox"/> BIOCHEMISTRY / CYTOLOGY
<input type="checkbox"/> FT3	<input type="checkbox"/> FLUID FOR MALIGNANT CELLS
<input type="checkbox"/> FT4	<input type="checkbox"/> SLIDES FOR REVIEW
<input type="checkbox"/> TSH	<input type="checkbox"/> VACUTAINER DETAILS
<input type="checkbox"/> LIVER FUNCTION TEST	SST <input type="checkbox"/>
<input type="checkbox"/> S. BILIRUBIN TOTAL	EDTA <input type="checkbox"/>
<input type="checkbox"/> S. BILIRUBIN CONJ (DIRECT)	FLOURIDE <input type="checkbox"/>
	CITRATE <input type="checkbox"/>
	HEPARIN <input type="checkbox"/>
	OTHERS <input type="checkbox"/>

ABQ

Any Other Investigation
Provisional Diagnosis
Remarks

CDG, ABQ

Sign. of Nursing Incharge

Sign. & Name of RMO



8532

Mr. HARI KISHAN 70 Y/M 23/6-18/V0.0
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOC
 Panel PF OFFICE (SEC-15)

Quality Accreditations

LAB SERVICES REQUISITION FORM

NAME	AGE/SEX	UHID / LAB. REF. NO.	DATE
BED / WARD No. <i>18/16635</i>		TIME OF COLLECTION OF SPECIMENA.M./P.M.	
REFERRED BY DR. :		RECEIVED AT LAB	AM/PM
INVESTIGATION		INVESTIGATION	
<input type="checkbox"/> Blood Group & RH		<input type="checkbox"/> S.BILIRUBIN UNCONJ (INDIRECT)	
<input type="checkbox"/> CBC		<input type="checkbox"/> SGOT (AST)	
<input type="checkbox"/> Hb%		<input type="checkbox"/> SGPT (ALT)	
<input type="checkbox"/> TLC		<input type="checkbox"/> S. ALK PHOSPHATASE	
<input type="checkbox"/> Differential Count		<input type="checkbox"/> S. TOTAL PROTEIN	
<input type="checkbox"/> Platelets Count		<input type="checkbox"/> S. ALBUMIN	
<input type="checkbox"/> Reticulocyte Count		<input type="checkbox"/> S. GLOBULIN	
<input type="checkbox"/> BT		<input type="checkbox"/> S. A/G ARTIO	
<input type="checkbox"/> CT		<input type="checkbox"/> S. GGTP	
<input type="checkbox"/> ESR		<input type="checkbox"/> S. CPK	
<input type="checkbox"/> M P		<input type="checkbox"/> S. CK-MB	
<input type="checkbox"/> PT	ANTICOAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. LDH	
<input type="checkbox"/> INR		<input type="checkbox"/> S. AMYLASE	
<input type="checkbox"/> PTTK	NO ANTIC OAGULANT THERAPY <input type="checkbox"/>	<input type="checkbox"/> S. LIPASE	
BIO-CHEMISTRY REPORT		<input type="checkbox"/> S. ACID PHOSPHATASE (T)	
<input type="checkbox"/> B. GLUCOSE F/IP/R		<input type="checkbox"/> S. ACID PHOSPHATASE (P)	
<input type="checkbox"/> B. GLUCOSE PP/R		<input type="checkbox"/> TROP I	
KIDNEY FUNCTION TEST		<input type="checkbox"/> HbA1C	
<input type="checkbox"/> B. UREA		<input type="checkbox"/> S. IRON AND TIBC	
<input type="checkbox"/> S. CREATININE		<input type="checkbox"/> FERRITIN	
<input type="checkbox"/> S. URIC ACID		<input type="checkbox"/> SPUTUM	
<input type="checkbox"/> S. SODIUM (Na)		<input type="checkbox"/> AFB STAIN	
<input type="checkbox"/> S. POTASSIUM (K)		<input type="checkbox"/> GRAM STAIN	
<input type="checkbox"/> S. CHLORIDE (CL)		<input type="checkbox"/> FUNGAL STAIN	
<input type="checkbox"/> S. CALCIUM		<input type="checkbox"/> MALIGNANT CELLS	
<input type="checkbox"/> PHOSPHORUS		<input type="checkbox"/> URINE R/E	
<input type="checkbox"/> S. MAGNESIUM		<input type="checkbox"/> STOOL R/E	
LIPID PROFILE		<input type="checkbox"/> CULTURE	
<input type="checkbox"/> CHOLESTEROL		<input type="checkbox"/> URINE	
<input type="checkbox"/> S. TRIGLY CERIDES		<input type="checkbox"/> STOOL	
<input type="checkbox"/> S. HDL-CHOLESTEROL		<input type="checkbox"/> BLOOD	
<input type="checkbox"/> RATIO of CHOL/HDL		<input type="checkbox"/> SPUTUM	
<input type="checkbox"/> RATIO LDL/HDL		<input type="checkbox"/> OTHER FLUIDS	
THYROID FUNCTION TEST		<input type="checkbox"/> CYTOLOGY	
<input type="checkbox"/> FT3		<input type="checkbox"/> FLUID EXAMINATION R/E	
<input type="checkbox"/> FT4		<input type="checkbox"/> BIOCHEMISTRY / CYTOLOGY	
<input type="checkbox"/> TSH		<input type="checkbox"/> FLUID FOR MALIGNANT CELLS	
LIVER FUNCTION TEST		<input type="checkbox"/> SLIDES FOR REVIEW	
<input type="checkbox"/> S. BILIRUBIN TOTAL		<input type="checkbox"/> VACUTAINER DETAILS	
<input type="checkbox"/> S. BILIRUBIN CONJ (DIRECT)		SST <input type="checkbox"/>	
		EDTA <input type="checkbox"/>	
		FLOURIDE <input type="checkbox"/>	
		CITRATE <input type="checkbox"/>	
		HEPARIN <input type="checkbox"/>	
		OTHERS <input type="checkbox"/>	
Any Other Investigation Provisional Diagnosis Remarks		<i>ABG c detech</i> Sign. of Nursing Incharge	Sign. & Name of RMO

