



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 / Prasugrel / Ticagreltin (Brilinta)) 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.

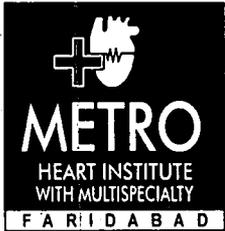
Cashless Facility Available for Patients with Mediclaim

Approved for Haryana Government and Central Government Employees/ Pensioners & their Dependents

ECHS/ CGHS/ ESI/ ESIC/ NHPC/ NTPC/ IOCL & Others

Nursing Incharge: Detsy

Prepared By: 4553-RAJNI



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: 14-6-18 Walk in / Referral: _____

Allergies: Yes No If Yes Describe: _____

Present Complaints & Duration: 10-sec. breathing difficulty since 1-2 hrs. at Lohabaha & - Restless rest - sweating

Significant tests / Lab reports: K/O P. T. K. R. done 7 May 2018

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

1) Temp: 36 F° 2) Pulse: 104 /min 3) BP: 90/60 mmHg 4) RP: 34 /min 5) SPO2: 99 %

Pallor/Anaemia: Yes No Icterus: Yes No

CVS: S1 & S2 heard CNS: conscious oriented

RS: B/C crept & wheezes

PA: soft

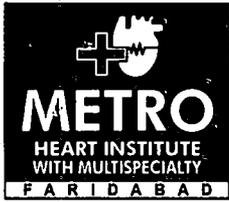
Others: _____ Blood Sugar: _____ mg/dl

Rx given & advised: 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/M
 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)**

Dr. Jainendra
**Sign. of Doctor
 (Full Name)**

**Sign. of Doctor
 (Full Name)**

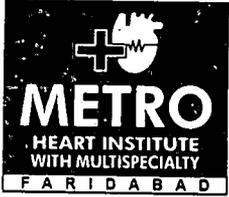
**Sign. of Doctor
 (Full Name)**

**Sign. of Patient /
 Relative**

**Sign. of Patient /
 Relative**

**Sign. of Patient /
 Relative**

**Sign. of Patient /
 Relative**



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)

M/197

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 TND
- Ac. HTN

2. **Procedure Done :** _____

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

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

5. Important Investigation with findings :

1456 Echo -

MUS GRA - most global W/A
near of LAD to stay,
EF = 20% DOR, MUS PR

170

T. 20/10, MUS PAA
(MUS = 30+MUS). IVC ⊕

USWA - Grade I fatty liver = cholelithiasis
= unobscured hemia

6. Hospital Course / Transfer Summary

Coronary Artery - Multiple atherosclerotic

plagues = foc of intimal thickening =

bl med & distal CCA & prox ICA

PEACH

pecho - 24/06 -

EF = 55%, T. 20/10, MUS PR
IVC ⊕, NOPE.

7. Treatment (To be filled by consultant)

MUSWA DOR

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

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. Arun Kumar 28
T. Prashant

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+

14/6/18
15/6/19 Discharge
Day 1st / Day 2nd / Day 3rd

✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
✓	✓	
134	11.2	
10200	8430	
3.27	2.63	
45/08	48/109	
1358/49	133.2/3.7	

During Procedure: Post Procedure:

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Consultant Signature: Dr. Bansal

CCU Doctor:
Full Name: Dr. Jainendra

Resident Doctor on Duty
Full Name: Dr. Jainendra

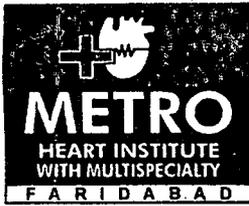
Check list at the time of discharge

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			24/6/18 S		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



Quality Accredited

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

Co Shortness of breath & Sweating

History of Present illness :

Co Shortness of breath & Sweating since
 10 pm - no Co clear point 204.

4. Past History

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

IV. Personal History :

Marital Status	<i>married</i>	S/M/W	No. of Children
Habits		Cigarettes	Tobacco & Snuff
Diet		Veg./Non-Veg.	Alcohol
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. Amlopressin AT 20

VIII. Vulnerable :

Yes / No.

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

DATE.....14/6/18.....

Investigation

CAH profile
Lob profile

→ Chest xray

ECG

20 Echo.

repeat Cardiac
enzyme at
7Am

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. D ytro 20mg IV BD.

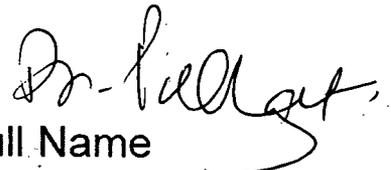
Refferals

Date & Time

14/6/18
at 2:30AM

Signature of Doctor

Full Name





METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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

70 Y/M/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	Dr. S. → Anticoagulant heart failure
(M)	→ HTN - P/A JKR
	A common mistake
	BP - 130/70 mmHg
	P - 75/min
	Dr
	→ Ant. Vase
	→ F. NIKHILAN 10y PO 150.
	<u>CAR today</u>
	<u>WPPCW</u>

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. S. Signature of Doctor Dr. Prakash Full Name 14/6/18 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	
<p>14/6/18 5:50 PM</p>	<p>all notes Δ: - CAD - WH Ac. ren Reg. obs LM + TAD EF 40% Pm case Pat B/- TKR</p>	<p>by. Agatha 1.2g dr. TAD.</p>
<p>Blue BSI [scribble] [scribble] [scribble] [scribble]</p>	<p>G. Chen [scribble] [scribble] [scribble] [scribble] [scribble] [scribble] [scribble] [scribble] [scribble] [scribble] [scribble]</p>	<p>by. Agatha 1.2g dr. TAD. by. Agatha 600mg S/cob by. Agatha 200mg dr. B TS. Verica 400mg TS. Agatha 200mg B2 TS. Agatha 200mg B2 TS. Agatha 100mg B2 TS. Agatha 400mg B2 TS. Agatha 200mg B2 TS. Agatha 200mg Agatha - 200mg B2 TS. Agatha</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: [Signature] Full Name: D. Fuller Date/Time: 14/6/18 @ 5:50 PM

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

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
14/06/18	SCU Notes
9 pm	<p>Δsm - CAD, U/A</p> <p>- Pulm Edema</p> <p>- LM+TVB</p> <p>- EF - 40%</p> <p>C.C - fair</p> <p>- P. B/L TKR - Acc HTN</p> <p>pt Conscious</p> <p>- Plan : CABG.</p> <p>Aw</p> <p>Oriented</p>
RFT	Vitals -
USG - M/A	HR - 82/min
USG	RA - 20/min
Carotid doppler	BP - 130/80 mm of Hg
US. Cor. Ape. brnls	SpO ₂ - 96%
TSH	CNS - S ₁ S ₂ (+)
C. LFT	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 Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication _____
 Signature of Doctor [Signature] Full Name D. Neeraj Jain 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

CCU Notes

ADJ - CAD, U/A

9 AM

- Pulm Edema

GC - fair

- EF - 40%

Ho - 1300
2700

pt Conscious

- LM + TVD

Oriented

- P. B/L - TKR

- Acc HTN

Investigation

- Plan: CABG

C

Hb - 11.2

TLC - 8430

Vitals -

plt - 2.63

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

R/A - soft, INT, 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

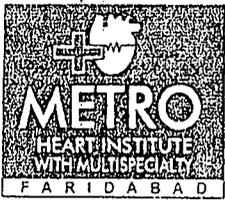
Handover given by

Handover Taken by

Physician/RMO Name

Physician/RMO Signature

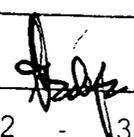
Date/Time



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	M/s Precious, Oberoi, Gc fair
	no fresh Complaints
	SSG Circlear
	Plan
	- CAROTID Duplex - CUS Brains - CABG
	↓
	- delay's over.
	- on 
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

Δs12 : 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

EVS - S₁ & S₂ (+)

ENS - 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. AMR
Full Name

15/6/18

Date & Time



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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

W/012

Mr. HARI KISHAN

UHID 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	POP CCU SD NOTES
(M)	
	ASIS : CAD, U/A
	BP - 120/80 mmHg - PULM. OEDEMA
	P - 82/min - EF - 40%
	RR - 22/min - LM + TVD
	- P. B/L TKR
	- Acc. HTN
	PLAN → CABG
	Cvs - S, & S ₂ ⊕
	CNS - Conscious & Oriented
	U - 4L Rx
	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		DR. AMIT	
	Signature of Doctor	Full Name	Date/Time

Handover given by _____

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 B/L TRR

Admitted with LNF.

Carotid doppler - normal

USG abdomen - fatty liver

CAG - TVD.

Echo - EF 40%,

LNH +

Hypokinesia global. more LAD territory

Patient is for CABG ± IABP

ai clearance for isolated
↑ serum alkaline phosphatase.

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

[Handwritten signatures]

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 _____ *[Signature]* _____ *[16/6/18]*

Handover Taken by _____ _____ _____

Physician/RMO Name Physician/RMO Signature Date/Time



Quality Accreditations

Mr. HARI KISHAN

70 Yr

MHIM/012

UHID 439195 IPNO 18/16635

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

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

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	Di's : CAD, U/A	
(N)	BP: 110/60 mmHg	- Pulm. Oedema
	PR: 78/min	- EF = 40%
		- LM + TVD
		- P. B/L TRR
		- ACC - KTN
		Plan → CABG
C/m		
-LFT	G.C. Fair	
-RFT	Pt. is comfortable	
	Adv.	
	- 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
Leader in Health Care Since 2002
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>ABIS - CAD, U/A</p> <p>- Pulm. oedema</p> <p>BP: 124/74 mmHg - EF = 40%</p> <p>PR: 80/min - 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>Rx</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
	Δs12 : CAD - U/A - PULM. OEDEMA - EF - 40% - LM + TVD - P. B/L TRR - Acc. HTN PLAN → CABG
	BP - 710/70 mmHg P - 80/min RR - 20/min Cvs - S, S, ⊕ CNS - Conscious & Oriented
e/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	Duration (Proposed)
Indication	Yes	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

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

MHIM/012

Mr. HARI KISHAN 70 Yr
UHID 4391 IPNO 18/16635
DOA 14 Jun/2018 2:10:00AM CCU-9
Dr. S Bansal/Neeraj Jain/Chetan/Ajay/N

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
13/06/18 (M)	CCU-SD NOTES
	Age : CAD - U/A
	BP - 140/80 mmHg - PULM. OEDEMA
	P - 90/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>u_a</u>
	Creat - 0.89 - Follow Drug chart
	S.Na ⁺ - 136.2
	S.K ⁺ - 4.1

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	<i>[Signature]</i>	Dr. AMIN	
	Signature of Doctor	Full Name	Date/Time

Handover given by	_____	_____	10/6/18
Handover Taken by	_____	_____	_____
	Physician/RMO Name	Physician/RMO Signature	Date/Time

DATE/TIME

Please document Pain Score & action taken, if any

18/06/18

CCU-SD NOTES

(E)

ASIS : CAD - U/A

- PULM. OEDEMA

BP - 130/60 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

[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 Duration (Proposed)

Indication *[Signature]* DR. AMIT

Signature of Doctor

Full Name

Date/Time

Handover given by

18/6/18

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

MALIM/012
70 Y/

UHID 439195 IPNO 18/16635

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

DAILY PLAN OF CARE FOR DOCTOR

DATE / TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
19/6/18 (E)	POP - None
	ASIS: - CAD - 0/1A
	• Pulm. edema
	• EF - 40%
	• LM + TVD
	• P. B/L TKR
	• AG. HTN
	BP - 120/60 mmHg
	P - 70 bpm
	RR - 20 breath/min
	CNS - S, S, S
	CNS - conscious oriented
	Blum + CABG
	Ro
	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 W Signature of Doctor Deenhi Full Name 19/6/18 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

DR. PANKAJ KISHAN

MHJM/012

UHID 439195 IPNO 18/16635

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

DAILY PLAN OF CARE FOR DOCTOR

DATE/TIME	PLEASE DOCUMENT PAIN SCORE & ACTION TAKEN, IF ANY
20/6/18	<u>POP Note</u>
(M)	
	ASIS - • CAD O/A
	• Pulm. Dedema
	• EF - 40%
	• LM + TWD
	• P. BIZ TKR
	• AC: HTN
	BP - 110/60 mmHg
	P - 60 bpm
	RR - 20 breath/min
	CVS - S ₂ & S ₃ (+)
	CNS - conscious Pleum → CABG
	<u>Re</u> follow drug chart

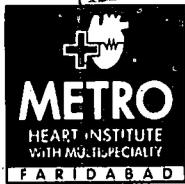
Pain Score: 0 1 2 3 4 5 6 7 8 9 10

Action Required Yes/No Action Taken

Restraint Yes/No Chemical/Physical Duration (Proposed)

Indication [Signature] Deen 20/6/18
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 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%
Wt - 79 kgs		The pt. Mr. Hari Kishan, 70y/6 was received from the OT at 1:30 pm.	LIMA → LAD
B+ve		D: CAD ~ TVD(LM) SX: OP. CABG x 5 RSVQ → D ₁ , OM, PLB & tip PDA.	
		the pt. is sedated / paralyzed and on VC ventilation.	
		air entry confirmed. Equal B/L.	
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:	CDC, ABG, CXR-ap, RDS charting, ECG, S.K ⁺	
		Adv: please monitor pts. hemodynamics & gen med. stats.	
		kindly suction pt. ET tube frequently.	
		Monitor & inform SOC.	
		Plan to wear & exhibit.	

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 [Signature] 20-06-18

Handover Taken by _____ _____ _____

Physician/RMO Name Physician/RMO Signature Date/Time

DATE / TIME	Please document Pain Score & action taken, if any
21/6/18	OP CABG X5 grafts, EF 40%, Ict POD., HTN & Pulm. Edema.
Hb-8.1	Pt is conscious, cooperative, well oriented.
TLC-12980	Dobuta (250/50) 1.5 ml/hr
Plt-2.03	NE (2/50) 1.5 ml/hr
Creat-1.48	
Na ⁺ -133	HR-77/min
K ⁺ -4.6	BP-110/70 mm
Ca ²⁺ -7.8	SpO ₂ -98% on 2L/min O ₂
Mg ²⁺ -2.7	PAP-27/14 mm
	U _o -100 ml/hr
	Total Drain-150ml
	Adms
	- Transfuse 10, PRBC
	- w/H Inj MgSO ₄
	- Continue same Rx
	Kang
	T- Eliam 25 mg
	T- Adalat (25) 2
	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 _____ Swarna _____ 21.6.18

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
22/6/2018 7:40 AM	C/O. KOTAKALUXI / 40 Y. / DPOD MS - Dr Alert P. 98/min
8:0 / 248	BP - 152/76 mmHg Pain @ 1.5 / 40 PA - 33/min
10:40 AM	SpO ₂ 95% on 2L O ₂ NP @ 3 L/min Aphenrite
16:00	AP - NP BS PILACHT 2/0 - 2000 / 26 vol (-6001)
3:8	PA - Sett. BSANT adv - L/H RVF
17:15	<ul style="list-style-type: none"> Tapered Pain @ 0.2 / 40 Remove chest tube / Rem Artery / Foley's Catheter (after catheter change) 77 - Aldactone 25 / 10 B1 Achmetin / Inc ipox / Albu / Acam - 100 Pen CS

Pain Score: 0 (1) 2 3 4 5 10

Action Required: Yes/No Action Taken

Restraint: Yes/No Chemical/Physical

Indication: _____

Signature of Doctor: [Signature] Full Name: D. Manish Date/Time: [Signature]

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 ; • Foley's catheter.

• transfuse 1 @ PRBC

• aggressive CPT, nebulise + steam.

• T. Venolol 25 mg P/O 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 → Ranitide (2.5) OD

→ T. YUSTIN (25) BD

→ inj. AZACIT (4.5) IV TDS

inj. Metoprolol stat ~~25~~ 1mg

Hand?

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. Saxena.

Saxena.

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, Third POD, EP 40x
	Pt is conscious, cooperative, well oriented.
Hb 9.4	HR - 88/min
TLL-11500	BP - 157/81 mm
-200	SpO ₂ - 94% on RA.
-136/6	
KT - 34	U/O - 100 ml/hr.
	Taking oral feed
	Stool not passed.
	Adm
remove catheter	KT correction
NSR in 1 hr	HR - 65 bpm
cord. inf @ 1ml/hr.	BP - 136/74 mmHg
	Inj Pantec 5mg
	Inj Kebram 1mg
	Rest etc
	The pt. has ongoing AF.
	(150+150) loading ^{cat} car dazone
	900 ml infusion at 8ml/hr.
	DR Pooja to see
	HR - 137 bpm BP - 157/81 mmHg SpO ₂ - 94% on 2L O ₂ .

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

Action Required	Yes/No	Action Taken	Chemical/Physical	Duration (Proposed)
Restraint	Yes/No			
Indication		Dr. Kany		23/6/18

Signature of Doctor: *[Signature]* Full Name: Dr. Kany Date/Time: 23/6/18

Handover given by: _____

Handover Taken by: Dr. Swarna Physician/RMO Name: [Signature] Physician/RMO Signature: 23.06.18 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 14/6/18/11/0
 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	OP CABG x 5 grafts, BP-55%, 2 nd POD.
Rt - 3.6	Pt is conscious, cooperative, well-oriented.
	HR - 76/min
	Pb - 148/80 mm
	Sp ₂ - 95% on RA
	Taking oral feed
	Passing urine & stool
	B/C chest clear
	Adm
	CST
	Kang

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

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. ferasin	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, possibly including patient name and date.



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/IV BD		8-4							
		T. NIURAN	10mg PO BD.		8-4							
		T. fexid - MR	30mg PO BD.		8-4.							
		INJ. CLEANE	60mg i/c BR									
IV Fluids												
3. Other												

Incharge Sign. : MR. ASHUTOSH

Morning: Puspendra
Evening: CHHOTAR
Night: LYONENDRA

Hari kishan



METRO HEART INSTITUTE WITH MULTISPECIALTY, FARIDABAD

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



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)

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 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	guf - PAN - 4mg - IV - OD.				(A) Hari Kishan		
		2	guf - Emzet - 4mg - IV - BD.				(A) Hari Kishan		
		3	guf - 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				(A) Hari Kishan		
ELU, QDecho		6	Alab - Duolix + 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 :



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									
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										
		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										
		T. DYTOR Plus	10 mg P/O BD	OD	8 - 4		(A) 8AM								
		T. ALDACTONE	50 mg P/O BD	9c	8 - 4		(A) 8AM								
		T. VENCID	40 mg P/O OD		7AM		(A) 6:30AM								
IV Fluids		T. VITAVEN FORT	1 P/O OD		2pm										
		T. ELTROXIN	25 mg P/O OD		6AM		(A) 6:30AM								
		T. TAPAL	50 mg P/O SOS												
		T. C.C.M	1 P/O BD		10 - 10										
		T. DOLD	650mg P/O TDS		6 - 2 - 10		(A) 8AM								
3. Other															
		SYP. SPARACID	10ml P/O QID		6-10-4-10		(A) 6:30AM								
		SYP. BROMHEXINE	2 TSP P/O TDS		6-2-10		(A) 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			8/10/12		
2					
3	7HPIA	0.1/1/1/1			
4					
5					
6					
7					
8					
9					
10					
	Insulin Sliding Scale				

08 0/9 0M008 MUT930 .7



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	(A) 10-15am (injection)		(A) 9:30pm delay
		TB. ECOSPRIN	75mg P/O HS		10pm				(A) 9:30pm delay
		T. PLAVIX	75mg P/O HS		10pm				(A) 9:30pm delay
2. Investigation		T. ATROVEN	20mg P/O BD		10 - 10		(A) 9:30am		(A) 9:30pm
		T. RAMINAGE	2.5mg P/O OD		2pm			(A) 2:30pm	(A) 9:30pm
		T. VENOLOL	50mg P/O BD		9 - 9		(A) 9:30am		(A) 9:30pm
		T. CORDARONE x	200mg P/O ^{OD} (DR. chetan)		10Am - 10		(A) 9:30am		(A) 9:30pm
		T. DYTOR	10mg P/O BD		8 - 4			(A) 2:30pm	(A) 9:30pm
		T. ALDACTONE (50)	25mg P/O BD		8 - 4			(A) 2:30pm	(A) 9:30pm
		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		(A) 9:30am		(A) 9:30pm
		T. DOLO	650mg P/O TDS		6-2-10				(A) 9:30pm
		SYP. BROMHEXINE	2tsp P/O TDS		6-2-10				(A) 9:30pm
		SYP SPARACID	10ml P/O QID		6-10-4-10				(A) 9:30pm
		SYP CREMAFFIN	30ml P/O HS		10pm				(A) 9:30pm

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)

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, CR

(Signature)

Incharge Sign. : *(Signature)*

Morning: JOSELIN
 Evening: JOSELIN
 Night: JAKIB PJ



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 Yr

U. ID 439195 IPNO 18/i6635

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

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

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	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		2 TAB. VENCID	40mg P/O OD		7am		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		3 TAB. ATTOR	20mg P/O BD		10-10		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
2. Investigation		4 TAB. NONIT	20mg P/O BD		0-4		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		5 TAB NIKORAN	10mg P/O BD		0-4		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		6 TAB FLAVEDON MR	35mg P/O BD		10-10		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		7 TAB. VENOLOL	50mg P/O BD		10-10		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		8 TAB RAMINACE DR	2-5mg P/O OD		10Am		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		9 TAB DYTOR	10mg P/O OD		8am		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		10 T. Ativan	14 P/O BID				⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		11 Neb C DUOLIN	1R P/N BID		6-12-6-10		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
IV Fluids		12 Neb C BUDECORT	1R P/N BD		10-10		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
		13													
		14 T. Eutroxin 250 OD			6Am		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
3. Other		15													
		16													
		17													
		18													
		19													
		20													

Incharge Sign. : Dany

Morning: Dany Sajjanakshi Neeru

Evening: Dany Sajjanakshi Neeru

Night: Neeru Sajjanakshi Neeru



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/N
 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	90/mnt	24/mnt	98°F	Kamini
	3: 15 AM	140/90	86/mnt	22/mnt	98°F	Jayendra
	4 AM	150/80	88/mnt	24/mnt	98.2°F	Jayendra
	6 AM	110/60	78/mnt	22/mnt	98°F	Jayendra
	8 AM	130/70	80/mnt	20/mnt	98.4°F	Jayendra
	10 AM	120/70	74/mnt	22/mnt	98.6°F	Puspendra
	12 MD	120/60	76/mnt	20/mnt	98.8°F	Puspendra
	2 PM	130/70	80/mnt	22/mnt	98.6°F	Puspendra
	4 PM	130/80	84/mnt	20/mnt	98.4°F	ewf
	6 PM	138/86	75	16/mnt	98.8°F	ewf
15/6/18	8 PM	130/80	82/mnt	24/mnt	98.6°F	Bbman
	10 PM	130/70	90/mnt	22/mnt	98.4°F	meghal
	12 AM	120/70	86/mnt	24/mnt	98.6°F	meghal
	2 AM	110/80	76/mnt	20/mnt	98.8°F	meghal
	4 AM	120/90	80/mnt	21/mnt	98.7°F	meghal
	6 AM	130/80	78/mnt	24/mnt	99.9°F	meghal
	8 AM	110/70	76/mnt	22/mnt	98.9°F	meghal
	10 AM	120/70	74/mnt	20/mnt	98.4°F	ewf
	12 PM	130/70	74/mnt	10/mnt	98.8°F	ewf
	2 PM	190/80	80/mnt	20/mnt	98.2°F	ewf
4 PM	130/80	82/mnt	18/mnt	98.6°F	Achey	

Date	Time	BP	Pulse	RR	Temp.	Signature
15/6/18	6pm	144/84	84	18	100.4°F	Dany
	8pm	120/60	88	20	98.8°F	Dany
	10pm	110/60	90b/m	22b/m	98.4°F	Dany
16/6/18	12Am	100/70	94	20b/m	98.6°F	Dany
	2Am	110/70	84	22	98.6°F	Dany
	4am	120/70	82	20	98.6°F	Dany
	6am	110/70	80	20	98.6°F	Dany
	8am	120/80	82	22	98.6°F	Dany
	10Am	122/90	82	14	98.6°F	Dany
	11Am	133/99	84	18	98.6	Dany
	1pm	120/80	82	20	98.4	Dany
	4pm	120/70	66/mt	18/mt	98.4°F	Sat
	6pm	120/60	64/mt	19/mt	98.6°F	Sat
	8pm	110/70	60/mt	20/mt	98.4°F	Sat
	10pm	110/60	78b/m	20b/m	98.4°F	Dany
17/6/18	12Am	120/70	86	22	98.6°F	Dany
	2Am	110/70	84	20	98.6°F	Dany
	4Am	100/60	82	22	98.6°F	Dany
	6Am	110/70	84	22	98.6°F	Dany
	8Am	124/74	80	20	98.6°F	Dany
	10Am	133/82	72	20	98.4°F	Dany
	12pm	130/75	68	24	98.6°F	Dany
	2pm	128/74	72	20	98.4	Dany
	4pm	132/84	76	18	98.6°F	Dany
	6pm	124/80	74	18	98.4°F	Dany
	8pm	110/68	78	20	98.6°F	Dany
	10pm	102/64	79b/mt	18b/mt	98.6°F	Dany
	12MN	120/72	78b/mt	14b/mt	98.6°F	Dany
	2am	126/68	70b/mt	16b/mt	98.6°F	Dany
	4am	132/72	88b/mt	22b/mt	98.6°F	Dany
6am	138/78	67b/mt	20b/mt	98.6°F	Dany	



Quality Accreditations

Mr. HARI KISHAN

70 Y/

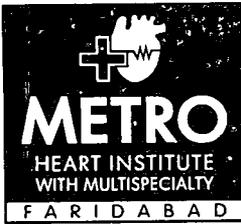
UHID 439195 IPNO 18/16635

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

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

VITALS CHARTName of the Patient Mr. Hari Kishan Age 70 y Sex MID No 18/16635 Ward CTV3-10P

Date	Time	BP	Pulse	RR	Temp.	Signature
18/6/18	8am	134/78	68b/mt	22b/mt	98.6°R	Neeraj
	10Am	130/70	66/mt	18/mt	98.6°R	Satyaj
	12PM	140/80	74/mt	19/mt	98.4°R	Satyaj
	2PM	130/80	68/mt	20/mt	98.6°R	Satyaj
	4PM	130/70	66/mt	18/mt	98.6°R	Satyaj
	6PM	130/60	64/mt	20/mt	98.6°R	Satyaj
	8PM	140/70	66/mt	18/mt	98.4°R	Satyaj
	10pm	138/74	64b/mt	14b/mt	98.6°R	Neeraj
19/6/18	12MN	134/72	62b/mt	18b/mt	98.7°R	Neeraj
	2am	138/68	59b/mt	20b/mt	98.6°R	Neeraj
	4am	134/72	60b/mt	20b/mt	98.6°R	Neeraj
	6am	130/70	60h	20h	98.4°R	Deepak
	8am	120/80	66h	22h	98.0°R	Deepak
	10Am	140/70	66	22	98.4°R	Satyaj
	12PM	146/70	68	20	98.4°R	Satyaj
	2PM	130/80	68	20	98.4°R	Satyaj
	4PM	124/80	64	16/m	98.4°R	Deepak
	6PM	128/66	66	20/m	98.4°R	Deepak
8PM	130/70	70	16/m	98.4°R	Deepak	
	10PM	130/60	76h	20h	98.5°R	Deepak
20/6/18	12Am	130/60	80m	18m	98.0°R	Deepak
	2Am	120/80	60m	20m	98.4°R	Deepak



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)

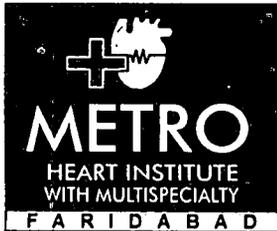
BLOOD INVESTIGATION CHART

INVESTIGATIONS	21/06/18 DATE	22/06/18 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	1.6 ⁰	2.05	2.15	
PCV	25.4	24.6	24.3		
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				160	
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

18/12/2018



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/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>rule</i>
S. Creatinine	0.75	0.82 ✓	1.09 ↑	1.00 ↓	1.29 <i>rule</i>
S. Na ⁺	135.6	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 20					
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	11			
S. CPK	36	29			
S. CK-MB	13	1.2			
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 : Pulpendra

Date & Time : 14/6/18



Quality Accreditations

Mr. HARIKISHAN 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

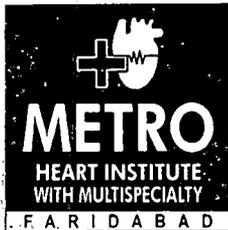
Signature of Nursing Staff

Full Name : MR GAURAY SHARMA

Date & Time : 18/06/10

9/14/6118

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	1	BE 200ml		200ml	9 AM	100ml			100ml
					11 AM	250ml			350ml
11 AM		Juice 100ml		300ml	1 PM	250ml			600ml
12 AM		Lunch 200ml		500ml	2:30	100ml			700
1 PM		Hot 100		600	3:30	280			980
					4 PM	350			1300
4 PM		Tea 100		700	8 PM	250			1550
		Soup 100		800	10 PM	200			1750ml
8 PM		Dinner 100		900	11:30 PM	280ml			2000ml
					2 AM	250			2250ml
6 AM		H ₂ O 100		1000ml	4 AM	200			2450ml
2 AM		H ₂ O 200		1100ml	7 AM	250ml			2700
		H ₂ O 100		1200ml					
7 AM		Tea 100		1300ml					
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)

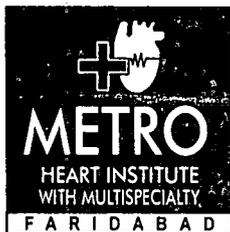
Date / Time 15/6/18 @ 8AM

INTAKE/OUTPUT CHART (CLINICAL)

NAME: MR. HARI KISHAN -					AGE/SEX 70/M Bed No. Ceu-2 ID No. 439195				
					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		200		200	9AM	150			150
					12PM	250			400
10AM		100		300	2PM	200			600
		100		600					
					4P	250ml			850ml
4PM		100		700					
					5:30P	250ml			1100ml
6:30PM		100		800	7PM	100ml			1200
		100		900	8PM	100ml			1300
		200		1100					1500
10PM		100		1200	10PM	200			
		100		1300					
11PM		100			12AM	300			1600
					2AM	200			2000
				1400					
2AM		100			4AM	300			2300
				1500	6AM	200			2500
6AM		100							
				1600					
7AM		100							
				1600					
TOTAL INTAKE IN 24 hrs: 1600ml					TOTAL OUTPUT IN 24 hrs: 2500ml				
BALANCE 900ml									

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		100/150		250ml	11Am	200			450ml
2pm		200 lunch		450ml	1:30pm	250ml			700ml
		H2O 100ml		550ml	4pm	200ml			900ml
4pm		Teg 100ml		650ml	7pm	200ml			1100ml
		H2O 100ml		750ml					
8pm		Almonds 300ml		1050ml	9pm	300ml			1400ml
10pm		200ml		1250ml					
11pm		milk 100		1350ml	2am	200			1600
		H2O 100		1400					
6am		H2O 100		1500	7am	400			2000ml
		H2O 100		1600					
9am		H2O 100		1700					
TOTAL INTAKE IN 24 hrs. 1600					TOTAL OUTPUT IN 24 hrs. 2020ml				
BALANCE 405ml									



Quality Accreditations

Mr. HARI KISHAN 7077
 UIHD 439193 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM CCL-9
 Dr. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

Date / Time

17/6/18

INTAKE/OUTPUT CHART (CLINICAL)

18/16635

NAME : MR. Hari Kishan					AGE/SEX 70yr Bed No. 2		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		juice/200		400	10Am	200			450ml
12pm		H2O/100		500ml	11:30Am	250ml			700ml
2pm		lunch/200		700ml	2pm	300			1100ml
4pm		H2O/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		100 ml		1350ml	9pm	200			2100 ml
6am		100 ml		1400ml	12MN	200			2300 ml
7am	Tea	50ml		1500ml	6am	200			2500ml
TOTAL INTAKE IN 24 hrs. 1500 ml					TOTAL OUTPUT IN 24 hrs. 2500 ml				
BALANCE 1000 (-ve)									

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			1400ml
12 MID		H ₂ O 50ml		1250ml					
		NBM			4 AM	300ml			1700ml
		For CABG							
		<u>today</u>			6 AM	200ml			1900ml
					7 AM	100ml			2000ml

TOTAL INTAKE IN 24 hrs. 2500ml TOTAL OUTPUT IN 24 hrs. 2400ml
 BALANCE 1000ml Negative



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



Quality Accreditations

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

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.	
		NBM			10 AM	300			300	
1:00 PM		200 cut		200	1 PM	300			600	
2 PM		100 100		300	2 PM	300			900	
3:30 PM		100 100ml		400	6 PM	200			1100	
5 PM		100 100		500	7:15 PM	200ml			1300	
		100 100		600	10 PM	400			1700ml	
		100 100		700	1 PM	300			2000ml	
7:30 PM		300ml 300ml		900	3 AM	400ml			2400ml	
10 PM		200ml 200ml		1100ml	6 AM	800			2700ml	
11 PM		100ml 100ml		1200ml						
PE NPO for CABG										

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

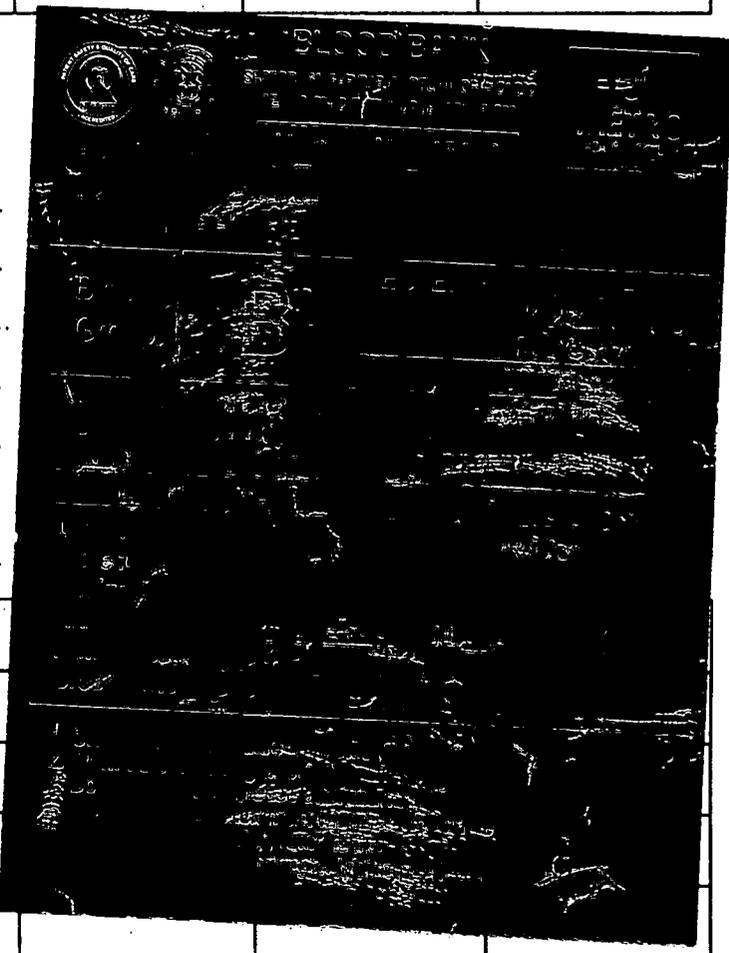
BLOOD / COMPONENT TRANSFUSION FORM

MR. Hari Kiran
 STICKER
 LP No. 18/16685

BLOOD GROUP

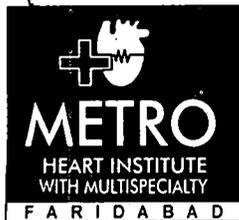
A	B	O	AB	Positive	Negative
⊘	✓	⊘	⊘	✓	⊘

Component PRBC
 Bag No. 1362
 Date of Collection 19/6/18
 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	

Any Reactions No
 Sister's Name Arvind Doctor Name Pankaj Jangle
 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 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.

.....
 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 reduse transfusion

I DO NOT consent to blood transfusion and I assume all risk and hazard that may occure 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 कंट्रोलर द्वारा दिए गए कड़े निर्देशों द्वारा जाँच की गई है 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 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**

Licence No. 681-B(H)

Issue No.

Ward Name C/O

Sr. No. **19485**

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. 18/16635 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	[Signature]	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 [Signature]
**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

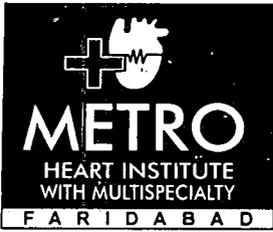
Rate of Transfusion _____ ml/min. Amount transfused _____ ml/(aprox)

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
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 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. 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

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

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



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



Quality Accreditations

INFOI

Name.....

UHID No.

It has been explained to m.....

70 Y/M
 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)

BLOOD TRANSFUSION

Age..... Sex.....

Bed No.....

if / 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

BHARAT BHUSHAN

SON /

Signature

Date & Time

21/06/18, 10:30

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

Physician's Name

Signature

21.06.18.

Date & Time

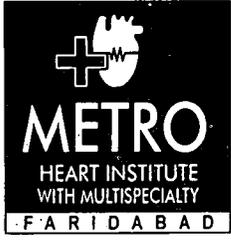
The right to reduce transfusion

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 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 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**

Licence No. 681-B(H)

Issue No.

Ward Name ENT

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 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	1365	PRBC	B POS	10/0/18	22/7/18	Comp	2/6/18 9:33 AM	manjiv	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 _____

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 signs & 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

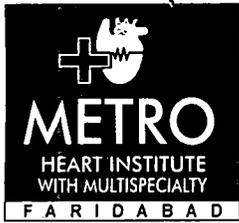
A	B	O	AB	Positive	Negative
	✓				

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
 Rate of transfusion slowly transfuse over 4 hrs.



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 JOSELYN JOSE Doctor Name Dr. Svarna
 Signature [Signature] Signature [Signature]
 Date & Time 22.06.18 11:30 am



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 Kumar 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 outcome 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

SANTOSH

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

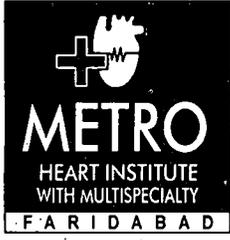
The right to ~~refuse~~ transfusion

I DO NOT ^{refuse} 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 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 नामहस्ताक्षरतिथि/समय

.....
मरीज संबंधी व संबंधहस्ताक्षरतिथि/समय

चिकित्सक :

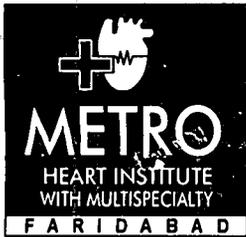
मैंने रोगी/रागी के संबंधी को रक्त ग्रहण करने की प्रक्रिया, उसके फायदे, नुकसान के बारे में अवगत करा दिया है। मैंने अपने ज्ञान के अनुसार रोगी के सभी प्रश्नों का उत्तर दिया है।

.....
चिकित्सक का नामहस्ताक्षरतिथि/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 संबंधीहस्ताक्षरतिथि/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 CTVS

Sr. No. 19757

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	<i>[Signature]</i>	Anju
							Am		

X-Match Done by Haus
 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

MHIM/270

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)

Nursing Initial Asses:

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 *100/130* PULSE *90bnt* RR *14bnt* Temperature *98.6*

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>P. Amlovin</i>	<i>5mg</i>	<i>OD</i>	<i>12/6/18</i>
2)			
3)			
4)			
5)			

Transferable 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 bed sore

 Yes

 No

Diet informed to dietician

 Yes

 No

Loaction / Stage. no

Name of patient / Attendent

Signature Santoff

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

Signature of assessing Name

Signature Kauitz

Time & Date 14/6/18 at 2Am



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)

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
14/6/18	10am	pain	provide comfortable position to the patient - provide medicine to the patient as prescribed by doctor	↓ pain	puspende	5003	[Signature]
	3pm	Anxiety	Assess the patient condition provided psycho social support provide education on anxiety	↓ anxiety	chhotu chhotu	5003	[Signature]
14/6/18	10pm	Anxiety, sleeplessness, restlessness	checked the pt condition vital watch and medicine given → Psychological support given → comfortable position given	↓ anxiety Pt better and pt sleep.	meghal	2484	[Signature]



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/A

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
10pm 15/6/18		Discomfort	Assess the Re Condition provide clonoxal quite environment provide comfortable position	Feel Comfort	madan	4298	madan
3pm 16/6/18		Low Anxiety	Assess the Condition provide psychological support provide comfortable position	Feel Decreased Anxiety	madan	4298	madan
10am		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	<ul style="list-style-type: none"> → Assess the pt condition → Provide Health Education → Provide Psychological support → Provide Comfortable position 	↓ Anxiety	Safaripour	4017	Seeth
10pm	16/6/18	Discomfort	<ul style="list-style-type: none"> → Assess the pt condition → Provide Comfortable quiet environment → Provide Comfortable position 	Feel comfort	Maddam	4298	Mada
4pm	17/6/18	Anxiety	<ul style="list-style-type: none"> → Assess the pt condition → Provide Comfortable quiet environment → Provide Psychological support 	↓ Anxiety	Maddam	4298	Maddam
9:30pm		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	Jansi	3029	duz



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/A

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	Goodmet	J. Arora	5229	[Signature]
17/6	10 pm	Discomfort	Assess the condition of the pt - provide comfortable position	Reduced discomfort	Neenu	5897	[Signature]
18/6	6am	Lack of knowledge related to hospitalization	educate the pt about hospital & Rx procedures. - provide knowledge about surgery	Improved knowledge	Neenu	5897	[Signature]
	10 AM	Anxiety	Assess the pt condition - provide Health Education - provide Psychological support - provide Comfortable position	Anxiety	Satyajit	4017	[Signature]

NURSING CARE PLAN

Date	Time	Complaint	Nursing Interventions	Outcome	Name of the Staff	Emp. ID	Signature
19/6/18	5 PM	Discomfortable → → → →	Assess the pt condition provide Psychological support provide comfortable position provide Healthy Education	pt is feel better	Sobujprokshy	4017	Sobujprokshy
19/6/18	11 AM	Anxiety	Assess the condition Provide comfort Provide environment Provide Psychological Support	Anxiety	Neemly	5297	Neemly
19/6/18	9 AM	Discomfort	Assess the condition Provide comfortable position Provide comfort Provide environment	Feel comfort	Neemly	5297	Neemly



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. HARIVISHAN

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	5292	Joga
	3 pm	pain & Anxiety	Assess patient condition provide psychological support	level of pain	Madan	5295	Madan
10 AM 19/6/18		Discomfort	Assess the condition provide clomond provide comfort position	Feel Comfort	Devendra	5299	Devendra
4 PM 20/6/18		Anxiety	Assess the pt condition provide psychological support provide comfortable position	Feel Comfort & Anxiety	Devendra	5299	Devendra



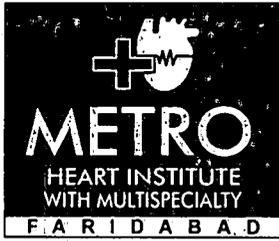
Quality Accreditations

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
22/6/18	11am	Discomfort	→ provide comfortable diolice	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

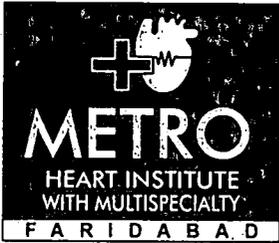


Quality Accreditations

Mr. HARI KISHAN 70 Y/M
 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
21/06							
	4 PM	Hypotension related prolonged surgery.	→ provided adequate fluid support to the patient.	maintain normal BP	JOSELIN	4610	Joselin
	10 PM	⇒ HYPOTENSION	⇒ INJ MORAD INFUSION ON flow ⇒ INJ ADREN INFUSION ON flow ⇒ INJ DOBUTAMINE INFUSION ON flow ⇒ IVP ON flow	Maintain B.P.	Geendry	3277	Geendry
21/06	6 AM	Pain	⇒ Assess the condition of the patient ⇒ provide comfort tube position ⇒ Give Analgesic	rel Pain	Geendry	3277	Geendry
21/06	10 AM	Knowledge defect	→ provided adequate orientation regarding Rx by oral.	improve knowledge level	Joselin	4610	Joselin



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 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
22	10pm	knowledge deficit	→ provided adequate orientation regarding Rx modalities	improve knowledge level	Goschin	4610	Goschin
22/6/17	9am	discomfort	pt provide comfortable position pt provide psychological support	discomfort	222	4202	202
22	10:30am	slipping pattern elastubes	checked patient condition counsel provided comfortable position and comfort	patients slip	Jigroni	4447	Jigroni
23	6am	discomfort	checked patient condition counsel provided comfortable position	discomfort	4447	4447	Jigroni



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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
	Pt came in Emergency Chief clo Breathing Difficulty vitals checked & Pt seen the duty doctor Adv. Admission IV canula 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	Koushik
	(Receiving Note)	
3:30 Am	Handover taken from the emergency staff.	Liyenunoh
4 Am	Vitals are checked. Acc taken. Foley's Catheterization done. Urine (U) send.	Liyenunoh
6 Am	Monitored patient; Conscious level. Stabilized patient condition. Vitals signs are checked & successful	Liyenunoh
8 Am	Handover given to morning duty staff. Medication given as doctor's Order.	Liyenunoh

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 round and after that follow prescriptions	
12 MD	Doctor visit done doctor Ad. pt	Puspendra
	Today plan for st Angiography. paper consent done. part preparation done	
2 pm	patient All vitals checked and	
	assessed pt conscious and recorded.	Puspendra
	Hand Over given next duty staff.	
	Evening duty staff	
	→ ← →	
0230	Patient's Handover taken from (BN) duty staff.	aul
3m	Vital sign checked Reversed.	
	patient shift to central lab.	aul
3y	patient received from central sub duty patient plus for CABG	
	for Admit	



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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/Necraj 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
3:30m	CCU vs Pop. Hand over to staff	[Signature]
4:15m	Receiving Notes Received the patient from CCU	
4:15m	CCU done today	
	Condition is T4D, Plan for CABG	
	CABG anal. vitals checked and	[Signature]
	urined.	
5pm	Vitals checked and urinalysis	[Signature]
	patient had sup.	
	intake output chart maintained	[Signature]
7:15pm	Receiving Notes	
7:15pm	Received the patient from	
	CCU vs Pop. have LM-PVO.	
	Pul. oedema. Plan for CABG.	
	HOBK PKB done.	
	ur are checked & recorded. I/O	
	chart is maintained.	[Signature]
	Patient hand over given to the	
	duty staff	

DATE	* NIGHT NOTE *	SIGNATURE & FULL NAME
12/16/18 8:30pm	Patient received. Rom. evening	
	duty staff Pt conscious and oriented. Pt do	
	sever breathing difficulties C/O. TD. P. BLTRK	
	Plan CABG.	medical
10:30pm	Vital watch and vital recorded and vital	
	stable. and All due medicine given	
	as per doctor order. nebulization given	
	and Dis Clean Bow given and maintains	
	output input chart and Pt do sleep	
	P. Bi Tox given and Pt sleep.	medical
12/16/18 12Am	Vital watch and vital recorded and vital	
	stable and maintains output input chart	
	and Pt sleep.	medical
2Am	Vital watch and vital stable and	
	maintains output input chart and	
	Pt sleep.	medical
4Am	Vital watch and vital stable CBC	
	R.B.T. L.F.T Myriad Profree S. CPU-CU	
	S. CPU-MB ^{II} send P. due and maintains	
	output input chart and Pt sleep well	medical
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	medical



Quality Accreditations

IIM/007

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

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 @ collected	megha
8AM	Vital taken and vital recorded pt do 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.	Chhetri
9AM	vital sign checked & recorded.	Chhetri
10AM	Administered medicine as per drug chart.	
11AM	DR. Came for Round advised for carotid doppler	Chhetri
	patient shift for carotid doppler.	
12PM	maintained intake output chart	Chhetri

DATE	Administered all due medicines Per drug chart.	SIGNATURE & FULL NAME
		<i>ekberj</i>
	EVENING DUTY ON 15/6/18	
2:30pm	Hand over taken from morning duty staff. Pt EAD U/A, HIN P-CAY LMTOLAD. TW. Plan CABG.	<i>H)cho</i>
3pm	my Augmentin 1.2gm given.	
4pm	All due Medicines are given.	
5:45pm	Nes duolin given as per drug chart	<i>JD</i>
5:45	Pt sent to ERG pp ③	
6:15pm	Receiving alert	
	Hand over taken from the next staff with all documents. Patient is having IV cannula and foleys cath. Patient is stable and oriented.	<i>Janey</i>
6:30pm	Dr. Ajay Rounds done - advised to do foleys cath	<i>Janey</i>
6:40pm	Patient is refused to remove foleys cath informed duty doctor	<i>Janey</i>
8pm	patient had blood.	<i>Janey</i>
9pm	Hand over given to the next duty staff	<i>JD</i>



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

NURSES NOTES

DATE 15/6/18 NAME Hari KISHAN AGE/SEX 70/M I.D. No. I.P. NO. 18/16635

TIME	Notes	SIGNATURE
	<u>Night notes</u>	
8:30h	Received TWT from @ duty staff	/
	MS checks & initiated @ in room	
	VS checks & record	/mally
10h	Admin measure in system & plan for CABG. CT VS ct label	
	Flow chart management	/mally
	Foley's clm removed	
	pt sleeping @. CU monitor	/mally
	Not passed syb. low rdx	
11h	Flow chart management	/mally
6am	morning care done	
	Foley's can out	/
	Admin measure in system & results on line	
	pt. h/o given @ duty staff	/mally

DATE	Morning Reports	SIGNATURE & FULL NAME
9Am	Hand over taken from the night duty staff with all documents. plan for the CABG on Tuesday IV cannula present	Dorney
9:30Am	vitals checked and Recorded	
10:30Am	One medicine given as per chart	
1:40pm	Patient had food.	Dorney
3p	Hand over given to the next shift	D
16/6/12	Evening duty Note	
2:55pm	Patient Received from (M) duty staff patient is conscious & oriented. vitals signs checked & Recorded	Sobye
3pm	All due medicine given at time as advise by doctor. No chesting maintained. plan for CABG	Sat
6pm	Dr. Round done	
6:30m	Patient is stable no any other complaint	Sobye
7pm	All due medicine given at time	Sobye
8pm	Patient hand over to duty staff	Sobye



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/Necraj Jain/Chetan/Ajay/A

NURSES NOTES

DATE: NAME: Mr. Hari Kishan AGE/SEX: 76/M I.D. No. I.P. NO: 18/16635

TIME	NIGHT NOTES	SIGNATURE
9pm	Pt Received Evening duty staff	Madam
9/6/18	we checked and Record Pt General and oriented Plan for CABG etc .	
10pm	we checked and Record All due medication given Perby doctor. Nesyulman given Pt General and oriented	
11pm	we checked and Record Pt sleep. No fresh Complaint. 40 PRBC 40 Pbt to be transfused ECG, LAT Ch to be done	Madam mal
6am	V/S checked & Record has no Ref to be done inform to team leader & @ duty staff Nesyulman given	mal
7am	All due medication given.	mal
8am	Pt N/O given @ duty H/M	mal

Morning Reports

DATE		SIGNATURE & FULL NAME
8:30am	Hand over taken from the night duty staff with all documents. Patient is admitted with complaint 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	<i>Ajay</i>
1pm	patient had food. Due medicine given as per chart	<i>Ajay</i>
6pm	nebulization given as per chart. Patient had food. Due medicine given as per chart	<i>Ajay</i>
9pm	Hand over given to the next staff	<i>Ajay</i>
	Night Duty Notes	
17/6/18 9pm	Hand over taken from evening duty staff. P. CABG pt have peripheral line only. Stable & oriented. Vitals checked & recorded. ECG chart checked & maintained.	
10pm	All medicines given as per drug chart. Nebulization given.	<i>Ajay</i>
11pm	No any fresh complaints. pt slept well. Loose sup given for motion passing.	



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Mr. HARI KISHAN 70 Yr
 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. Hanikishan 70

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

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



Quality Accreditations

HIM/007

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 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 PAE 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 (2) duty staff	Neeraj
	pt vitals checked and vital.	
	pt all medications as per doctor's order	
	pt has to breathe.	
10AM	pt vitals checked and vital	Neeraj
	pt has NPO	

DATE		SIGNATURE & FULL NAME
10/6/14		
10:30pm	pt vitals checked and recd.	
	pt on out pt recd	10:30
2pm	pt vitals checked and recorded	
	pt on medication on a 12	
	docs on	
	pt plan proposed checked by	
	pt. Sidhu and discuss by pt. Sidhu	10:45
	pt stable, no high complaints	
	pt back on	
	pt stable	
3pm	pt hand over to (R) duty staff	10:55
	with all reports and cash covered.	
3.0pm	<u>EVENING duty notes</u>	
	Hand over received from morning duty	11:00
	staff. Patient received from morning	
	duty staff. Patient is oriented &	
	consciousness. Vitals sign checked &	
	Recorded to chart.	
	1pm CABU Surgery pt. mid/late	11:00
	night 13m game pt. Sidhu	Maddy
8pm	all checked & recorded	Maddy
8pm	All in medline on chart	Maddy
	pt on log in @ surgery	Maddy



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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: 19/6/18 NAME: Mr. Hari Kishan AGE/SEX: 70yr I.D. No. 18/16635 I.P. NO.

TIME	Notes	SIGNATURE
	<u>Night Notes</u>	
8pm 19/6/18	Patient Received Evening duty staff V/S checked and Record	Devendra
	Pt Conscious and oriented	
10pm	V/S checked and Record All due medication given per by doctor.	
	Pt Conscious and oriented	
12Am 20/6/18	V/S checked and Record Pt sleep. No breath complaint	
2Am	V/S checked and Record Pt NPO mid night	
4Am	V/S checked and Record Pt sleep.	Devendra
6Am	V/S checked and Record Pt Conscious and oriented Pant preparation done.	
8Am	V/S checked and Record Hand over given morning duty staff	Devendra



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

NURSES NOTES

DATE: NAME: Mr. HARI KISHAN AGE/SEX: 70 Y/M I.D. No. I.P. NO. 18/16635

TIME		SIGNATURE
8pm	Vitals are Recorded. RBS checked.	
	DR. Manish Adviseed. 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. 7F 40%. pad 3rd day. CVP present in cordarone 90mg + 5mlals 1ml hour ongoing. Patient is stable and oriented.	
10pm	Vitals checked and Recorded	darney
	Insulin gives. patient had food	darney
	Due medicine given as per drugchart.	
11pm	RBS checked and Recorded	darney
24/6/18 12:30pm	patient is sleeping	darney
4:30am	Blood samples sended to lab. 2CG taken.	
5:30am	Dressing done. sponge bath given.	darney
	Nebulization given. CVP dressing changed	
6AM	Mouth care given. Due medicine gives	

DATE		SIGNATURE & FULL NAME
8AM	Due medicines given as per chart	
	PC cream given	
	Hand over given to the next duty staff - done	
	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. SIA advised stopped INT. Ataceb	
	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



Quality Accreditations

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 DOA 14/Jun/2018 2:10:00AM
 9891980094
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 Panel PF OFFICE (SEC-15)

18/V.0.0

NURSES NOTES

DATE NAME My. 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 CABGx5. RBS checking pre and post meal. pacing wire and cup present.	
	> plan for discharge tomorrow	daney
	> patient is stable and oriented	daney
9pm	> vitals checked and recorded	daney
9:40pm	Due medicines given as per chart	daney
11pm	RBS checked and recorded	daney
1Am	patient is sleeping. vitals are stable	
4Am	Blood samples send to lab - SCy 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	
8:45AM	Doctor Rounds done _____	Daneey
9AM	Hand over given to the next staff _____	Daneey
	<u>MORNING REPORT</u>	
<u>9AM</u>	H/o. Revised & vitals were checked & recorded.	Daneey
	Pt. taken breakfast.	
<u>10AM</u>	due medication were given. Nebu. given.	Daneey



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 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 norad@15mg/h and ade @ 10ml/hr. Profol infusion started pt connected to ventilator with settings as follows: vt/14/450/4/60%.	Doby
	EXR done. ECG taken having irondrops support of INS. NORAD. 10 umol ADRx1. → 10.0	Goschin.
2:00	DR. pankaj visited the patient and advice for maintain bp. checked vitals and recorded.	Goschin.
	maintain intake and output chart	
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 chart	Goschin.

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
	H and 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, Rical chest tube	
	IV Cummula, PA present. pt on	
	INJ Norad, INJ Dobutamin, INJ ADR	
	infusion on flow.	
9pm	pt put on CPAP As per doctor	
	order ABG send. Plan for extubation.	Goschin
9:30pm	pt extubated at 9:30 pm. chest	
	physio. Cien. Nebulizers Cien	
10pm	All due medication Cien As per	
	Doctor order	
12:10am	PBS checked INJ HIR Cien @ 70	
	-800 Cien.	



Quality Accreditations

70 Y/M
 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 22/6/19 NAME MR. HARI KISHAN AGE/SEX 70/F I.D. No. I.P. NO. 18/16635

TIME	NOTE	SIGNATURE
	<u>NIGHT NOTE</u>	
9pm	Reviewed the patient. Room empty duty staff.	
	patient P. 0834. No RD POP	
	Poley & cup present.	
	vitals checked and recorded.	
10pm	Intake Output chart maintained.	
	patient refused to take medicine and will not give the medicine.	
	Informed to duty doctor. Keenya. Neb. given.	
12am	vitals checked and condition stable.	
	patient sleep.	
4am	Blood sample collected and sent. sponge given. ecclaxin, dextro clon.	
6am	nebulization given.	
	all medications given as per order.	
	Intake output chart maintained.	
8am	vitals checked and recorded.	
	no fresh amplicon hemelid given.	
	given to morning duty staff.	

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



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 ^t checked vitals and	Goschin
	Recorded maintainance intake	
	and output chart	
5pm	checked vitals and Recorded	Goschin
	maintainance intake and output	
	report collected 4/1	
6pm	NO any fresh complaint	Goschin
	maintainance intake and out	
	put chart	Goschin
7pm	NO any fresh complaint	
	checked vitals and Recorded	
	RBS checked and Recorded	
	maintainance intake and out	
	put chart	Goschin
8:30pm	NO any fresh complaint	
	humed Over gives to the	
	next duty staff	Goschin



Quality Accreditations

76-18/V0.0

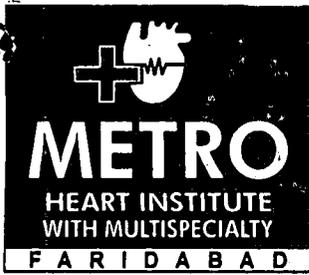
Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

NURSES NOTES

DATE 22/6/19 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-OPRBC transfused and removal out chest tube out, PA REMOVED.	Goschin
10:30 PM	checked vitals and recorded maintain intake and output chart swam removed and	Goschin
11:30 PM	Removed sp 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	
3pm	① duty start	
	pt P. CABH	
	pt vitals checked and recorded	Joice
	pt sup. radial, temp. pres.	
	pt All medications on up	
	docs ok	
4pm	pt vitals checked and recorded	
	pt medication on	Joice
	pt skin sin	
	pt eos checked and vent	
5pm	pt vitals checked and recorded	
	pt medication on	
	pt vitals checked and recorded	Joice
	pt medication on	
	pt vitals checked and recorded	Joice
	pt medication on	
	pt vitals checked and recorded	Joice
9pm	pt medication on	
	pt vitals checked and recorded	Joice
	pt medication on	
	pt vitals checked and recorded	



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 135/81/4.9 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 - Amol 1.2 amv Medication / Insulin / Clexane / Aggramed		
7.	Urine passed before procedure/24 hours output	✓	
8.	Vitals B.P. 130/70 Pulse 84/m R. 10 in/cm. 28.4f 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 : *[Signature]* Date: 14/6/18 Time :
 Full Name: Dr. F.S. Yadav



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/N	
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-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	
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.: 0129-427.....

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/V
Panel PF OFFICE (SEC-15)

Consent for Angiography

Name Mr. Hari Kishan Age 70y/2 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

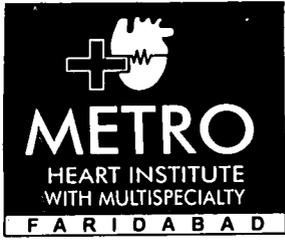
I have been explained about the risk associated with this procedure :-

- **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>SANTORI KUMARI</u>		
(in case of minor)		
Full Name of Guardian <u>WIFE</u>		
Relationship _____		
Date Or Time : _____	Date or Time : <u>14/6/18</u>	Date or Time : _____



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Helpline No. : 15106



Quality Accreditations

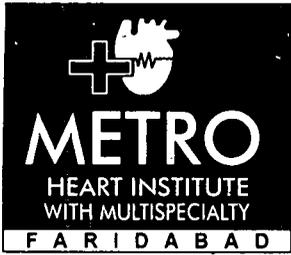
CONSENT FOR RESTRAINT

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/M
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 restraint & 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।

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



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/M
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

U/D/IPD : 18/16635 Date : 14/6/18

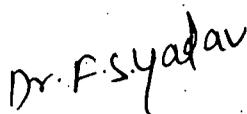
This is to state that I have been counselled about the HIV test & the reason for undergoing the test has been clearly explained. I have been informed about the implications of the test result : positive, negative or indetermined. All the details pertaining to HIV, its transmissions, testing procedure,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

STICKER

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

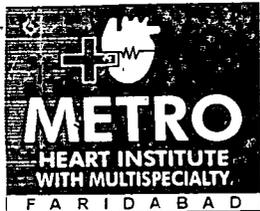
+ High risk consent.

EF \Rightarrow 40%

wt \Rightarrow 79kg

Ht \Rightarrow 177cm.

Blood group \Rightarrow B +ve



Quality Accreditations

F. HARIKISHAN 70 Yr MHIM/261
 HID 439195 IPNO 18/16635
 OA 14/Jun/2018 2:10:00AM CTVSP
 S.S.bansal/Neeraj Jain/Chetan/Ajay/N

NURSING CHECKLIST FOR PRE-OPERATIVE PATIENT

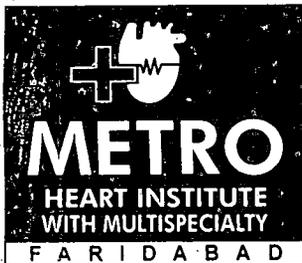
Nursing staff are requested to complete the following checklist before sending the patient to operation theater for any surgery.

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 : Devesh

Signature : Devesh

Date : 20/6/18



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Dr. HARI KISHAN 70 Y/
 MID 439195 IPNO 18/16635
 OA 14/Jun/2018 2:10:00AM CTVSP
 Dr. 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 12.63, PCV 135.5 Na / K 136.2 / 4.1 Urea/Creatinine 39 / 0.89 RBS Urine Routine ✓ ECG/X-Ray ✓	✓ ✓	
4.	PT/APTT, BT, CT 10.2/41.2/0.91 APTT 126.6/28		
5.	Cardiac Enzymes 29 / 12		
6.	Current Medication / Insulin / Clexane / Aggramed <i>Silyfaymer 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 Non-reactive		
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 : *[Signature]* Date: *12/6/18* Time :
 Full Name:

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

F A R I D A B A D

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 A, FARIDABAD (DELHI-NCR) -121 002
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 : 15106



MHIM/262



NABL ACCREDITED
 M-0351

Quality Accreditations

PRE SURGERY PROTOCOL

Name of the Patient MR. Hari Kishan Ward CMS 107 (3)
 Date of Surgery 20/6/18 Name of Surgery CABG + LABP
 Surgical Team DR. Sudeep Singh Sidhu

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-operatively 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>40</u> <u>[Signature]</u> Metro Hospital With Multispecialty BANK 18-6-18 at 8.20am
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 Multispecialty
Sector-16A, Faridabad (Delhi-NCR) - 121 002
Tel. : 0129-4277777, Mobile : 9811561000

Helpline
15106



Dr. HARI KISHAN 70 Y/
HID 439195 IPNO 18/16635
Date: 14/Jun/2018 2:10:00AM CTVSP
Dr. S.S.bansal/Necraj 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"/>	<input type="checkbox"/>												
2.	Paripheral IV Line Secured	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>												
5.	PT/APTT, BT, CT 10.2/11.2/0.91/APTT, 26.6/28	<input type="checkbox"/>	<input type="checkbox"/>												
6.	Cardiac Enzymes / Tropt CPK 29 CPK MB 12	<input type="checkbox"/>	<input type="checkbox"/>												
7.	Current Medication eg-Heparine / Clexane / GP II Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>												
8.	25 Hrs. urine output	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
9.	Vitals Parameter BP - ✓ - R - ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
10.	Status of hydration	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
11.	HIV / HBsAg / HCV / any other Signification finding Nonreactive ✓	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
12.	Systolic Murmur	<input type="checkbox"/>	<input type="checkbox"/>												
13.	Echo report / Stress Echo LV Normal In size with med. systolic dysfunction LVEF: 40%. LV diastolic dysfunction. Dilated left atrium. mild mitral regurgitation, RV Normal In size & adequate systemic function	<input type="checkbox"/>	<input type="checkbox"/>												
14.	Angiography Findings Triple vessel disease.	<input type="checkbox"/>	<input type="checkbox"/>												
15.	Carotid Doppler Normal studies.	<input type="checkbox"/>	<input type="checkbox"/>												
16.	PFT	<input type="checkbox"/>	<input type="checkbox"/>												
17.	Any support - Inotropes / IABP / Ventilator	<input type="checkbox"/>	<input type="checkbox"/>												
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

WHIM/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;

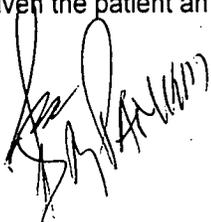
Name: SANJANA KUMARI

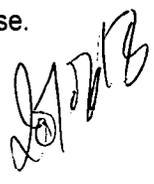
Relationship wife
to patient:

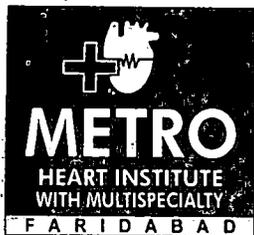


DECLARATION BY THE ANAESTHETIST PROVIDING INFORMATION FOR THIS CONSENT

- ★ 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 :



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 CPBA

any other: Hydronephrosis / KIDNEY STONE / LUMBAR DISC / MILD DM

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. Hari Kishan	IP No.	18/16635	Signature	
Key Attendant's Name (1)	Sambh	Relationship	wife	Signature	
Key Attendant's Name (2)	Dr. S.S. Bansal	Relationship	Son	Signature	
Anaesthetist's Name	Dr. Parul			Signature	
Date					



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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		इलेक्ट्रो लाइट 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 डॉक्टर 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 सवालों 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	
एनेस्थीजिया डॉक्टर					
दिनांक					



Quality Accreditations

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

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. Bansal and those whom he designate as associate or assistant to perform upon me / my relative (Name & Relation) _____
diagnostic / therapeutic procedure (Name of procedure) CPABG
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>Mr. 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>Bharam Prakashan</u>	Full Name: _____	Full Name: _____
Relationship <u>Son</u>	Full Name: _____	Full Name: _____
Date Or Time: <u>18/06/18</u>	Date or Time: _____	Date or Time: <u>[Date]</u>



Quality Accreditations

STICKER

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 नर्सों में खून का थक्का जमना (Deep Vein thrombosis) जो कि वहा से निकल कर फेफड़ों कि धमनियों में जाकर pulmonary embolism जैसे जानलेवा परिस्थिति पैदा कर सकता है।
- अनुर्जता प्रक्रिया (Allergic reaction)
- लकवा
- आकस्मिक 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।

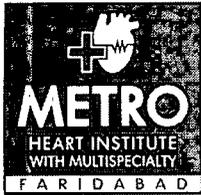
3) डॉक्टर ने मुझे अन्य प्रकार की उपचार विधियाँ समझा दी हैं और उसके उपरान्त मैंने शल्य-क्रिया कराने का निश्चय किया है। इस दौरान मुझे खून की जरूरत पड़ने पर दे दिया जाये, इससे जो भी परेशानियाँ उत्पन्न हो सकती हैं, उनका खतरा उठाने के लिए मैं तैयार हूँ। Blood Transfusion एक Life saving procedure है इसके द्वारा 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 फेफड़ों की मदद की जरूरत पड़ सकती है। ऑक्सीजन 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 हुतु 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 शिक्षक 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. 139195 Bed No. CI-01

I hereby authorize Dr. Sudeep 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 : <u>HARI KISHAN</u>
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>		



METRO HEART INSTITUTE WITH MULTISPECIALTY

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

Helpline:
15106



Quality Accreditations

MHIM/146

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:

Address:

Date/Time:

BHARAT BHUSHAN

2-3/W-H/22

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 Yr 228

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

SURGICAL SAFETY CHECKLIST

Date / Time 20/6/2018
Before patient leaves operating room

Before Induction of anaesthesia.....

SIGN IN	<input checked="" type="checkbox"/> PATIENT HAS CONFIRMED IDENTITY <u>Mr. Hari Kishan</u> <input checked="" type="checkbox"/> SITE <u>Median sternum</u> <input checked="" type="checkbox"/> PROCEDURE <u>CSB</u> <input checked="" type="checkbox"/> CONSENT <u>done</u> <input type="checkbox"/> SITE MARKED/NOT APPLICABLE <input checked="" type="checkbox"/> ANAESTHESIA SAFETY CHECK COMPLETED <input type="checkbox"/> DOES PATIENT HAVE A: KNOWN ALLERGY ? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> DIFFICULT AIRWAY / ASPIRATION RISK ? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, AND EQUIPMENT / ASSISTANCE AVAILABLE RISK OF >500 ML BLOOD LOSS (7 ML/KG IN CHILDREN) ? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED
----------------	---

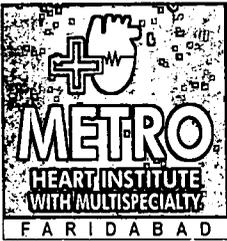
Signature of Nurse Somya
Name Somya Singh
Date : 20/6/2018

TIME OUT	<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>CSB</u> <input checked="" type="checkbox"/> ANTICIPATED CRITICAL EVENTS 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 ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE IF ESSENTIAL IMAGING DISPLAYED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE
-----------------	---

Signature of Anaesthetist Somya
Full Name : Dr. Somya Singh
Date : 20/6/2018

SIGN OUT	<input checked="" type="checkbox"/> 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 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 Surgeon Somya
Full Name : Dr. Somya Singh
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



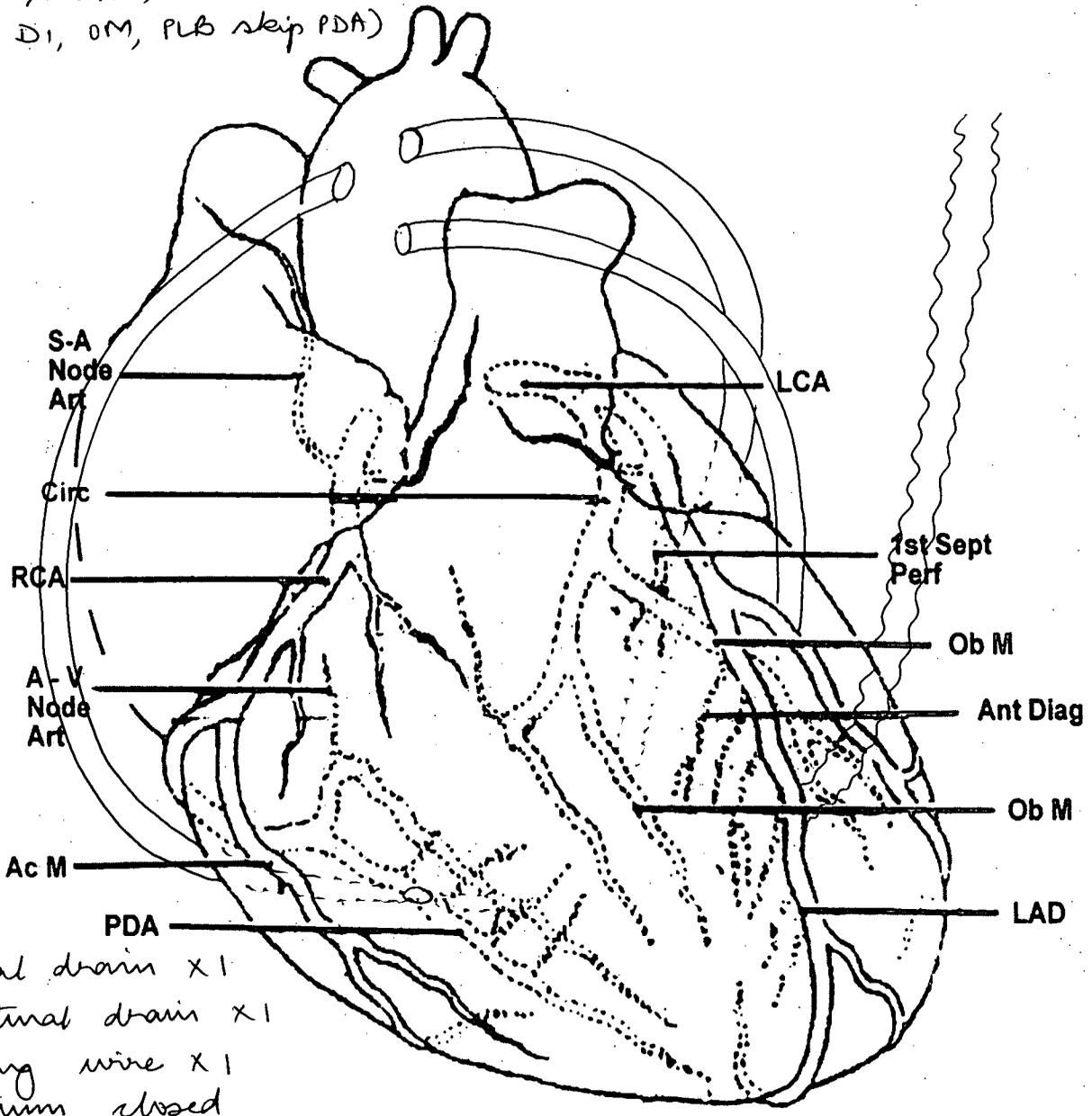
Quality Accreditations

MHIM/139

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

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

Date 26/06/2018



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

Su
CHIEF CARDIAC SURGEON

• DR. SUDEEP SINGH SIDHU

CONSULTANT CARDIAC SURGEON
DR. FIRDOOS AHMAD MIR

Email : info@metrohospitalfaridabad.com
[facebook.com/MetroHospitalFaridabad](https://www.facebook.com/MetroHospitalFaridabad)

Website : www.metrohospitalfaridabad.com
twitter.com/metro_hospital



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)

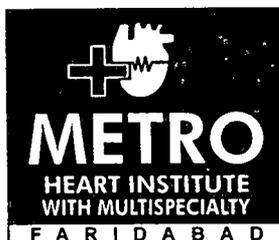
CTVS - OPERATION NOTE

NAME OF PATIENT : MR. Hari Kishan SURGEON: DR. Sudeep Singh Sidhu
 AGE/SEX: 70/m ASSTT. SURGEON: -
 I.D NO.: 439195 ANESTHETIST: DR. Pankaj Tyde
 ROOM / WARD: Cardiac ot NURSE: sister. Premata
 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	

Sd/-



Quality Accreditations

Mr. HARIKISHAN 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 |

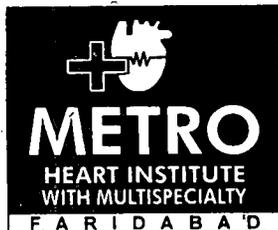
Step 4 - Ability to eat / retain food

- | | |
|--|---|
| • 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.



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: CAD Past History: MI

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

Vulnerable: Yes/No _____ Medication for Pain: Prevedol

Vas scale: _____ 3 _____ 5 _____ 10

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

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

Rsspiratory: Rate 16/min Breath Sounds: BL & R (+)

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 Exe

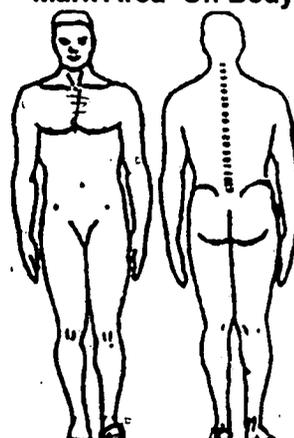
Spironomy

Precautions: _____

Date 21/6/18

Time: 12:30pm

Mark Area On Body



Signature of physiotherapy [Signature]

Full Name.....

Dr. Sudeep Kumar

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

CAUTI CARE BUNDLE

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

CAUTI CARE BUNDLE
 PATIENT'S NAME Mr. Hari Kishan UNIT CCY- 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

MHIM/298

Mr. HARI KISHAN
 UHID 439195 70 Y/M
 DOA 14/Jun/2018 IPNO 18/16635
 9891980094 2:10:00AM
 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 Dr. Luv	14/6/18 DR. Bansal DR. Luv	14/6/18 DR. Bansal DR. Luv	14/6/18 DR. Bansal DR. Luv	14/6/18 DR. Bansal DR. Luv	14/6/18 DR. Bansal DR. Luv	14/6/18 DR. Bansal DR. Luv
Is patient vulnerable ?			Yes	Yes	Yes	Yes	Yes	Yes	Yes
Current medication as per drug chart [If Any variation, Mention]			Yes	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	M-D	M-D	M-D	ND	ND
RBS frequency / Sliding scale			SOS	SOS	SOS	N/A	NA	NA	NA
Fasting status [for Tests, OT]			N/A	NA	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	11	N/A	NA	NA	NO
Tracheal Suction & Frequency			N/A	NA	NA	N/A	NA	NA	NO
Hand Over Given By									
Name of Staff			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Chok	Neeraj
Hand Over Received By									
Name of Staff			Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Neeraj	Neeraj

Mudam



Quality Accreditations

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/

HANDOVER CHECK LIST

DATE	16/6/18			17/6/18			18/6/18		
OPPORTUNITIES	M	E	N	M	E	N	M	E	N
Patient Profile [DOA, Consultant, diagnosis]	14/6/18 DR.S.S. TVR	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	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
NGS 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	no
Intact Epidural Catheter	no	no	no	no	no	NA	NA	NA	no
Colostomy/Ileostomy/Stomas & Bags	no	no	no	no	no	NA	NA	NA	no
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
Endo'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	clear
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
Tracheal Suction & Frequency	no	no	no	no	no	no	NA	NA	NA
Hand Over Given By	manoj	gods	gods	manoj	gods	manoj	manoj	manoj	manoj
Name of Staff	manoj	gods	gods	manoj	gods	manoj	manoj	manoj	manoj
Hand Over Received By	manoj	gods	gods	manoj	gods	manoj	manoj	manoj	manoj
Name of Staff	manoj	gods	gods	manoj	gods	manoj	manoj	manoj	manoj

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Quality Accreditations

HID 439195 IPNO 18/16635

OA 14/Jun/2018 2:10:00AM CTVSP
r. S.S.bansal/Neeraj Jain/Chetan/Ajay/A

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 OP P P	14-6-18 DR S.S. P.C.A.B.S.	14/6/18 P.R.S.S. P.C.A.B.S.						
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/D	ND						
RBS frequency / Sliding scale	Yes	2 Pre post	NA						
Fasting status [for Tests, OT]	Yes	N/A	NA						
Pending referrals [Mention]	Yes	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	Yes	N/A	NA						
Colostomy/Ileostomy/Stomas & Bags	NA	N/A	NA						
Skin Status & Braden Score	Yes	18/20	20/20						
Braden Score	1	1	1/10						
Foley's Catheter / Condom Catheter	Yes	N/A	NA						
Tracheotomy Status	NA	N/A	NA						
Ryle's Tube	Yes	N/A	NA						
DEMONSTRATIONS/CHECK									
Monitor/Spo2 Parameters With Clear Wave Forms	Clear	Clear	clear						
Back Flow of CVP/Arterial Line	Yes	N/A	NA						
Colostomy Bag Dressing, Emptying	Yes	N/A	NA						
Functioning of ICD, Column With Movement	Yes	N/A	NA						
Working of Suction	Yes	N/A	NA						
Tracheal Suction & Frequency	Yes	N/A	NA						
Hand Over Given By	Neeraj	Chetan	Chetan						
Hand Over Received By	Chetan	Neeraj	Neeraj						
Name of Staff									
Name of Staff									

Neeraj



Quality Accreditations

MHIM/298

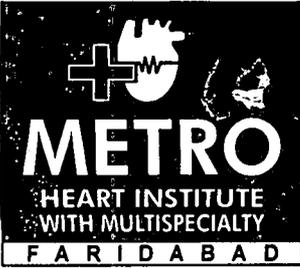
Mr. HARI KISHAN 70 Y/M
 UHID 439195 IPNO 18/16635
 DOA 14/Jun/2018 2:10:00AM
 9891980094
 Dr SUDEEP SINGH SIDHU / FIRDOO
 Panel PF OFFICE (SEC-15)

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. SSS P-CABG	14/6/18 DR. SUDEEP P-CABG	14/6/18 DR. SSS P-CABG	14/6/18 DR. SUDEEP P-CABG	14/6/18 DR. SUDEEP P-CABG	14/6/18 DR. SSS 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 OM	ND OM	ND OM	ND OM	ND OM	ND OM			
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	NO	NO	NO	NO	NO	NO			
Colostomy/Ileostomy/Stomas & Bags	NA	NO	NO	NO	NO	NO			
Wound 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	NO	NO	NO	NO	NO	NO			
Ryle's Tube	NO	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	NO	NO	NO	NO	NO	NO			
Tracheal Suction & Frequency	NO	NO	NO	NO	NO	NO			
Hand Over Given By	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Name of Staff	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>			
Hand Over Received By	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			
Name of Staff	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>	<i>[Name]</i>			

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 checked="" type="checkbox"/> Differential Count	<input type="checkbox"/> S. TOTAL PROTEIN
<input type="checkbox"/> Platelets Count	<input type="checkbox"/> S. ALBUMIN
<input checked="" 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 checked="" 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

ABG

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/O
UIIID 439195 IPNO 18/16635
DOA 14/Jun/2018 2:10:00AM
9891980094 08260006566
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:

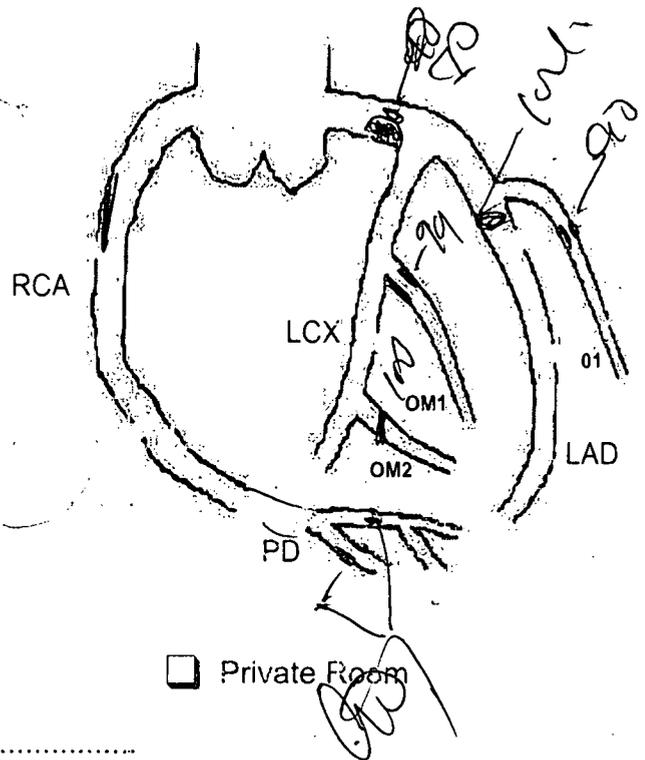
SHIFT THE PATIENT TO:

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 / FIRDOX
 Panel PF OFFICE (SEC-15)

LAB SERVICES REQUISITION FORM

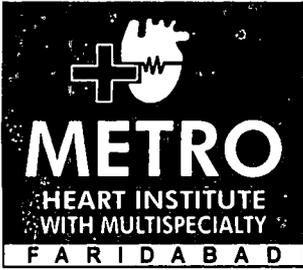
NAME *MR. HARI KISHAN* AGE/SEX UHID / LAB. REF. NO. DATE *20.06.18*

BED / WARD No. *CTVS ICU (2)* TIME OF COLLECTION OF SPECIMEN *4:45pm*

REFERRED BY DR.: *PANKAJ R. INGOLE.* 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"/> MP	<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"/>

Any Other Investigation *UDC, ABG, S.K.T*
 Provisional Diagnosis
 Remarks
 Sign. of Nursing Incharge
 Sign. & Name of RMO



Quality Accreditations

STICKER

IPNo-18/16635

LAB SERVICES REQUISITION FORM

NAME MR. HARI KISHAN AGE/SEX 70/M MUHID / 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

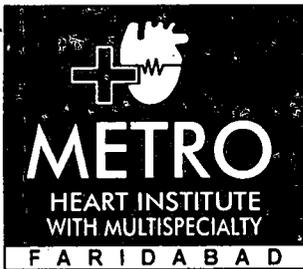
INVESTIGATION	INVESTIGATION
<input type="checkbox"/> Blood Group & RH	<input type="checkbox"/> S.BILIRUBIN UNCONJ (INDIRECT)
<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> SGOT (AST)
<input type="checkbox"/> Hb%	<input type="checkbox"/> SGPT (ALT)
<input type="checkbox"/> TLC	<input type="checkbox"/> S. ALK PHOSPHATASE
<input checked="" type="checkbox"/> Differential Count	<input type="checkbox"/> S. TOTAL PROTEIN
<input checked="" type="checkbox"/> Platelets Count	<input type="checkbox"/> S. ALBUMIN
<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> S. GLOBULIN
<input checked="" 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"/>

ABO

Any Other Investigation
 Provisional Diagnosis
 Remarks

CDG, ABE
 Sign. of Nursing Incharge

Sign. & Name of RMO



Quality Accreditations

818532

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)

LAB SERVICES REQUISITION FORM

NAME	AGE/SEX	UHID / LAB. REF. NO.	DATE
BED / WARD No.	18/16635		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	<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"/> NO ANTIC OAGULANT THERAPY <input type="checkbox"/>		<input type="checkbox"/> S. ACID PHOSPHATASE (T)	
BIO-CHEMISTRY REPORT		<input type="checkbox"/> S. ACID PHOSPHATASE (P)	
<input type="checkbox"/> B. GLUCOSE F/1P/R	<input type="checkbox"/> TROP I		
<input type="checkbox"/> B. GLUCOSE PP/R	<input type="checkbox"/> HbA1C		
<input type="checkbox"/> KIDNEY FUNCTION TEST	<input type="checkbox"/> S. IRON AND TIBC		
<input type="checkbox"/> B. UREA	<input type="checkbox"/> FERRITIN		
<input type="checkbox"/> S. CREATININE	<input type="checkbox"/> SPUTUM		
<input type="checkbox"/> S. URIC ACID	<input type="checkbox"/> AFB STAIN		
<input type="checkbox"/> S. SODIUM (Na)	<input type="checkbox"/> GRAM STAIN		
<input type="checkbox"/> S. POTASSIUM (K)	<input type="checkbox"/> FUNGAL STAIN		
<input type="checkbox"/> S. CHLORIDE (CL)	<input type="checkbox"/> MALIGNANT CELLS		
<input type="checkbox"/> S. CALCIUM	<input type="checkbox"/> URINE R/E		
<input type="checkbox"/> PHOSPHORUS	<input type="checkbox"/> STOOL R/E		
<input type="checkbox"/> S. MAGNESIUM	<input type="checkbox"/> CULTURE		
<input type="checkbox"/> LIPID PROFILE	<input type="checkbox"/> URINE		
<input type="checkbox"/> CHOLESTEROL	<input type="checkbox"/> STOOL		
<input type="checkbox"/> S. TRIGLY CERIDES	<input type="checkbox"/> BLOOD		
<input type="checkbox"/> S. HDL-CHOLESTEROL	<input type="checkbox"/> SPUTUM		
<input type="checkbox"/> RATIO of CHOL/HDL	<input type="checkbox"/> OTHER FLUIDS		
<input type="checkbox"/> RATIO LDL/HDL	<input type="checkbox"/> CYTOLOGY		
<input type="checkbox"/> THYROID FUNCTION TEST	<input type="checkbox"/> FLUID EXAMINATION R/E		
<input type="checkbox"/> FT3	<input type="checkbox"/> BIOCHEMISTRY / CYTOLOGY		
<input type="checkbox"/> FT4	<input type="checkbox"/> FLUID FOR MALIGNANT CELLS		
<input type="checkbox"/> TSH	<input type="checkbox"/> SLIDES FOR REVIEW		
<input type="checkbox"/> LIVER FUNCTION TEST	<input type="checkbox"/> VACUTAINER DETAILS		
<input type="checkbox"/> S. BILIRUBIN TOTAL	SST <input type="checkbox"/>		
<input type="checkbox"/> S. BILIRUBIN CONJ (DIRECT)	EDTA <input type="checkbox"/>		
	FLOURIDE <input type="checkbox"/>		
	CITRATE <input type="checkbox"/>		
	HEPARIN <input type="checkbox"/>		
	OTHERS <input type="checkbox"/>		
Any Other Investigation	ABG & etc		
Provisional Diagnosis	Sign. of Nursing Incharge		Sign. & Name of RMO
Remarks			

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		<i>Joshi</i>	<i>Rundy</i>						
Sign.		<i>Do s...</i>	<i>Ruy</i>						



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

MHIM/381



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) Suzana

SIGN (ICO) : _____



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

Dr. PARI 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)

MHIM/380



Quality Accreditations

CLABSI CARE BUNDLE

PATIENT'S NAME _____ UNIT CTVS ICU BED NO.: 02048 & UHID _____ MONTH JUNE CONSULTANT NAME DR. SIDDHU

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

CAUTI CARE BUNDLE

CAUTI CARE BUNDLE

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'S NAME UNIT CTVS ICU BED NO.: 2 MONTH JUNE CONSULTANT NAME Dr. S. S. SIDHU

DATE 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]

REMARKS : _____

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																				106.6	108.4	108.2	108.2	108.2	108.2	108.2					
GLUCOSE LEVEL																				160	165	165	165	165	165	165					
BLOOD PRESSURE																				140/80	140/80	139/86	139/86	139/86	139/86	139/86					
BLOOD CULTURE																				Nil	Nil	Nil	Nil	Nil	Nil	Nil					
SIGNATURE OF ICN																															
SIGNATURE OF STAFF																				Dr. S. S. Siddhu	Dr. S. S. Siddhu	Dr. S. S. Siddhu	Dr. S. S. Siddhu	Dr. S. S. Siddhu	Dr. S. S. Siddhu	Dr. S. S. Siddhu					

REMARKS : _____

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

* 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.

M.T. 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)



REMOVAL CHART

CTVS ICU



P, OM
 P, B
 P, DA

POP DAYS & TIME OF REMOVAL	20.6.18		21.6.18		22/6/18		23/6/18		24/6/18		NAME OF SURGERY : CABG P S CARD, Bnd					
	0 POD	TIME	1 POD	TIME	2 POD	TIME	3 POD	TIME	4 POD	TIME	5 POD	TIME	6 POD	TIME	7 POD	TIME
E.T TUBE	✓	EMPTIED					✓									
CHEST TUBE	✓		✓		✓		✓		✓							
FEMORAL ARTERY	✓		✓		✓		✓		✓							
RADIAL ARTERY	✓		✓		✓		✓		✓							
URINARY CATHETER	✓		✓		✓		✓		✓							
PA LINE	✓		✓		✓		✓		✓							
CVP LINE	✓		✓		✓		✓		✓							
IV CANNULA	✓		✓		✓		✓		✓							
PACING WIRE	✓		✓		✓		✓		✓							
ECC ELECTRODES	✓		✓		✓		✓		✓							
RYLES TUBE	✓		✓		✓		✓		✓							
STAFF NAME & SIGN	CRD		CRD		CRD		CRD		CRD							
TL NAME & SIGN	DBA		CRD		CRD		CRD		CRD							



**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	Yoschi'n
	DR. SUDEEP SINGH		2:00	Yoschi'n
21/6/18	DR. PANKAJ	9:00	9:00	Yoschi'n
	DR. SUDEEP	9:10	2:30pm	Yoschi'n
	DR. AMIT	9:30pm	2:00pm	Yoschi'n
22/6	DR. PANKAJ	9:30		Yoschi'n
	DR. SUDEEP	9:45pm		Yoschi'n
	DR. AMIT	10:00am		Yoschi'n
23/6/18	DR. FIRDOOS.	8:40am		Suppl
	DR. SUDEEP	9:10 AM		Suppl
	DR. PANKAJ	9:30 am		Suppl
	DR. AMIT	10am		Suppl
	DR. CHETAN	11:15 am		Suppl
24/6/18	DR. FIRDOOS.			Cell
	DR. AMIT			Cell
25/6/18	DR. FIRDOOS	8:15AM		Arjay
	DR. PANKAJ	8:40AM		Arjay

**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		

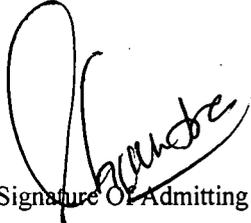
Type of Admission : Emergency : Routine : From OPD : Procedure/Surgery : Investigation :

Provisional :

Diagnosis :

Elective Procedure :

Date of Discharge :


Signature of Admitting staff

CEMR

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 Kushan

Age : 71/11 (Yrs.) I.D. No. _____ On 14/6/18

In CCU (Type of bed)

Under care of Dr. Ranpal

Provisional diagnosis _____

Expected Length of Stay _____ days

Procedures/treatment contemplated : _____

Instructions to Duty Doctor : DR. Manish

Instructions to Nursing : _____

Diet Instruction _____

math

Signature

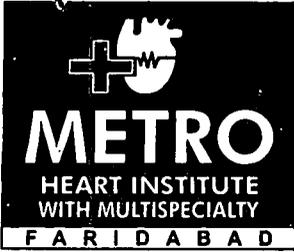
EPFO

lul

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 Jethu Mand

Date of Birth 08-10-1947

Sex: Male Female Marital Status Single Married

Nationality Indian Religion

Address 23/WH-21 NIT 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.B.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 Mandi 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



Quality Accreditations

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 - 82-A, 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 टेस्ट) 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 विकल्पों ईलाज के लिए मुझे और मेरे रिश्तेदारों के विषय में विस्तार पूर्वक समझाया गया 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 रोगी के लिए रक्त संक्रमण की आवश्यकता होती है तो मैं/हम प्रतिस्थापन के लिए रक्त दान व्यवस्था करूँगा।

मरीज के हस्ताक्षर

पूरा नाम :

तारीख तथा समय:

रिश्तेदार व अभिभावक के हस्ताक्षर

पूरा नाम तथा मरीज के रिश्तेदार का नाम :

तारीख तथा समय:

कर्मचारी के हस्ताक्षर

पूरा नाम :

तारीख तथा समय: