

DISCHARGE NOTIFICATION

IP NO : 33-19/256 **UHID** : 900035072
Patient Name : Kuntl Devi **Age / Sex** : 61 Yrs/Female
Address : H.NO-1227,GF,SEC-18,HOUSING BOARD COLONY,
Nationality : Indian **Payer** : Cash Paying
Admission Date : 07/01/2019 22:17 **Ward / Bed No** : Economy 3 (1284) / EC1284_002
Discharge Date : 12/01/2019 14:12:00 **Consultant** : Danish Jamal
Bill No. : Provisional **Bill Date** :

Reason for Discharge

Discharge Clearance : The above mentioned Patient can be discharge as/she has cleared all dues to the hospital .

Discharge By : Sushil(27650)

Reports Handover

Original

Duplicate



Plot no: 1, Sector -16, Faridabad, Haryana Tel: 0129 - 43

No : 33-19/256 UHID : 900035072
 rs. Kunti Devi DOA : 07/01/2019 22:17
 Y/F HDU /IMCU009
 Danish Jamal



FILE ARRANGEMENT - CUM - MRD CHECKLIST

Patient Name:		Date:		Date:	
UHID:		IPD No.		Date: 14/1/19	
S. No.	CHECK LIST	To be filled by Nursing			To be filled by MRD
		TPA	BILLING	MRD	
1.	Relieving slip			✓	✓
2.	Face sheet			✓	✓
3.	In patient charge sheet. (On Discharge - not to be given to MRD; to be filed with Billing)			✓	✓
4.	Details of consultant's visit (On Discharge - not to be given to MRD; to be filed with Billing)			✓	✓
5.	Emergency/OPD sheet			✓	✓
6.	DOR/LAMA form			✓	✓
7.	Discharge/Death/LAMA/DOR summary			✓	✓
8.	History sheet			✓	✓
9.	Doctor's notes			✓	✓
10.	Blood sugar record			✓	✓
11.	Medication chart/Ventilator flow chart			✓	✓
12.	Clinical chart			✓	✓
13.	Vital sign chart			✓	✓
14.	Intake output record			✓	✓
15.	Consent forms			✓	✓
16.	PAC			✓	✓
17.	Pre-operative checklist			✓	✓
18.	Surgical safety checklist			✓	✓
19.	Intra operative anaesthesia record			✓	✓
20.	Angiography check list			✓	✓
21.	Cath lab nursing log			✓	✓
22.	Adult Cardiac Catheterisation Laboratory			✓	✓
23.	Operation/delivery notes			✓	✓
24.	Alderete form			✓	✓
25.	Initial nursing assessment form			✓	✓
26.	Nursing care plan			✓	✓
27.	Pain assessment score sheet			✓	✓
28.	Nutritional assessment and Nutritional care plan			✓	✓
29.	Checklist of patient handover			✓	✓
30.	Nurses notes			✓	✓
31.	Nurses inter deptmental shifting notes			✓	✓
32.	Valuable handover form			✓	✓
33.	Blood transfusion record form			✓	✓
34.	Death Certificate/Birth certificate			✓	✓
35.	TPA declaration/Transfer slip			✓	✓
36.	Pathology/lab reports			✓	✓
37.	Radiology reports/films			✓	✓
38.	ICU observation chart/Coronary care unit chart			✓	✓
		Sign of Nurse: <i>[Signature]</i>			Sign of MRD: <i>[Signature]</i>
		Employee ID: <i>[ID]</i>			Employee ID: _____



DISCHARGE HANDOVER CHECKLIST

Doc No.
QRGHC/IPD/CKLT/03
Ver 0.1
w.e.f 1st June 2018

Patient Name: -	Patient label
UHID :-	
IP NO:-	

S.No	Type of Document	Quantity	TPA	CASH	MLC	REMARKS
1	Discharge Summary	1		1		
2	Refundable medicines returned	Yes		Yes		
3	Financial clearance form	Yes		Yes		
4	Diet chart	-		-		
5	Immunization Card	-		-		
6	REPORTS AND FILMS	-		-		
6.1	ECG	1		1		
6.2	EEG	-		-		
6.3	MRI	-		-		
6.4	CT	-		-		
6.5	X-Ray	2		2		
6.6	Ultrasound	Echo		1		
6.7	Bronchoscopy	-		-		
6.8	Colonoscopy	-		-		
6.9	Venous Doppler	-		-		
7	Any other <i>AKG, H, Ni, g</i>	2 1		2 1		
8	CD and wrapper cover (applicable in patients after cath lab procedure)	-		-		
9	Laboratory Investigations	15		15		
9.1	Blood Report	14		14		
9.2	Urine/ Stool report	1		1		
10	Any other pending report	-		-		

***Click on the Discharge Approval icon once patient physically vacates the room. *3 PM*
 Time(When clicked on the discharge approval icon) :- *3 PM*
 Time (When patient has physically left the room) :- *3 PM*

Signature of Handover Nurse	<i>Diana</i>	Employee ID	<i>2776</i>
Signature of team leader		Employee ID	
Signature of Receiving Person	<i>[Signature]</i>		
Date :-	<i>12/1/19</i>	Time :-	<i>3 PM</i>



Admission Form

IP NO 33-19/256 UHID No. 900035072 Date of Admission 07/01/2019 22:17
 Sponsor Cash Paying
 Payer Cash Paying Bed Catg: ICU
 Ward: MICU 1 Bed No: MICU006 Bill Catg: ICU
 Speciality1 Respiratory Medicine Admitting Consultant Dr. Danish Jamal
In case of joint admission:-
 Admitting Team:
 Speciality2 Secondary Consultant

Patient Name Mrs. Kunti Devi Age 61 Yrs Sex Female Marital Status :-
 Religion: Nationality Indian
 Local Address Faridabad , FARIDABAD, Haryana, INDIA
 Ph No Mobile 9971760906 Email
 Permanent Address Faridabad , FARIDABAD, Haryana, INDIA
 Contact No: 9971760906 KinName ajay grover

Booking Details :-

Booking Receipt No _____ Amount _____

Expected Date of Discharge ICD Code : 345.9
 Condition of Discharge (Please Circle) 301.0
 1.Improved 2.LAMA 3.Transferred 4.Absconded
 5.DOPR 6.Expired 5189

Provisional diagnosis Final diagnosis Bilateral Pneumonia Name of Procedure
 Consultant Signature Date:

I hereby declare above information is correct to my knowledge
 07/01/2019 22:17

PATIENT
/GUARDIAN
SIGNATURE

Contact No. 9971760906

8800575068

DAILY ACTIVITY RECORD

Primary Consultant:

IP No : 37-19/256 UHID: 900035072
Mrs. Kuro Devi DOA : 07/01/201922:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal

Admission Date/ Time: 7/1/19

Discharge Intimation Date/ Time:

Si. No.

1284-2

OTHERS

Item	Qty.

Activity From Date & Time				Activity To Date & Time		Bed No.	Ambulance	Private Nurse	Equipments	
11/1/19 12:00				11/1/19		1284-2	From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT	Yes <input type="checkbox"/> No <input type="checkbox"/>
							To	Private GDA	ALPHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
							From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	Water Bed	Yes <input type="checkbox"/> No <input type="checkbox"/>
							To	Room Retainment	Traction	Yes <input type="checkbox"/> No <input type="checkbox"/>
							From	Yes <input type="checkbox"/> No <input type="checkbox"/>	Syringe Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>
							To			

SURGERY/PROCEDURE DETAILS				CONSUMABLES		VENTILATOR / EQUIPMENT (C-PAP, BIPAP ETC.)		Nebulization & Steam Inhalations	
Surgery/Procedure with code	Surgeon	Asst. Surgeon	Anaesthetist	Item	Qty.	Particulars	Connected Time	Disconnected Time	

CONSULTANT VISIT DETAILS		DIALYSIS & BLOOD BANK SERVICES	
Mor (Initial with time)	Eve (Initial with time)	Emergency Visit	

INVESTIGATION DETAILS					
Investigation Name	Request No	Investigation Name	Request No	Radiology Services	Request No

DIETICIAN VISIT		PHYSIOTHERAPIST VISIT	
Mor (Initial with time)	Eve (Initial with time)	Mor (Initial with time)	Eve (Initial with time)

Discharge Status: Normal LAMA DOR Expired Abscond

Certified that I have personally checked the doctor's orders, nursing chart and the activity card and all relevant entries in doctor's orders and nursing charts have been truly reflected in the activity card

Assigned Nurse	Nurse Incharge	Billing Executive	Billing receiving Time	Medicine Returned	Morning Kit
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Initials with Employee ID

DAILY ACTIVITY RECORD

Primary Consultant:		Admission Date/ Time: 11/11/19			Discharge Intimation Date/ Time:			Sl. No.:		OTHERS			
Patient label		Activity From Date & Time		Activity To Date & Time		Bed No.	Ambulance	Private Nurse		Equipments			
		11/11/19		12/11/19			From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Date		Time		From Bed No		To Bed No		Private GDA		ALPHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
										Mor <input type="checkbox"/> Eve <input type="checkbox"/>	Water Bed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
										Room Retainment		Traction	Yes <input type="checkbox"/> No <input type="checkbox"/>
										Yes <input type="checkbox"/> No <input type="checkbox"/>	Syringe Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>	
								VENTILATOR / EQUIPMENT (C-PAP, BIPAP ETC.)		Nebulization & Steam Inhalations			
SURGERY/PROCEDURE DETAILS				CONSUMABLES				DIALYSIS & BLOOD BANK SERVICES					
Surgery/Procedure with code		Surgeon	Asst. Surgeon	Anaesthetist	Item		Qty.	Particulars		Connected Time	Disconnected Time		
Laser used		Implant used		Special Equipment									
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>									
CONSULTANT VISIT DETAILS		Mor (Initial with time)	Eve (Initial with time)	Emergency Visit									
Drt Dehush		✓											
				INVESTIGATION DETAILS									
				Investigation Name		Request No		Investigation Name		Request No		Radiology Services	
DIETICIAN VISIT				Mor (Initial with time)	Eve (Initial with time)								
PHYSIOTHERAPIST VISIT				Mor (Initial with time)	Eve (Initial with time)								
				Discharge Status:		Normal <input type="checkbox"/>	LAMA <input type="checkbox"/>	DOR <input type="checkbox"/>	Expired <input type="checkbox"/>	Abscond <input type="checkbox"/>			
Certified that I have personally checked the doctor's orders, nursing chart and the activity card and all relevant entries in doctor's orders and nursing charts have been truly reflected in the activity card													
				Initials with Employee ID		Assigned Nurse		Nurse Incharge		Billing Executive		Billing receiving Time	
										Medicine Returned		Morning Kit	
										Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

DAILY ACTIVITY RECORD

Primary Consultant:	Admission Date/ Time: <i>7/1/19</i>	Discharge Intimation Date/ Time:	Sl. No.	OTHERS						
Patient label	Activity From Date & Time	Activity To Date & Time	Bed No.	Ambulance	Private Nurse	Equipments	Item		Qty.	
	<i>10/1/19</i>	<i>12/1/19</i>	<i>10/1/19</i>	From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>RBS - (1)</i>			
	Bed Transfer Details			To	Private GDA	ALPHA Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>RBS - (1)</i>			
	Date	Time	From Bed No	To Bed No	Pt. Category	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	Water Bed Yes <input type="checkbox"/> No <input type="checkbox"/>			
					Cash <input type="checkbox"/>	From	Room Retainment	Traction Yes <input type="checkbox"/> No <input type="checkbox"/>		
					Credit <input type="checkbox"/>	To	Yes <input type="checkbox"/> No <input type="checkbox"/>	Syringe Pump Yes <input type="checkbox"/> No <input type="checkbox"/>		
	VENTILATOR / EQUIPMENT (C-PAP, BIPAP ETC.)						Nebulization & Steam Inhalations			
	SURGERY/PROCEDURE DETAILS				CONSUMABLES					
Surgery/Procedure with code	Surgeon	Asst. Surgeon	Anaesthetist	Item	Qty	Particulars	Connected Time	Disconnected Time		
Laser used	Implant used		Special Equipment							
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
CONSULTANT VISIT DETAILS	Mor (Initial with time)	Eve (Initial with time)	Emergency Visit							
<i>Don't Disturb</i>										
DIETICIAN VISIT	Mor (Initial with time)	Eve (Initial with time)								
PHYSIOTHERAPIST VISIT	Mor (Initial with time)	Eve (Initial with time)								
				INVESTIGATION DETAILS						
				Investigation Name	Request No	Investigation Name	Request No	Radiology Services	Request No	
				<i>-> CBC</i>						
				<i>-> KFT</i>						
				Discharge Status: Normal <input type="checkbox"/> LAMA <input type="checkbox"/> DOR <input type="checkbox"/> Expired <input type="checkbox"/> Abscond <input type="checkbox"/>						
Certified that I have personally checked the doctor's orders, nursing chart and the activity card and all relevant entries in doctor's orders and nursing charts have been truly reflected in the activity card										
			Initials with Employee ID	Assigned Nurse	Nurse Incharge	Billing Executive	Billing receiving Time	Medicine Returned	Morning Kit	
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DAILY ACTIVITY RECORD

Primary Consultant: Dr. Danish Jamal Admission Date/ Time: 7/01/19 Discharge Intimation Date/ Time: _____ SI. No: _____ OTHERS

Mrs. Kunti Devi DOA : 07/01/2019
SI Y/F MICU 1/MICU006
Dr. Danish Jamal
IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/2019

Activity From Date & Time	Activity To Date & Time	Bed No.	Ambulance	Private Nurse	Equipments	Item	Qty.
<u>9/01/19</u>	<u>9/01/19</u>		From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>RBS @ 179479</u>	
Bed Transfer Details			To	Private GDA	ALPHA Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date	Time	From Bed No	To Bed No	PL. Category	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	Water Bed Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Cash <input type="checkbox"/>	From	Room Retainment Traction Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Credit <input type="checkbox"/>	To	Yes <input type="checkbox"/> No <input type="checkbox"/> Syringe Pump Yes <input type="checkbox"/> No <input type="checkbox"/>	

SURGERY/PROCEDURE DETAILS				CONSUMABLES		VENTILATOR / EQUIPMENT (C-PAP, BIPAP ETC.)		Nebulization & Steam Inhalations	
Surgery/Procedure with code	Surgeon	Asst. Surgeon	Anaesthetist	Item	Qty.	Particulars	Connected Time	Disconnected Time	
						<u>O2 consumed.</u>			<u>Neb @ 171975</u>

CONSULTANT VISIT DETAILS			DIALYSIS & BLOOD BANK SERVICES					
Laser used	Implant used	Special Equipment	Dialysis with Code	Qty.	Blood service with Code	Unit	Blood Transfusion Arrangement	Unit
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Mor (Initial with time)	Eve (Initial with time)	Emergency Visit						

Dr. Danish Jamal ✓

INVESTIGATION DETAILS				
Investigation Name	Request No	Investigation Name	Request No	Radiology Services
<u>CBC, KP, ABG</u>	<u>171429</u>			<u>Chest X-ray</u>
<u>2D Echo (Trans-thoracic)</u>	<u>17879</u>			

DIETICIAN VISIT Mor (Initial with time) Eve (Initial with time)

PHYSIOTHERAPIST VISIT Mor (Initial with time) Eve (Initial with time)

Chest physio (Dr. Lokesh Singh)

Discharge Status: Normal LAMA DOR Expired Abscond

Certified that I have personally checked the doctor's orders, nursing chart and the activity card and all relevant entries in doctor's orders and nursing charts have been truly reflected in the activity card

Assigned Nurse: [Signature] Medicine Returned: Yes No Morning Kit: Yes No

DAILY ACTIVITY RECORD

Primary Consultant:				Admission Date/ Time:		Discharge Intimation Date/ Time:		SI. No:		OTHERS					
				Activity From Date & Time		Activity To Date & Time		Bed No.	Ambulance	Private Nurse	Equipments		Item	Qty	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> No : 33-19/256 UHID : 900035072 Name: Kunti Devi DOA : 07/01/2019/23:17 I Y/F MICU 1/MICU006 x Danish Jamal </div>				Bed Transfer Details		Bed No.	From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT	Yes <input type="checkbox"/> No <input type="checkbox"/>	RBS - (1) 170620				
				Date	Time		From Bed No	To Bed No	PL. Category	To			Private GDA	ALPHA	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Cash <input type="checkbox"/>	From	Room Retainment	Traction	Yes <input type="checkbox"/> No <input type="checkbox"/>					
							Credit <input type="checkbox"/>	To	Yes <input type="checkbox"/> No <input type="checkbox"/>	Syringe Pump	Yes <input type="checkbox"/> No <input type="checkbox"/>				
										VENTILATOR / EQUIPMENT (C-PAP, BIPAP ETC.)			Nebulization & Steam Inhalations		
				SURGERY/PROCEDURE DETAILS				CONSUMABLES		Particulars		Connected Time	Disconnected Time		
Surgery/Procedure with code		Surgeon	Asst. Surgeon	Anaesthetist	Item	Qty.	oxygen	continuous	Nas - (2) Neb - (4)						
DIALYSIS & BLOOD BANK SERVICES				Dialysis with Code		Qty.	Blood service with Code	Unit	Blood Transfusion Arrangement Unit						
Laser used		Implant used		Special Equipment											
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>											
CONSULTANT VISIT DETAILS		Mor (Initial with time)	Eve (Initial with time)	Emergency Visit											
Dr. Danish		(M)													
DIETICIAN VISIT				MOR (Initial with time)		Eve (Initial with time)									
PHYSIOTHERAPIST VISIT				MOR (Initial with time)		Eve (Initial with time)									
INVESTIGATION DETAILS				Investigation Name		Request No	Investigation Name		Request No	Radiology Services					
				S. Procal - done			H.W. - 17064								
DISCHARGE STATUS				Normal <input type="checkbox"/>		LAMA <input type="checkbox"/>	DOR <input type="checkbox"/>		Expired <input type="checkbox"/>	Abscond <input type="checkbox"/>					
Certified that I have personally checked the doctor's orders, nursing chart and the activity card and all relevant entries in doctor's orders and nursing charts have been truly reflected in the activity card															
INITIALS WITH EMPLOYEE ID				Assigned Nurse		Nurse Incharge	Billing Executive		Billing receiving Time	Medicine Returned		Morning Kit			
										Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			



IP No : 33-19/256 UHID: 900035072
 Mrs. Kunti Devi DOA : 07/01/2019 22:17
 61 Y/F MICU 1/MICU006
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad,
 Haryana, Tel: 0129 - 4330000

TRIAGE SHEET

Name Mrs Kunti Devi Age 61 Sex Female Allergy Not known

Triage Category					
ATS Scale	1	2	3	4 5	Brought Dead
Minute	0->10	>10 - <30		>30 - <60	
Colour	Red	Yellow		Green	Black

BP: 160/100 HR: 120 RR: 22 SpO2: 90 Temp (F): 99.4 Pain Score: 0-10
 Position: Supine Erect PR
RBS - 128 mg/dl CRIA AX: Oral

Date / Time of arrival: 7-1-19 at 9:45 PM Time of Examination: 09:45 PM Time of Completion: 09:50 PM

Father's / Husband's Name: _____ Brought by: _____

MLC No: _____ Date / Time of Occurrence: _____

Police Station: _____ Police Notified: Yes No

- Mode of Arrival**
- Ambulatory Wheel Chair Stretcher Other's (Specify) _____
- Condition at Arrival**
- Alert Verbal Stimuli Painful Stimuli
 Unconscious Other's (Specify) _____

Chief Complaints:

Breathing difficulty, fever, cough & sputum | 2-3 days
 No chest pain.
SIE
 Chest - RIL crepts @
 CVS S, S2 @
 PIA - soft, n.r., R.S @
 CVS - conscious & oriented
 ACS - F4, U5, M6

Personal / Family History
Not significant

Medication Reconciliation:
No documents available

Investigations:	PROBLEM LIST / PROVISIONAL DIAGNOSIS / TREATMENT PLAN	
<u>Adm</u>	? LT D.	
- LABS	- Tyg. LASIX 200mg X stat	Criters at 10:10pm
- VLB	- Tyg. PANTOP 40mg X stat	
- LFT	- VERULIF 2 PLATADILUM PROMIDE	Criters at 9:58pm
- LFT	- Tyg. FEVASTIN 300mg X stat	Criters at 10pm
	Rest as ordered	
<u>x-ray outside</u>	- Rest as ordered by consultant	
	BIL lower zone pneumonia	
	Admit to Dr. Danish Tameel (Res. med.) in PCU. (on request)	

Jay Grover
SON IN LAW

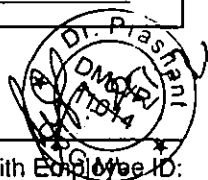
Specialty Response:			
Time of call:	Doctor's Name:	Specialty:	Time of ER Visit:
9:50 pm	Dr. Danish Tameel	Res. med.	

Transfer To: Day care Ward ICU Mortury

Admitting Consultant: Dr. Danish Tameel

Date of Transfer: 7/17/19 Time of Transfer: 10:40pm

Nisha
25080



Nurse's Name & Sign with Employee ID: _____ ER Physician's Name & Sign with Employee ID: _____

EMERGENCY/ASSESSMENT CARD

Date : 07/01/2019 UHID : 200099046
 Patient Name : Kunti Devi Age/Sex : Female/61 Yrs
 Address : H.NO 1227 G/F HOUSING BOARD SEC-18 FBD Mobile No : 9971760906
 Sponsor : QRG Senior Citizen Referred By : Yatender Singh
 Room No : ER08 Consultant : Yatender Singh
 Department Name : Accident & Emergency (A & E) Print Date : 07/01/2019 20:39 PM



Date & Time of arrival 7/1/19 8:20pm Triage Category yellow

MLC No: N/A Allergies if Any: not known

BP (mm/Hg)	Pulse (beats/min)	SPO2 (% of O2)	PR (beats/min)	RBS (Mg/dl)	Pain Score (0-10)	Temp (°F)	GCS (E,V,M)
150/100	124	89	24/mnt		0/10	99.5°F	E1V5M6

Mode Of Arrival : Walking/sitting/Lying Down

ADL : Dependent / Dependent fall Risk Assessment : Low Risk/ Medium Risk / high risk

Bed Sore Present at time of admission : YES/NO

If Yes, Location : _____ Grade : _____

Name & Signature Of Nurse With Emp.ID [Signature] Date & Time 7/1/19 8:25pm

Presenting Complaints : Breathing difficulty x 2-3 days
Fever - 2 days
Cough & Restlessness

Pt came from malwa hosp referred due to non availability of bed in guy

Past History (including previous Medications): Hyperthyroidism

General Physical Examination : C.C. stable P-19/cv

Systemic Examination :

CNS	Level of Consciousness	Pupils	Plantars	Sensory/Motors
	<u>com</u>	<u>B/L cm</u>		<u>+ + + +</u>
Respiratory	Air Entry <u>B/L ⊕ ↓ at base</u>			Additional Sounds (Crepts/Rhonchi/Wheeze/Spasm)
Cardiovascular	Heart Sound <u>S1,2 heard</u>			Additional Sounds (Murmurs) <u>⊖</u>
P/Abdomen	Palpitation <u>Organomegaly</u>			Bowel Sounds <u>⊕</u>

Local Examination :

Current Medication (if Any) :

Dr Danish informed and

O₂ will N. Pans to keep SpO₂ > 95. adv followed

Management

- 9 mg TICARNIC 3-1 gm / 6 hrs
- 4 mg ENSET 4mg / 6 hrs
- 4 mg PANTOSEL 4mg / 12 hrs
- 4 mg PARACETAMOL 1 gm / 6 hrs
- 4 mg NS/R/L 5 ml / 6 hrs

ATD Investigations

Hgm, LFT, KFT, RBS, urine R/m

Blood c/s. urine c/s

ABG, CT chest coming morning

CXc PA done today

✓ Aspirin with DVOLOIN + SUDEWAT 6 hrs
- Syb. AMBROLYTE-S 10 ml 6 hrs

Outcome Of Emergency Management

pt referred due to non availability of bed in ICU

* Patient Admitted : Dr Danish in ICU

* Discharge With follow-up-Advise :

* LAMA (Risk /Complication Explained) :

To report for follow-up Treatment under..... on/After.....

Doctor's Name Yatender Doctor's Signature Yatender Date & Time 7/1/19 9:02 P.M

69, Sector-20A, Near Neelam Flyover, Aronda Chowk, Faridabad-121001 (Haryana) Ph: 0129-4090300 Fax: 0129-4090310

Emergency Ambulance No: 9540114114



UHID No. : 900035072	IP No. : 33-19/256
Name of patient : Mrs. Kunti Devi	Age/Gender : 61 Yrs/Female
C/O : MR RAJENDER PRASAD	Consultant : Dr. Danish Jamal
Bed No : EC1284_002	Bed Category : ECONOMY WARD
Admission date/time : 07/01/2019 10:17 PM	Discharge date : 12/01/2019
Company name : Cash Paying	MLC / Non MLC : Non MLC
Sponser : Cash Paying	MLC

DEPARTMENT OF RESPIRATORY MEDICINE
DIAGNOSIS:

Bronchial Asthma with allergic rhinitis

Maxillary Sinusitis

Bilateral pneumonia

Respiratory failure

CHIEF COMPLAINTS:

Patient came to the hospital with c/o breathing difficulty, fever, cough with sputum x 2-3days

SYSTEMIC EXAMINATION / SIGNIFICANT FINDINGS:

Conscious, oriented, afebrile, respiratory distress +

PR - 120/ min

RR - 22/ min

BP -160/100mmHg

SPO2- 90%

P/A- Soft, Non tender, BS (+)

Chest - bilateral VBS (+) with mild wheeze CVS - S1 S2 Normal CNS - No FND

COURSE IN HOSPITAL:

Patient was admitted in ward from OPD with above mentioned complaints.

Relevant investigations were done.

Test	Value	Unit	Reference Range
Date - 07/01/2019			
Complete Blood Count(Cbc) Edta Whole Blood			
Hematocrit/PCV	42.7	%	(36 - 46)
Haemoglobin	14.2	g/dL	(12 - 15)
RBC COUNT	5.21	10 ⁶ /μL	(3.8 - 4.8)
Platelet count	318	10 ³ /μL	(150 - 410)
TLC	8.3	10 ³ /μL	(4 - 10)
Differential Leucocyte Count			
Neutrophils	66	%	(40 - 80)
Lymphocytes	21	%	(20 - 40)
Monocytes	6	%	(2 - 10)
Eosinophils	6	%	(1 - 6)

UHID No. : 900035072	IP No. : 33-19/256
Name of patient : Mrs. Kunti Devi	Age/Gender : 61 Yrs/Female
C/O : MR RAJENDER PRASAD	Consultant : Dr. Danish Jamal
Bed No : EC1284_002	Bed Category : ECONOMY WARD
Admission date/time : 07/01/2019 10:17 PM	Discharge date : 12/01/2019
Company name : Cash Paying	MLC / Non MLC : Non MLC
Sponser : Cash Paying	MLC

Basophils	1	%	(0 - 2)
Renal Function Test (KFT/RFT) Serum			
Blood Urea	19.0	mg/dL	(15 - 36)
Creatinine	0.64	mg/dL	(0.52 - 1.04)
Uric Acid	5.4	mg/dL	(2.5 - 6.2)
Sodium (Serum)	141.9	mmol/L	(135 - 148)
Potassium (Serum)	4.0	mmol/L	(3.5 - 4.8)
Chloride (Serum)	104.0	mmol/L	(98 - 107)
Liver Function Test (LFT) Serum			
Bilirubin Total	0.5	mg/dL	(0.2 - 1.3)
Bilirubin Direct	0.2	mg/dL	(0 - 0.3)
Bilirubin Indirect	0.30	mg/dL	(0 - 0.3)
AST/SGOT	39.0	U/L	(14 - 36)
ALT/SGPT	40.0	U/L	(9 - 52)
Gamma GT	64.00	U/L	(12 - 43)
Alkaline Phosphatase	137.0	U/L	(38 - 126)
Lactic Dehydrogenase (Serum)	185.00	U/L	(120 - 246)
Protein Total	8.0	g/dL	(6.3 - 8.2)
Albumin	4.3	g/dL	(3.5 - 5)
Globulin	3.7	g/dL	(3 - 3.7)
A/G Ratio	1.16	Ratio	(1.5 - 2.5)
Date - 08/01/2019			
Prothrombin Time (PT INR) Plasma			
PT Test	10.4	Sec	(9.9 - 13.1)
Control	11.2	Sec	(-)
INR (International	0.92		(-)

UHID No. : 900035072	IP No. : 33-19/256
Name of patient : Mrs. Kunti Devi	Age/Gender : 61 Yrs/Female
C/O : MR RAJENDER PRASAD	Consultant : Dr. Danish Jamal
Bed No : EC1284_002	Bed Category : ECONOMY WARD
Admission date/time : 07/01/2019 10:17 PM	Discharge date : 12/01/2019
Company name : Cash Paying	MLC / Non MLC : Non MLC
Sponser : Cash Paying	MLC

Normalized Ratio)			
Activated Partial Thromboplastin Time (APTT)			
APTT Test	23.2	Sec	(23.8 - 31)
Control	26.6	Sec	(-)
NT - PRO BNP	135	pg/mL	(-)
PCT Result	0.09		
Urine Routine			
Physical Examination:			
Volume	50	mL	(-)
Colour:-	Pale Yellow		
Appearance:	Clear		
Chemical Examination:			
Blood Urine	Negative		
Bilirubin:	Negative		
Urobilinogen	Normal		
Ketone	Negative		
Protein	Negative		
Nitrite:	Negative		
Urine Glucose	Negative		
pH:-	5.0		(5.5 - 7)
Specific Gravity:	1.010		(1.015 - 1.025)
Microscopic Examination:			
Pus Cells	0-1/HPF		
Urine Epithelial Cells	10-12/HPF		
RBC:	Not Detected		
Casts:	Not Detected		
Urine Bacteria	Not Detected		

UHID No. : 900035072 **IP No.** : 33-19/256
Name of patient : Mrs. Kunti Devi **Age/Gender** : 61 Yrs/Female
C/O : MR RAJENDER PRASAD **Consultant** : Dr. Danish Jamal
Bed No : EC1284_002 **Bed Category** : ECONOMY WARD
Admission date/time : 07/01/2019 10:17 PM **Discharge date** : 12/01/2019
Company name : Cash Paying **MLC / Non MLC** : Non MLC
Sponser : Cash Paying **MLC**

Crystals:	Not Detected		
Date - 09/01/2019			
Complete Blood Count(Cbc) Edta Whole Blood			
Hematocrit/PCV	38.2	%	(36 - 46)
Haemoglobin	12.9	g/dL	(12 - 15)
RBC COUNT	4.64	10 ⁶ /μL	(3.8 - 4.8)
Platelet count	309	10 ³ /μL	(150 - 410)
TLC	6.3	10 ³ /μL	(4 - 10)
Differential Leucocyte Count			
Neutrophils	60	%	(40 - 80)
Lymphocytes	28	%	(20 - 40)
Monocytes	5	%	(2 - 10)
Eosinophils	6	%	(1 - 6)
Basophils	1	%	(0 - 2)
Renal Function Test (KFT/RFT) Serum			
Blood Urea	19.0	mg/dL	(15 - 36)
Creatinine	0.66	mg/dL	(0.52 - 1.04)
Uric Acid	5.2	mg/dL	(2.5 - 6.2)
Sodium (Serum)	142.6	mmol/L	(135 - 148)
Potassium (Serum)	4.4	mmol/L	(3.5 - 4.8)
Chloride (Serum)	104.7	mmol/L	(98 - 107)
Date - 10/01/2019			
Complete Blood Count(Cbc) Edta Whole Blood			
Hematocrit/PCV	36.3	%	(36 - 46)
Haemoglobin	12.2	g/dL	(12 - 15)
RBC COUNT	4.40	10 ⁶ /μL	(3.8 - 4.8)
Platelet count	322	10 ³ /μL	(150 - 410)

UHID No. : 900035072 IP No. : 33-19/256
 Name of patient : Mrs. Kunti Devi Age/Gender : 61 Yrs/Female
 C/O : MR RAJENDER PRASAD Consultant : Dr. Danish Jamal
 Bed No : EC1284_002 Bed Category : ECONOMY WARD
 Admission date/time : 07/01/2019 10:17 PM Discharge date : 12/01/2019
 Company name : Cash Paying MLC / Non MLC : Non MLC
 Sponser : Cash Paying MLC

TLC	9.8	$10^3/\mu\text{L}$	(4 - 10)
Differential Leucocyte Count			
Neutrophils	83	%	(40 - 80)
Lymphocytes	11	%	(20 - 40)
Monocytes	5	%	(2 - 10)
Eosinophils	1	%	(1 - 6)
Renal Function Test (KFT/RFT) Serum			
Blood Urea	21.0	mg/dL	(15 - 36)
Creatinine	0.57	mg/dL	(0.52 - 1.04)
Uric Acid	3.6	mg/dL	(2.5 - 6.2)
Sodium (Serum)	145.4	mmol/L	(135 - 148)
Potassium (Serum)	4.3	mmol/L	(3.5 - 4.8)
Chloride (Serum)	107.0	mmol/L	(98 - 107)

CXR: Bilateral broncho vascular markings are prominent.

Patient was started on IV fluids, IV antibiotics, nebulization with Duolin, Budate and other supportive treatment

ECHO findings-No RWMA, EF 62%

Patient gradually improved clinically and now being discharged with advice for further follow up in OPD.

CONDITION AT THE TIME OF DISCHARGE: Stable

MEDICATIONS:

- Syp. Looz 20ml twice daily
- Tab. Cepoden XP 1tab twice daily
- Tab. Defocrt 30mg 1/2 tab once daily (After breakfast)
- Cap. Sompraz D 1cap once daily (before breakfast)
- Tab. Thyrox 100mcg 1tab once daily

UHID No.	: 900035072	IP No.	: 33-19/256
Name of patient	: Mrs. Kunti Devi	Age/Gender	: 61 Yrs/Female
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Bed No	: EC1284_002	Bed Category	: ECONOMY WARD
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Company name	: Cash Paying	MLC / Non MLC	: Non MLC
Sponser	: Cash Paying	MLC	

Nasal spray Flutiflo FT twice a daty

Syp. Brozedex 10ml thrice daily

Cap. HS Gold 10mg 1cap bed time

Tab. Telekast L 1tab bed time

Steam inhalation twice daily

Advice - PFT with reversibility

FOLLOW UP

Follow up in Respiratory OPD after 5 days

INSTRUCTIONS ON WHEN AND HOW TO OBTAIN URGENT CARE:

Report to emergency immediately in case of nausea, vomiting, decreased appetite, yellow discoloration of urine or eyes, Wheeze, blood in sputum, breathlessness, chest pain, fever, joint pain, dizziness, black outs, chakkar, difficulty in hearing, vertigo, tinnitus, decreased urine out put, swelling over body or face, visual or eye complaints, pain or numbness in feet or hands and other significant concern please **Contact at: 0129-4330000 or come to casualty.**


Dr. Danish Jamal

Senior Consultant

Respiratory Medicine

Signature of consultant

Signature of RMO



Plot No.1, Sector -16, Faridabad - 121002 (HR.),
Ph. 0129-4330000 ; Fax : 0129-4330033

IP No : 33-19/256 UHID : 900035072 IP
Mrs. Kunti Devi DOA : 07/01/2019 22:17 M:
61 Y/F MICU 1/MICU006 G:
Dr. Danish Jamal D:



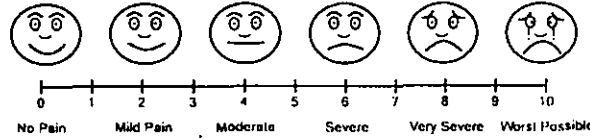
INITIAL ASSESSMENT SHEET

Patient's Name Age Sex : Male Female

IPD No. Consultant.

Ward / Room Date of Admission

WONG - BAKER Facial Grimace Scale



CHIEF COMPLAINTS WITH DURATION :

H/o

FEVER - 3 days.

- cough, coryza. + 2 days

- Blm - 1 day.

HISTORY OF PRESENT ILLNESS :

H/o

hypothyroidism

HISTORY OF PAST ILLNESS :

Type

Year & Month

Result

Surgery

Trauma/Medical

Drug/Food Allergy

Others

CURRENT MEDICATION :

NAME of Drug / Therapy

Dose

Since (Year / Month)

Any Remark

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL HISTORY :

Marital Status _____
 Physical Activity _____
 Veg / Non-Veg _____
 Known Allergies _____

FREQUENCY WITH DURATION

Tobacco (Smoking/Chewing) _____
 Alcohol _____

FAMILY HISTORY :

	Age	L/D	DM	HT	Asthma	IHD	Malignancy	Cause of Death
Father	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mother	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Siblings	_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

L/D : L (Living) D (Dead)

REVIEW OF SYMPTOMS :

Specify Symptoms with Duration

- General / Constitutional Symptom
(Fever, Weight loss, Loss of Appetite, Body ache)
- Cardiovascular Symptoms . S1s2 ⊕
- Respiratory Symptoms . B12 ↓ air embolism. Basilar artery
- Gastrointestinal Symptoms ⊕
- Genito Urinary Symptoms . ⊕
- Neurological Symptoms . ⊕
- Symptoms Pertaining to Eyes, Nose, Throat, Ears, Joints & Skin ⊕

PHYSICAL EXAMINATION :

Height _____ cm

Weight _____ kg

Resp. Rate _____ /min

B.P. 140/90 mm/hg

Pulse 97 /min. Regular/Irregular

SPO2 94 on 2L O2

GENERAL PHYSICAL EXAM : Pallor Absent Present _____
 Icterus Absent Present _____
 Lymph nodes Absent Present _____
 Pedal Edema Absent Present _____
 JVP Normal _____

SKIN : Normal _____

RESPIRATORY : Inspection Normal ✓
 Auscultation Normal ✓
 Added Sound Nil ✓

CARDIOVASCULAR SYSTEM : S1, S2 Normal ✓
 S3, S4 Absent Present _____
 Murmurs/Rub Absent Present _____

GASTROINTESTINAL SYSTEM : Inspection Normal ✓
 Liver Palpable Non-Palpable _____
 Spleen Palpable Non-Palpable _____
 Kidney Palpable Non-Palpable _____
 Auscultation Bowel Sound _____

NEUROLOGICAL EXAM. : HMF Normal ✓
 Cranial Nerves Normal ✓
 No Neurological Focal Deficit ✓

GYNAE EXAMINATION. : Breast _____
 PA _____
 PS _____
 PV _____

LOCAL EXAMINATION

PROVISIONAL DIAGNOSIS

Imp
- B12, Pneumonia

PLAN OF CARE & MANAGEMENT

- CBC
- WBC
- Hb
- Hct
- Urinalysis
- ECG
- Echo (pending)
- * - cap. Pneumonia
- Blood cultures
- Sputum cultures
- HIV ser
- TBNA

Imp Ticarclic . 3.1g . daily
 Imp clarmin . 500mg . B12
 Tab. Tamiflu . 150mg . B12
 Imp Pantop . 40mg . 10
 NRS . Puckin . (daily)
 NRS . Budecat - 12mg
 Imp Bi 100mg . 10
~~Imp NS . tablet for history~~
 Tab. thyrot 100mcg . 00

DIET ADVISED :

EXPECTED OUTCOME :

Signature of Consultant

Signature of Medical Officer

Name

Dr. D. Jamb

Name

[Signature]



IP No : 33-19/256 UHID : 900035072
 Mrs. Kundl Devi DOA : 07/01/2019 22:17
 61 Y/F MICU 1/MICU006
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0119 - 4830000

DOCTOR'S NOTES

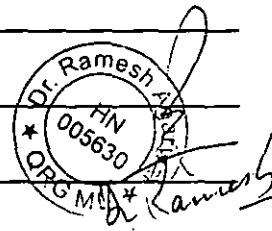
Patient's Name Age Sex [] Male [] Female

PU IPD

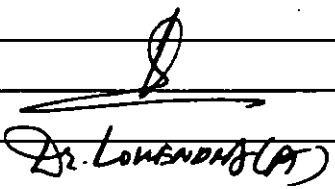
Unit Room / Bed No.

Plan of Care

Date / Time	AM Team Notes
8.1.19	
<u>9.15</u>	
<u>AM</u>	<p>LRTI</p> <p>hypothyroidism</p>
	<p>conscious oriented</p> <p>Afebrile</p> <p>no breathlessness now</p>
	<p>P: 100/min</p> <p>BP 140/90</p> <p>SpO2: 94% @ 2L O2 NP</p> <p>RR: 20/min</p>
	<p>Orally allowed</p> <p>no IVF</p> <p>chest: BCL AE upward</p> <p>wc: S/S (N)</p> <p>F/A: soft, BS (N)</p>
<u>Adv</u>	<p>→ 2D Echo: shift to HADK. RBS - shly xid</p> <p>→ sputum c/s, Astm N, N₂</p>
Expected Out Come	<p>↓ Tangle & my B.O.</p> <p>- Thyroid profile: OK</p> <p>- Chest physio, incentive spirometry</p>
QRGHC/IPD/Frm/06/Ver0.2	<p>- hy fragmin 5000 u SL. OD</p> <p>- Syb 602 30ml p/o HS</p>



Plan of Care

Date / Time	Notes
<u>8/1/19</u> <u>10am</u>	S/O Dept of Physiotherapy Chest Physio
	(Percussions) (Vibrations) (Chest Compression)
	Deep breathing
	Blowouts
	Spiral Indent
	Basal expansion etc
	Positioned
	
	<u>27781</u>

Expected Out Come _____



IP No : 33-19/256 UHID: 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 61 Y/F MICU 1/MICU006
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

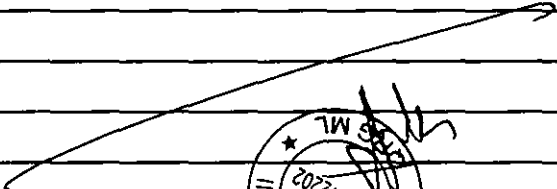
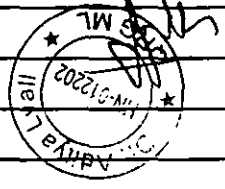
Plan of Care

Date / Time	Notes
8/1/19 10:00 AM	<u>Dr. D. Jamal</u>
	- B/L Interstitial Pneumonia (? H1N1) - Type I Resp failure - Hypothyroidism - URT
	<u>current status</u> BP - 130/90 mmHg, sweating Pulse - 97/min regular RIK - 20/min SpO ₂ - 90% on O ₂ @ 2 L/min
RBS (f) - 118mg/l	
	<u>Advs</u> Chest B/L rhonchi ± B/L crepts ++ (fine)
	<ol style="list-style-type: none"> 1. Send serum procalcitonin 2. Send H1N1, oro-pharyngeal swabs PCR 3. Send Thyroid profile c/m fasting 4. Send Urine c/m 5. Contro rest of k... 6. CXRAYA c/m

Plan: Shift to ward if H1N1 Neg and clinically stable

Expected Out Come _____

Plan of Care

Date / Time	Notes
8/1/19	S/N CCM Team
5:10 PM	Cone
	BP: 120/70
	PR: 102/min
	Sat. 97% — O ₂ by 20L
	Chat — T/c Mark TS
	Rhonda ⊕
	NA
	Cont Lem
	
	

Expected Out Come



GI Y/F MICU 1/MICU006

Dr. Danish Jamal



IP No : 33-19/256

UHID: 900035072

Mrs. Kunti Devi

DOA : 07/01/201922:17

QRG Health City

Plot no. 1, Sector -16, Faridabad, 121002

Tel: 0129 - 4330000


DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

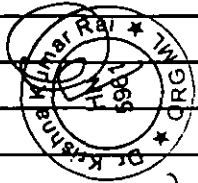
Date / Time	Notes
8/1/19	S/A Dept. of Physiotherapy
5:15 pm	Chest Physio
	(Percussion)
	(End. Compressions)
	Deep Breathing
	Blowouts
	Spina - INDEXT
	Coughing - Coughed out well
	Basal expansion etc.
	 Dr. Danish Jamal

28791

Expected Out Come

Plan of Care

Date / Time	Notes
8/11/19 5730/W	CCM TEAM
	- LKTE Hypothyroidism Type I Resp failure Pneumonia - H1N1
	- Afebrile
	CNS constant alert
	KLS BIL A/B (A) (C) (P) (A) RA 22/min SpO2 96% on LA
	CUS Jct (A) regular HR 94/min BP 130/90 mmHg
	PIA Jct - B (A)
	Adv
	(1) Voltin gel 4A
	(2) Cfm CBC / UA / ABG / CXR



Expected Out Come

Noted by
Atulya
 29369



IP No : 33-19/256 UHID : 900035072
 Mrs. Kund Devi DOA : 07/01/2019 22:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

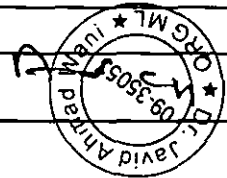
Date / Time	Notes
9/1 10 AM	<ul style="list-style-type: none"> • E/s by com team • B1a. Pneumonia 2. Viral • Hypothyroidism
	• Afebrile
	• Sp. $\frac{140}{90}$
	• RR - 92
	• SpO2 - 98
	• chest
	• B1a < 1mg
	• IV - 241
	• vs 5/1.1

Expected Out Come

• Followed up

• Afebrile

• Plan clear to discharge - 24/1



Plan of Care

Date / Time	Notes
9/1/19 10:00AM	Dr. D. J. James
	- B/L Pneumonia (? viral) - Resp failure - Acute Bronchitis
	<u>current status</u> - ↓ B/L chest pain - ↓ cough - able to sleep well at night
	CXR - B/L infiltrates - Afebrile - vitals stable
	<u>Adv:</u> 1. Steam inhalation TDS 2. Shift to ward 3. C/L H, N, report → shift to ward 4. Tab Telekast L HS 5. Nasal spray Fluticasonide twice a day 6. Sys Budesonide 10ml PO qd 7. Nebulizer Inhaler twice a day (Inhaler) 8. Chest physio to continue 9. PFC reversibility C/M 10. Tab Hifenex P 1 BD 11. Hy. solution 40mg if stat and QD 12. CBC, RFT, C/M

Expected Out Come _____



Mrs. Kumb Devi DOA : 07/01/201922:17
 61 Y/F MICU 1/MICU006
 Dr. Danish Jamal
 IP No : 33-19/256 UHID: 900035072

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

Date / Time	Notes
<p>9/1/19 <u>10:45am</u></p>	<p>S/S Dept of Physiotherapy Chest Physio (Perussion) (Vibrations) (End Compressions) Deep Breathing Blowouts Spiro-Incent Coughing - Coughed out well Basal expansion etc</p>

Dr. Danush (PT)
29791

Expected Out Come _____



IP No : 33-19/256 UHID : 900035072
 Mrs. Kunti Devi DOA : 07/01/2019 22:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

Date / Time	Notes
9.1.19	<u>ECHO</u>
	. NO RWMA, ED 52%
	. Normal Chambers size
	. E/E' tabs than 19
	. Good Rv Cystolic functions
	. IVE is @, 7.15% resp. variation
	. NO CRT / reg / MATO
	. NO PE seen

[Handwritten Signature]

Expected Out Come _____

Plan of Care

Date / Time	Notes
<p>9/1/19 5PM</p>	<p>S/B Dept of Physiotherapy. Patient refused for the Physiotherapy session as she is getting shifted to ward - Review later Dr. Lakshmi (PT) 2779</p>
<p>10/1/2019 10 AM</p>	<p>Dr. D. Javed B/L Pneumonia in follow up SpO₂ - 92% on room air BP - 114/76 mmHg Pulse - 90/min RR - 18/min Chest B/L crackles + B/L crepts + <u>Advs</u> 1) STOP Fragmin 2) Intermittent/ SOS O₂ 3) STOP Tamiflu after 5 days 4) Discharge summary to be prepared 5) PFT - reversibility C/M 6) Thyroid profile - C/M</p>

Expected Out Come



IP No : 33-19/256 UHID : 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

Date / Time	Notes
<p>10/1/19 <u>11:50am</u></p>	<p>Slk Dept. of Physiotherapy Chest Physio (Perussion) (End Compression) Deep breathing Slowouts Basal expansion etc Sperry - 3:2 Coughing (Coughed out well) Positioned</p>
<p>4:40 pm</p>	<p style="text-align: right;"> <u>Dr. Lokendra (PT)</u> <u>29791</u> </p>
<p>Expected Out come</p>	<p><u>Dr. Lokendra (PT)</u></p>

Plan of Care

Date / Time	Notes
11/1/2019 10 AM.	<u>Dr. D. Tamil</u>
	Rx on D/S C/M: 1) Symp Logg 20ml PO BD 2) Tab Cepodem xl 1 BD 3) Tab @ Defecit 30mg Y200 ABF 4) Cap Sompray D 100 before breakfast 5) Tab Thyrox 100ug OD 6) Nail spray Fungiflo twice a day 7) Symp Bronchides 10ml PO TDS 8) Cap HS - Gold @ 10 HS 9) Tab Telkast 1 HS 10) Steam inhalation BD
	- PFT reversibility.
	Steam inhalation BD
	- Night Billing - D/S C/M
	Final diagnosis: Bronchial Asthma, allergic rhinitis, Maxillary sinusitis, B/L Pneumonia, Resp failure

Expected Out Come



IP No : 33-19/256 UHID: 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector -16, Faridabad, 121002
 Tel: 0129 - 4330000

DOCTOR'S NOTES

Patient's Name Age Sex [] Male [] Female

PU IPD

Unit Room / Bed No.

Plan of Care

Date / Time	Notes
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 11/1/19 11:30 am </div>	<p>US/B physio</p> <p>chest physio.</p> <p>(percussion)</p> <p>(end compression)</p> <p>Deep breathing</p> <p>Blow outs</p> <p>Basal expir exp's</p> <p>Spirometry (3:2)</p> <p>Coughing (coupled out)</p> <p>positioning.</p>

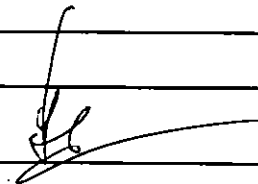
Expected Out Come _____

Dr Lokendra (PT)
 29791

Plan of Care

Date / Time	Notes
11/11/19	SLB Dept of Physiotherapy
<u>4:40 pm</u>	Chest Physio - Percussion - Compression
	- Deep Breathing ex
	- Blow out
	- Basal expansion ex.
	- Spirometry (3:2)
	Dr. Lokendra LPT
	Dr. D. Jandy
12/11/19	- Blc Pneumonia (? viral)
gen	- Resp Failure
	- Acute Bronchitis
	slab.
	today

Expected Out Come





IP No : 33-19/256 UHID: 900035072
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QRG Health City
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Tel: 0129 - 4330000



DOCTOR'S REFERRAL NOTE

Patient's Name Age/Sex
UHID/IPD No. Diagnosis.....
Referring To Referred By.....

Reason for Referral	Doctor's Name & Signature: _____ Date: _____
Recommendation by Referring Consultant	Doctor's Name & Signature: _____ Date: _____



No : 33-19/256 UHID : 900035072
 s. Kunti Devi DOA : 07/01/201922:17
 Y/F MICU 1/MICU006
 Dr. Danish Jamal

QRG Health City
 Plot no. 1, Sector-16, Faridabad, 121002
 Tel: 0129 - 4330000

BLOOD SUGAR RECORD

Patient Name Mrs. Kunti Devi Age 61y3 Sex F

Diagnosis Bilateral lower pneumonia Doctor Incharge Dr. Danish Jamal

Date	Time	Blood Sugar	Hypoglycemia Agents	Signature	Remarks
8/1/18	11:50 PM	122 mg/dl	—	<u>Neeraj</u>	
8/1/18	6am	118 mg/dl	—	<u>Neeraj</u>	<u>8th July 18</u>
	1:30 PM	123 mg/dl	—	<u>Siva</u>	
	7:30 PM	104 mg/dl	—	<u>Siva</u>	
9/1/18	6am	100 mg/dl	—	<u>Hutya</u>	
	2pm	255 mg/dl	—	<u>Nisha</u>	<u>8th July</u>
	7pm	294 mg/dl	—	<u>Syama</u>	
10/1/18	6am	154 mg/dl	—	<u>Rinki</u>	
	2PM	157 mg/dl	—	<u>Rinki</u>	
	7pm	239 mg/dl	—		
11/1/18	6am	179 mg/dl	—		
	2pm	134 mg/dl	—	<u>Kab</u>	
	7pm	240 mg/dl	—	<u>Siva</u>	
12/1/18	6am	124 mg/dl	—	<u>Syama</u>	
	1pm	117 mg/dl	—	<u>Syama</u>	

Date	Time	Blood Sugar	Hypoglycemia Agents	Signature	Remarks

IP No : 33-19/256 UHID : 900035072
 Mrs. Kunti Devi DOA : 07/01/2019 22:17
 S1 Y/F HDU /IMCU009
 Dr. Danish Jamal




Drug Allergies Not known
 Diet Nasumal Diet
 Diagnosis _____

MEDICATION PRESCRIPTION AND ADMINISTRATION CHART


Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date	10/1/19						11/1/19						12/1/19																					
							Std. Time	2 am	6 am	10 am	2 pm	6 pm	10 pm	2 am	6 am	10 am	2 pm	6 pm	10 pm	2 am	6 am	10 am	2 pm	6 pm	10 pm															
10/1/19	Steam Inhalat ⁿ		P/N	TDS	[Signature]																																			
	Syr. Looz	3ml	qlo	HS	[Signature]																																			

Instructions:

Reviewed by Treating Team: _____

Reviewed by Clinical Pharmacologist: 

Reviewed by Treating Team: _____

Reviewed by Clinical Pharmacologist: 

Reviewed by Treating Team: _____

Reviewed by Clinical Pharmacologist: _____

②

STAT MEDICATIONS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse

IV FLUIDS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse

INFUSION CHARTING

Date & Time	Name of the Drugs	Dose	Route	Dilution	Flow Rate	Name & Sign of Doctors	Name & Sign of Nurse

HIGH RISK MEDICATION ADMINISTRATION AND MONITORING

Date	Name of the Drugs	Dose	Route	Frequency	Flow Rate	Time	Administ rated By	Verified By	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR



Drug Allergies

N/K

Diet

On N/D

Diagnosis

MEDICATION PRESCRIPTION AND ADMINISTRATION CHART

Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date	12/1/19																
							Std. Time	2 am	6 am	10 am	2 pm	6 pm	10 pm	2 am	6 am	10 am	2 pm	6 pm	10 pm				
9/1/19	Inj. PAN	40mg	iv	BD	[Signature]	Time Signature ID Check					6pm												
	Inj. TICARCIC	3.1gm	iv	QID		Time Signature ID Check			6am		6pm	12pm											
	Inj. Clarimin	500mg	iv	BD		Time Signature ID Check				6am		10pm											
	T. Tamiflu	75mg	P/O	BD		Time Signature ID Check																	
	Neb c̄ Duolin	1 resp	P/N	QID		Time Signature ID Check			6am		12pm	6pm	12pm										
	Neb c̄ Budate	1 resp	P/N	BD		Time Signature ID Check				10am		10pm											
	Inj. B ₁	100mg	iv	OD		Time Signature ID Check					2pm												
	T. Thyrox	100mcg	P/O	OD		Time Signature ID Check			6am														
	T. Telexast	1 tab	P/O	H-S		Time Signature ID Check						10pm											
	Flutifo - FT Nasal spray			BD		Time Signature ID Check				10am		10pm											
	Syp Brozidar	10ml	P/O	TDS		Time Signature ID Check			9am		3pm	10pm											
	Tab Hifenac-P	1 Tab	P/O	BD		Time Signature ID Check				10am		10pm											
	Inj. Solumedrol	40mg	iv	OD		Time Signature ID Check					2pm												
					Time Signature ID Check																		

Instructions:

Reviewed by
Treating Team:

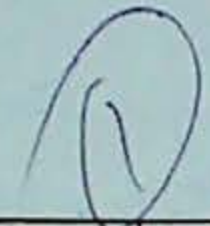
Reviewed by
Clinical Pharmacologist:

Reviewed by
Treating Team:

Reviewed by
Clinical Pharmacologist:

Reviewed by
Treating Team:

Reviewed by
Clinical Pharmacologist:



STAT MEDICATIONS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse

IV FLUIDS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse

INFUSION CHARTING

Date & Time	Name of the Drugs	Dose	Route	Dilution	Flow Rate	Name & Sign of Doctors	Name & Sign of Nurse

HIGH RISK MEDICATION ADMINISTRATION AND MONITORING

Date	Name of the Drugs	Dose	Route	Frequency	Flow Rate	Time	Administ rated By	Verified By	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR	

Drug Allergies

Not known

Diet

Normal Diet

Diagnosis

MEDICATION PRESCRIPTION AND ADMINISTRATION CHART

Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date	9/1/19						10-1-19						11/1/19																								
							Std. Time	2 am	6 am	10 am	2 pm	6 pm	10 pm	2 am	6 am	10 am	2 pm	6 pm	10 pm	2 am	6 am	10 am	2 pm	6 pm	10 pm																		
01/1/19	INT. PAN	40mg	I-V	BD	[Signature]											6 AM					6 PM																						
	INT. FRAMPTIN	5000 unit	SL	OD		STOP 10/1/19											10 AM																										
	INJ. TIKARNIC	3.1gm	I-V	6 Hourly									12 AM				6 AM				12 PM				6 PM																		
	INS. CHARIMIN	500 mg	I-V	BD										10 AM							10 AM																						
7/1/19	TAB TAMIFLU	75mg	PO	BD										10 AM							10 AM																						
	Neb C DUOLIN	(Resp)	Neb	6th Hourly													11 PM				6 AM				12 PM																		
	Neb C BUDATE	(Resp)	Neb	BD																	10 PM																						
	INT. B1	100 mg	I-V	OD																	10 PM																						
	TAB THYROX	100 mcg	P/O	OD																																							
	TAB TELEKAST	1 tab	P/O	H/S																																							
	FLUTIFLO - FT Nasal spray			BD																																							
	84P BROZIDEX	10 ml	P/O	TPS																																							
	TAB HIFENAC-P	1 TAB	P/O	BD																																							
	INT. SOLUMSDROL	40mg	I-V	OD																																							
Instructions:																																											
						Reviewed by Treating Team:							Reviewed by Treating Team:							Reviewed by Treating Team:																							
						Reviewed by Clinical Pharmacologist:	[Signature]						Reviewed by Clinical Pharmacologist:	[Signature]						Reviewed by Clinical Pharmacologist:	[Signature]																						

STAT MEDICATIONS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse
7/11/19	Ty LASIX	20mg			
10:10 Pm	Ty PANTOP	40mg	Y	Dr. Pradyumn	Nisha
10 Pm	Ty FEVASTIN	300mg			25050
9:55 Pm	NEBUUSE E IPRA	10mg			

INFUSION CHARTING

Date & Time	Name of the Drugs	Dose	Route	Dilution	Flow Rate	Name & Sign of Doctors	Name & Sign of Nurse

IV FLUIDS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse

HIGH RISK MEDICATION ADMINISTRATION AND MONITORING

Date	Name of the Drugs	Dose	Route	Frequency	Flow Rate	Time	Administ rated By	Verified By	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR	



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/256 UHID : 900035072
Mrs. Kund Dev DOA : 07/01/2019 22:17
51 Y/F HDU /IMCU009
Dr. Danish Jamal



CLINICAL CHART

Day of Hospitalisation		9/1/19			10/1/19			11/1/19			12/1/19														
Temperature		AM			PM			AM			PM			AM			PM								
C	F	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10	2	6	10
41.1°	106°																								
40.5°	105°																								
40°	104°																								
39.4°	103°																								
38.8°	102°																								
38.3°	101°																								
37.7°	100°																								
37.2°	99°																								
37°	98.4°																								
36.6°	98°																								
36.1°	97°																								
35.1°	96°																								
Pulse Rate					82	82	82	80	84	82	86	80	82	66	66	70	68	90							
Respiration					22	22	22	20	20	20	18	20	20	20	20	20	20	20							
Blood Pressure					130/90	130/90	130/90	120/80	140/90	130/80	130/80	140/90	140/90	140/90	140/90	120/80	130/80								
Pain Score					0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10								
Urine					X	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
Bowels					↓	↓		✓	X	X	X	X	X	X	X	X	X	X							
Diet		Normal diet			Normal			Normal diet			Normal diet														
Blood Transfusion																									
Total Intake					1900ml			2100ml																	
Total Output					7Hms			7Hms																	
Antibiotics																									
Allergy		Not known			Not known			Not known			Not known														
Miscellaneous																									



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61 Y/F HDU /IMCU009
Dr. Danish Jamal



INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date 12/1/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM										
9				200	Agg	✓				
10	175				Clavimins + 100mg					
11										
12 N										
1 PM					100ml					
2						✓				
3										
4					100ml					
5						✓				
6										
7										
8										
9										
10										
11										
12 MN										
1 AM										
2										
3										
4										
5										
6										
7										
Total										
Total INTAKE in 24 Hours						Total OUTPUT in 24 Hours				
BALANCE										



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61 Y/F HDU /IMCU009
Dr. Danish Jamal



INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date 11-1-19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others	
	Volume Started	Volume Remaining	Volume Infused	Volume	Type						
8 AM				200ml	Rfoc	✓					
9				200ml	Rfoc						
10	200ml		100ml								
11	200ml					✓					
12 N	200ml		100ml								
1 PM				200ml	Rfoc						
2	200ml		100ml	200ml	Rfoc	✓					
3											
4											
5				100ml	Soup						
6				100ml	Rfoc	✓					
7											
8					Dinner						
9	200ml		100ml	200ml	Rfoc	✓					
10	200ml										
11											
12 MN											
1 AM						✓					
2											
3											
4											
5											
6	200ml		100ml	200ml	Rfoc	✓					
7											
Total											
Total INTAKE in 24 Hours						2100ml		Total OUTPUT in 24 Hours			7 times
BALANCE											

[Handwritten Signature]
28/01/19



Plot no. 1, Sector -16, Faridabad, Haryana
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IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/2019 22:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal



INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date 10/1/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM				150ml	B.f					
9						✓				
10	Inj claximint RL	200ml		100ml	water					
11										
12 N	Inj Ticarcnic 3gm	+100ml	NS			✓				
1 PM										
2	Inj B ₂	+100ml	NS							
3				100ml	water	✓				
4				150ml	Tee					
5						✓				
6				200ml	Soup					
7										
8				200ml	Dem					
9				200ml	H ₂ O					
10	Inj Calamox	200ml	NS			✓				
11	Inj Ticarcnic	200ml	NS							
12 MN										
1 AM						✓				
2										
3										
4	Inj Ticarcnic	100ml	NS							
5										
6										
7				100ml	Tee	✓				
Total										
Total INTAKE in 24 Hours						Total OUTPUT in 24 Hours				
1900ml						7 Time				
BALANCE										



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51 Y/F HDU /IMCU009
Dr. Danish Jamal



INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date 9/11/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM										
9										
10										
11										
12 N										
1 PM										
2										
3										
4										
5				150ml	Reg					
6										
7				200ml	Reg	✓				
8				200ml	Reg					
9										
10										
11						✓				
12 MN										
1 AM										
2										
3										
4										
5										
6						✓				
7										
6				150ml	Reg					
7										
Total										
Total INTAKE in 24 Hours				1000ml		Total OUTPUT in 24 Hours				3 Times

BALANCE

Nurse Signature



Patient Label

QRG Health City
Plot no. 1, Sector -16, Faridabad, 121002
Tel: 0129 - 4330000

GENERAL CONSENT

I hereby authorize the hospital and those it may designate as medical personnel including doctors or staff to perform any examination, diagnostic procedure, Administration of medication, vaccination & Immunization by doctors or healthcare providers, as may be considered necessary during my/ my patient's hospital stay.

I understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/ or treatment. I understand that I have the right to discuss treatment details along with the risks, benefits, alternatives and undertake to do so; I am given to understand that the onus of this shall rest with me.

I understand that the confidentiality of all medical records shall be protected to the fullest extent of the law. I also consent to the use of my medical information for research purpose or for insurance purpose.

I understand that the estimate of the treatment given to me is approximate and depending on my / patient's condition /course of illness there may be a significant variation in the medical cost. I agree that the running bill of the hospital will be settled within the specified period of time during the stay at the hospital.

I also consent the use of my / my patient's medical information, tissue samples or body fluids (specimens) for insurance cover. I also understand that the Hospital also has the authority to dispose off the specimens taken for laboratory / pathology examination

I understand that during hospitalization, we are not supposed to bring any valuables to the hospital. The hospital shall not be liable for the loss or damage to any valuables placed herein.

I have received visitors pass and attendant pass. I hereby agree to abide by hospital rules and regulations.

All disputes shall be under exclusive jurisdiction of Delhi Courts.

Authorisation by patient

I acknowledge that I have had enough opportunities to discuss this procedures, as stated above, with my/ my patient's physician/his/her designee, and hereby consent to this procedures.

Authorisation by next of kin

The patient is unable to give consent because.....

And I,.....(name/relationship with the patient), therefore, give consent for the patient, I acknowledge that I have had enough opportunities to discuss my patient's management, with the physician/designee, and hereby consent for the same.

I certify that the information shared by me is true & correct to the best of my knowledge & belief & nothing has been concealed therefrom.

Signature of Patient/ Next of Kin (relationship)

AJAY GROVER Son In Law

सहमति-पत्र

मैं एतद् द्वारा अस्पताल को अधिकृत चिकित्सक व अन्य कर्मचारियों को मेरे/अपने मरीज के सर्वश्रेष्ठ हित में अस्पताल में रहने के दौरान आवश्यक परीक्षण, नैदानिक प्रक्रिया, दवाओं का प्रयोग, टीकाकरण व प्रतिरक्षा के लिए पूर्ण सहमति देता हूँ। मैं समझता हूँ कि अपने डॉक्टर द्वारा सलाह किसी विशेष परीक्षण, प्रक्रियाओं, उपचार चिकित्सा एवं दवा के प्रयोग को इन्कार करने का अधिकार मुझमें निहित है।

मैं समझता हूँ दवा का अभ्यास एक सटीक विज्ञान नहीं है और मेरा मूल्यांकन और/या उपचार के परिणाम के बारे में कोई गारंटी नहीं दी गयी है। बीमारी के जोखिम, लाभ एवं विकल्प के साथ इलाज के बारे में चर्चा करने के अधिकार मुझ में हैं, इसकी जिम्मेदारी के साथ आराम से समझने का मौका दिया गया है।

मैं समझता हूँ सभी मेडीकल रिकॉर्ड की गोपनीयता कानून की पूर्ण सीमा के अन्दर संरक्षित है। अनुसंधान एवं बीमा उद्देश्य से मेरे चिकित्सा जानकारी का उपयोग करने के लिए सहमति देता हूँ।

मैं समझता हूँ की मुझे दिए गए उपचार की लागत अनुमानीत है और मेरे/मरीज की हालत पर निर्भर करता है कि बीमारी के चिकित्सा उपचार बढ़ने पर लागत में एक महत्वपूर्ण बदलाव हो सकता है। अस्पताल में रहने के दौरान समय की निर्धारित अवधि के भीतर चालू बिल के भुगतान के लिए सहमत हूँ। अस्पताल के सभी बकाया राशि का भुगतान मरीज को अस्पताल से छुट्टी करने से पहले करूंगा। यदि मैं उपलब्ध तय श्रेणी से उच्च श्रेणी वाली बिस्तर की सुविधा लेता हूँ, जो भी राशि का अन्तर होगा उसकी बिल भुगतान के लिए सहमत हूँ।

मैं इस बात की भी सहमति देता/देती हूँ कि मेरा/मेरे मरीज की चिकित्सा से संबंधित जानकारी, टिश्यु के नमूने या शरीर के तरल पदार्थ (प्रतिरूप) बीमा से संबंधित प्रक्रिया के लिए प्रयोग किए जा सकते हैं। मैं यह भी समझता/समझती हूँ कि अस्पताल का अधिकार है कि वह पैथोलॉजी जाँच/प्रयोगशाला में लिए गये प्रतिरूप को नष्ट भी कर सकते हैं।

मैं समझता हूँ कोई भी कीमती सामान अस्पताल में लाना मना है। किसी भी कीमती सामान के नुकसान वा क्षति के लिए अस्पताल जिम्मेवार नहीं है।

मुझे विजिटर पास एवं परिचारक पास मिला है, मैं अस्पताल के कानून और नियम पालन करने के लिए सहमत हूँ। सभी विवादों का निपटान दिल्ली न्यायालयों के क्षेत्राधिकार के तहत किया जायेगा।

रोगी द्वारा स्वीकृति

मैं स्वीकार करता हूँ कि सम्बन्धित चिकित्सक से परामर्श करने का पर्याप्त अवसर मिला था जैसा कि ऊपर वर्णित है, और इसलिए मैं इस प्रक्रिया के लिए अपनी सहमति देता हूँ।

रोगी के सम्बन्धी का स्वीकृति

रोगी स्वीकृति देने में असमर्थ है क्यों कि

और मैं (नाम, रोगी से सम्बन्ध), इसलिए मरीज के लिए स्वीकृति देता हूँ, मैं स्वीकार करता हूँ कि सम्बन्धित चिकित्सक से परामर्श करने का पर्याप्त अवसर मिला था जैसा कि ऊपर वर्णित है, और मैं इस प्रक्रिया के लिए अपनी सहमति देता हूँ।

मैं प्रमाणित करता/करती हूँ कि मेरे द्वारा दी गई सूचना मेरी उत्तम जानकारी और विश्वास के अनुसार सत्य तथा सही है और कोई भी महत्वपूर्ण जानकारी छुपाई नहीं गई है।

फ्रंट आफिस कार्यकारी के हस्ताक्षर

रोगी/परीजन (सम्बन्ध) के हस्ताक्षर

दिनांक..... समय



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/256 UHID: 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal

INITIAL NURSING ASSESSMENT FORM

Admission date 7/1/19		Time 10:45 pm	
Department	<input type="checkbox"/> Through OPD	<input checked="" type="checkbox"/> Through ER	<input type="checkbox"/> Self
Time of Arrival in unit	<input type="checkbox"/> am	<input checked="" type="checkbox"/> 10:55 pm	
Mode of Arrival	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheel Chair	<input checked="" type="checkbox"/> Stretcher
	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Others	
Accompanied by	<input checked="" type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Others
Primary language Spoken	<input type="checkbox"/> English	<input checked="" type="checkbox"/> Hindi	<input type="checkbox"/> Others
Interpreter Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vulnerable Staus	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Actions taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VITAL SIGNS		ORIENTATION	
Temperature(*F): 98.6 F	Height(cm):	<input type="checkbox"/> Bed control	<input type="checkbox"/> Washroom
Pulse(/min): 80 bpm	Weight(kg):	<input type="checkbox"/> Call bell	<input type="checkbox"/> Visitation rules
Respiration(/min): 20 bpm		<input type="checkbox"/> Television	<input type="checkbox"/> Meal timings
BP(mm of Hg): 160/80		<input type="checkbox"/> Phone	<input type="checkbox"/> No smoking

ALLERGIES	<input checked="" type="checkbox"/> No known allergies <input type="checkbox"/> Yes	Allergic to:
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PERSONAL ESSENTIAL LIST/ SPECIAL NEEDS					
Hearing aid	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Left	<input type="checkbox"/> Right		
Contact lens	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Eyeglasses	
Dentures	Full: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	Partial: <input type="checkbox"/> Upper	<input type="checkbox"/> Lower	<input checked="" type="checkbox"/> No
Artificial prosthesis	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Type		
Visual Impairment	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Speech problem	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Hearing impairment	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			

NEUROLOGIC STATUS	<input checked="" type="checkbox"/> Conscious/Oriented	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Unconscious	<input type="checkbox"/> Stuporous	<input type="checkbox"/> Confused/Anxious
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HEALTH ASSESSMENT

1. Current Complaint/ Reason for hospitalization:

**Breathing difficulty / Fever
Cough & Sputum**

2. Past Surgical History:

Hysterectomy

3. Past Medical History:	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Resp. disorder	<input checked="" type="checkbox"/> Blood disorder	<input checked="" type="checkbox"/> Mental illness	<input checked="" type="checkbox"/> Cancer
	<input checked="" type="checkbox"/> Hypertension	<input checked="" type="checkbox"/> Kidney disorder	<input checked="" type="checkbox"/> Seizure disorder	<input checked="" type="checkbox"/> STD	<input checked="" type="checkbox"/> Others
	<input checked="" type="checkbox"/> Heart disease	<input checked="" type="checkbox"/> Thyroid disorder	<input checked="" type="checkbox"/> GI disorder	<input checked="" type="checkbox"/> Hepatitis	
	<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Neuro muscular	<input checked="" type="checkbox"/> Skin disorder	<input checked="" type="checkbox"/> Arthritis	

Disposition of Medications Not brought with patient Sent home with family Educated not to use

NUTRITIONAL STATUS

Appetite - Normal/Altered Altered
 If Weight Loss/Gain is < 3Kg or > 3 Kg NO
 Any Digestive Problem NO

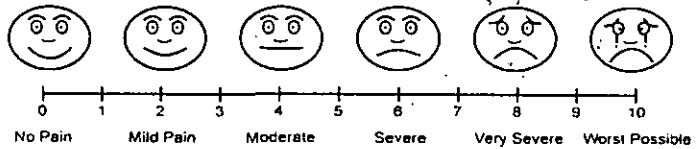
VULNERABLE PATIENT- ANY OF THE BELOW CONSIDERED AS VULNERABILITY

Categories	Age<16>65	Any mental or neurological disability	limited physical mobility	Communication barrier	patient on restraint	Immuno-supressed Patient	Victim of abuse & Neglect	Drug/Alcohol Dependent
<input type="checkbox"/> Yes			<input checked="" type="checkbox"/>					
<input type="checkbox"/> No								

Activities of Daily Living (ADL's)

	Bathing	Dressing	Eating	Mobility	Toilet use
Independent			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Dependent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

WONG - BAKER FACIAL GRIMACE SCALE
 NUMERICAL RATING SCALE



Pain Score: 0/10

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	At risk to Moderate risk
2 Very limited	2 Very moist	2 Chair fast	2 Very limited	2 <1/2 daily position	2 Feeds Corrections	1. Offer toilet as necessary 2. Use devices to optimize independent positioning 3. Use elbow and heel protectors. 4. Reposition every 2 hourly 5. Provide routine care and moisturize skin daily. 6. Document individualized care plan.
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	High to very high risk
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		1. Include all above mentioned points 2. Protect sacral/perineal wounds from feces & infected urine. 3. Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.

Score braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

Total Score for Patient 16

Location of bed sore

Grade

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE	
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotension/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medications	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0-24	Medium risk 25 - 44	High risk Above 45
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Total score 40

PATIENT & ATTENDANT INFORMATION EDUCATION (ON UFPP & OUTSIDE PRESSURE SORE)

Preventive measures and risk explained	YES	NO
Outside bedsore shown and grade explained	YES	NO

Sign/Name of witness Relationship with patient

ACTUAL PROBLEMS

<input checked="" type="checkbox"/> Activity Intolerance	<input checked="" type="checkbox"/> Pain, Acute	<input checked="" type="checkbox"/> Nutrition, less than body need
<input checked="" type="checkbox"/> Airway clearance, Ineffective	<input checked="" type="checkbox"/> Pain, Chronic	<input checked="" type="checkbox"/> Nutrition, more than body need
<input checked="" type="checkbox"/> Breathing Pattern, Ineffective	<input checked="" type="checkbox"/> Verbal communication, Impaired	<input checked="" type="checkbox"/> Skin integrity, Impaired
<input checked="" type="checkbox"/> Decreased cardiac output	<input checked="" type="checkbox"/> Sensory Perception, Altered	<input checked="" type="checkbox"/> Oral Mucous Membrane, Altered
<input checked="" type="checkbox"/