Monitoring on Restraints patients, for both physical and chemical :

Date									
PHYSICAL	M	E	N	M	E	N	M	E	N
Circulation is adequate									
Restraints are secure									
Body alignment is correct									
CHEMICAL	M	E	N	M	E	N	M	E	N
Blood Pressure		124/88	154/82						
Respiration		14	14						
Pulse		82	88						
Name of the staff		Joshi	Quinby						
Sign.		Joshi	Quinby						



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No: 15106



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

VAP CARE BUNDLE

PATIENT'S NAME MR. HARI KISHAN UNIT CTVS ICU BED NO.: 2 UHID 439195 MONTH JUNE CONSULTANT NAME Dr. S.S. SIDDHU

VENTILATOR NO. _____ TOTAL VENTILATED DAYS : _____ ET CHANGED ON : _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HAND HYGIENE																				✓											
HEAD OF BED ELEVATION																				32°											
MOUTH CARE																				✓											
SEDATION REVIEWED																				✓											
SUCTIONING IN AN ASEPTIC WAY																				✓											
EXTUBATION / WEANING CONSIDERED																				✓											
SUBGLOTTIC DRAINAGE																				✓											
PEPTIC ULCER PTOPHYLASIX																				✓											
THROMBOSIS PROPHYLAXIS																				✓											
ANTIBIOTICS																				✓											
SIGNATURE OF STAFF																				✓											
SIGNATURE OF ICN																				✓											

REMARKS : _____

SIGN (Physician/Duty doctor) [Signature] SIGN (ICO) : _____



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No: 15106

P. SARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)



CLABSI CARE BUNDLE

PATIENT'S NAME _____ UNIT CTVS ICU BED NO.: 002048 UHID _____ MONTH JUNE CONSULTANT NAME DR. SIDHU

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
HAND HYGIENE																				✓	✓	✓	✓	✓	✓							
OPTIMAL SITE SELECTION																				✓	✓	✓	✓	✓	✓	✓						
MAXIMAL BARRIER PRECAUTIONS																				✓	✓	✓	✓	✓	✓	✓						
CHALORHEXILDINE SKIN PREPARATIONS																				✓	✓	✓	✓	✓	✓	✓						
DAILY INSPECTION OF THE CATHETER																				✓	✓	✓	✓	✓	✓	✓						
DAILY REVIEW OF LINE NECESSITY																				✓	✓	✓	✓	✓	✓	✓						
SIGNATURE OF ICN																																

REMARKS : _____
 SIGN (Physician/Duty doctor) [Signature]
 SIGN (ICO) : _____



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No: 15106

MHIM/379



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

CAUTI CARE BUNDLE

CAUTI CARE BUNDLE

PATIENT'S NAME _____ UNIT CVS ICU BED NO.: 2 MONTH JUNE CONSULTANT NAME Dr. S. S. SIDHU

TYPE OF CATHETER : Foley's Silicon Condom Catheter Date of Changing Catheter _____

Total Catheter Days _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HAND HYGIENE DURING DAILY CATHETER																				✓	✓	✓	✓								
ASEPSIS DURING CATHETER INSERTION																				✓	✓	✓	✓								
DOCUMENTATIONS AND REVIEW OF INDICATIONS FOR CATHETER INSERTION																				✓	✓	✓	✓								
DAILY ASSESSMENT FOR THE NEED OF CATHETER																				✓	✓	✓	✓								
POSITIONING OF THE DRAINAGE BAG BELOW THE BLADDER																				✓	✓	✓	✓								
REGULAR EMPTYING OF DRAINAGE BAGS																				✓	✓	✓	✓								
CLOSED CIRCUIT TO BE MAINTAINED																				✓	✓	✓	✓								
SIGNATURE OF STAFF																				✓	✓	✓	✓								
SIGNATURE OF ICN																				✓	✓	✓	✓								

REMARKS : _____

SIGN (Physician/Duty doctor) [Signature]

SIGN (ICN) : _____



Metro Heart Institute with Multispecialty
 SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
 TEL. : 0129-4277777, MOBILE : 9811561000
 Helpline No: 15106



Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

SSI CARE BUNDLE

MONTH JUNE-18 CONSULTANT NAME Dr. S. S. SIDDHU NAME OF THE SURGERY CABG.

TYPE OF SURGERY : CLEAN • CONTAMINATED • CLEAN & CONTAMINATED

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HAND HYGIENE																				✓	✓	✓	✓	✓	✓	✓					
HAIR REMOVAL (IF NECESSARY)																				✓	✓	✓	✓	✓	✓	✓					
TIMELY ADMINISTRATION OF ANTIBIOTICS																				✓	✓	✓	✓	✓	✓	✓					
BODY TEMPERATURE																				38.6	38.4	38.5	38.5	38.5	38.5	38.5					
GLUCOSE LEVEL																				160	165	165	165	165	165	165					
BLOOD PRESSURE																				140/90	135/86	135/86	135/86	135/86	135/86	135/86					
BLOOD CULTURE																				Nil	Nil	Nil	Nil	Nil	Nil	Nil					
SIGNATURE OF ICN																															
SIGNATURE OF STAFF																															

REMARKS : _____ SIGN (ICO) : _____

SIGN (Physician/Duty doctor) [Signature]

* If possible, avoid hair removal: if hair removal is necessary, avoid the use of razors. *Ensure prophylactic antibiotic was prescribed as per local antibiotic policy guideline, for the specific operation category & ensure antibiotic was administered within 60 minutes prior to the operation. * Ensure the patient's body temperature was normal throughout the operation (excludes cardiac patients). *Ensure the surgical scrub & preparation of incision site was done.



**METRO HEART INSTITUTE WITH
MULTISPECIALTY
FARIDABAD**


**CONSULTANT
VISIT**

Mr. HARI KISHAN 70 Y/M
UHID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094
Dr SUDEEP SINGH SIDHU / FIRDOO
Panel PF OFFICE (SEC-15)

DATE	CONSULTANT	TIME (M)	TIME (E)	Nursing staff on Duty
20/06/18	DR. PANKAJ		1:30	Hoschi'n
	DR. SUDEEP SINGH		2:00	Hoschi'n
21/6/18	DR. PANKAJ	9:00	9:00am	Hoschi'n
	DR. SUDEEP	9:10	2:30pm	Hoschi'n
	DR. AMIT	9:30pm	2:00pm	Hoschi'n
22/6	DR. PANKAJ	9:30		H'n
	DR. SUDEEP	9:45 pm		H'n
	DR. AMIT	10:00 am		H'n
23/6/18	DR. FIRDOOS.	8:40am		Steppt
	DR. SUDEEP	9:10 AM		Steppt
	DR. PANKAJ	9:30 am		Steppt
	DR. AMIT	10 AM		Steppt
	DR. CHETAN	11:15 am		Steppt
24/6/18	DR. FIRDOOS.			Cell
	DR. AMIT			Cell
25/6/18	DR. FIRDOOS	8:15 AM		Amey
	DR. PANKAJ	8:40 AM		Amey

**Metro Heart Institute With Multispeciality
Sector-16-A, Faridabad, Haryana**

ADMISSION FORM

I.P. No. 18/16635	Room No : CA-01A	UHID 439195	
Booking No :	Ward :	CASULTY/ EMERGEN	
Bed Category : CASUALTY/EMERGE	Billing Category :	CASUALTY/EMERGE	
Name : Mr. HARI KISHAN		Age : 70	Sex : M
Occupation :		Marital Status : Married	Nationality : INDIAN
Admission Date & Time 14/Jun/2018 2:10:00AM		MLC :	Religion : Hindu
C/O <u>ADDRESS</u> 2J/WH-21 NIT FBD City : Faridabad Pin : 121001		Phone(Residence) : 9891980076 Phone(Office) : Mobile : 9891980094 E_Mail	
Next to Kin : SH.JETHA NANAD		Relationship : Son	
Address :			
Speciality : CARDIOLOGY		Consultant : Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay	
Payment Type :		Company : PF OFFICE (SEC-15)	
Booking Receipt No :	Date :	Amount :	
Advance Receipt No :	Date :	Amount :	
Previously Admitted in this Hospital :		Yes/No	

Type of Admission : Emergency : Routine : From OPD : Procedure/Surgery : Investigation :

Provisional :

Diagnosis :

Elective Procedure :

Date of Discharge :


Signature Of Admitting staff

CCMR

MHIM/03



Metro Heart Institute With Multispecialty
SECTOR-16A, FARIDABAD (DELHI-NCR) -121 002
TEL. : 0129-4277777, MOBILE : 9811561000
Helpline No. : 15106



Quality Accreditations

REQUEST FOR ADMISSION

Please admit Mr. / Mrs. ✓ Hari Krishan

Age : 74y/m (Yrs.) I.D. No. _____ On 14/6/18

In CCU (Type of bed)

Under care of Dr. Bansal

Provisional diagnosis _____

Expected Length of Stay _____ days

Procedures/treatment contemplated : _____

Instructions to Duty Doctor : DR. Manish

Instructions to Nursing : _____

Diet Instruction _____

math

Signature

EPTO
lml

Signature of Patient.....

Official Authorising Admission

Full Name : _____



MHIM/004



Quality Accreditations

PATIENT REGISTRATION RECORD

(To be filled by the Patient / Attendant)

Name Hari Kishan

(Surname)

(First Name)

(Middle Name)

Husband's/Father's/Mother's Name Jetha Mand

Date of Birth 08-10-1947

Sex: Male Female Marital Status Single Married

Nationality Indian Religion

Address 27/WH-21 MIT Faridabad

Pin Code 121001

Tel No. Resi. Mobile 9891980094

Occupation Retired

Name of the contact person in case of an emergency Manda

Relationship Daughter-in-law

Address T-4 - Flat No 404 SPR Society
Sec - 82 G.F.R.D

Tel. No. Mobile 9891980076

Name of your Referring Doctor / any

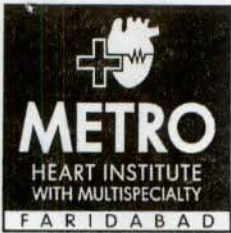
Address

Tel. No.

I certify that the above stated information is true and complete to the best of my knowledge.

Signature Manda Date / Time 14.06.18

Filled in by Name (in Capital Letters) Manda Rani



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

Leader in Health Care Since 2002

Sector-16A, Faridabad (Haryana) Ph.: 0129-4277777

MHIM/016



DECLARATION FORM

For Cash Patient

I seek admission to the Metro Heart Institute and Multi Specialty Hospital as a cash patient for my investigation and treatment, as necessary under Dr. and I undertake to pay all hospital charges, in cash on the same day of presentation of the running bill and clear all bills before discharge. I understand the advance and/or deposit paid will be adjusted against my final bill.

For Credit Patient

I seek admission to the Metro Heart Institute and Multi Specialty Hospital as a company name patient for my investigation and treatment, as necessary under Dr. and if my cashless claim and/or authorization is denied before / after my admission, I undertake to pay all hospital charges, as per current schedule of hospital charges in cash, on the same day of presentation of the running bill and clear all bills before discharge. I understand the advance and/or deposit paid by me or on my behalf will be adjusted against my final bill.

Date:

Place:

In case of a minor and patient being unable to sign in person, a relative / Guardian would sign here in below
Signature of patient / relative / Guardian

Name of Signatory : Manta Rani

Relation : Daughter-in-law

Address: Flat No. 404, T-4 SPR Imp. Estate Sec-82A, FBD

Contact No.: 9891980076, 8860006566

AUTHORIZATION FOR TREATMENT, OPERATION & BLOOD TRANSFUSION

I hereby authorise the Medical, Nursing and Para-Medical Staff of the Metro Heart Institute and Multi Specialty Hospital to investigate, treat and administer such drugs as may be necessary and to perform such operations under any anaesthesia or otherwise as may be deemed necessary and/or advisable in the diagnosis and the treatment of _____ who is my Relative. We were fully informed about the cost implication complication and alternative modalities of treatment for me/my relative's medical condition.

The risks involved in the same have been explained to me in the language, which I can understand and I am prepared to take them.

My patient falls under vulnerable category and I take full responsibility to take care of my patient with respect to his / her safety & stay in the hospital. I will accompany him/her during entire stay of my patient in hospital.

All cash, Jewellery and valuables belonging to the patient have been removed to a place of safety. I absolve the hospital of any responsibility with regard to any loss.

I/We undertake to arrange for blood donors for replacement if blood transfusion is required for the patient.

Signature of the Patient

Full Name : _____

Date & Time : _____

Signature of the Relative/Guardian

Full Name & Relation of Patient: Manta Rani

Date & Time : 14/6/18 02:07 Am

Signature of Front office Staff

Full Name : _____

Date & Time : _____

घोषणा पत्र

नकद मरीजों के लिए

मैं मैट्रो हॉस्पिटल, फरीदाबाद में अपनी जाँच तथा इलाज हेतु, नकद मरीज की तरह डॉ. के अधीन भर्ती हो रहा हूँ। मैं अस्पताल के सभी बिलों को भर्ती के समय तथा छुट्टी के पहले पूरी तरह अदा करने की जिम्मेदारी लेता हूँ। मेरे द्वारा ली गयी अग्रिम राशि को, मेरी छुट्टी के समय, समायोजित कर दिया जायेगा।

क्रेडिट मरीजों के लिए

मैं मैट्रो हॉस्पिटल, फरीदाबाद में अपनी जाँच तथा इलाज हेतु, क्रेडिट मरीज की तरह डॉ. के अधीन भर्ती हो रहा हूँ। इलाज के दौरान अगर मेरा भुगतान इन्श्योरेंस कम्पनी से मना हो जाता है, तो मैं अपने सभी बिलों को मेरी छुट्टी होने से पहले अदा करने का वादा करता हूँ। मेरे द्वारा जमा कराई गयी अग्रिम राशि, छुट्टी के समय, समायोजित कर दिया जायेगा।

मरीज यदि 18 वर्ष से कम हैं तो उसके अभिभावक इस फार्म को भरे

हस्ताक्षर : मरीज / रिश्तेदार / अभिभावक

हस्ताक्षर करने वाले का पूरा नाम:

रिश्ता :

पता:

फोन:

इलाज, शल्य चिकित्सा तथा रक्त चढ़ाने की सहमति

मैं मैट्रो अस्पताल, फरीदाबाद के डाक्टर, नर्स तथा सहायक स्टाफ को अपना परिक्षण (जैसे की HIV टैस्ट) इलाज तथा अन्य जरूरी चीजों को टेस्ट करने की सहमति देता हूँ, जो कि मेरे उपचार के लिए जरूरी है। इन सभी के लिए अगर Anaesthesia अथवा बेहोश करने की प्रक्रिया की जरूरत है तो मैं उसकी सहमति भी देता हूँ। हमें उपचार के लागत, जतिलताएँ तथा अन्य विकल्पो ईलाज के लिए मुझे और मेरे रिश्तेदारों के विषय में विस्तार पूर्वक समझाया गया है। मैं को पूरी तरह से विस्तारपूर्वक समझाया गया है।

मेरा रोगी कमजोर (vulnerable) वर्ग में आता है और मैं अस्पताल में रहने के दौरान अपने रोगी की सभ्यता संबंधित देख-भाल करने की पूरी जिम्मेदारी लेता हूँ। अतः मेरे मरीज के अस्पताल में रहने के दौरान उनके साथ रहूँगा

अगर हमें रागी के लिए रक्त संक्रमण की आवश्यकता होती है तो मैं/हम प्रतिस्थापन के लिए रक्त दान व्यवस्था ॥

मरीज के हस्ताक्षर

रिश्तेदार व अभिभावक के हस्ताक्षर

पूरा नाम :

पूरा नाम तथा मरीज के पूरा नाम :

तारीख तथा समय:

तारीख तथा समय:

कर्मचारी के हस्ताक्षर

पूरा नाम :

तारीख तथा समय: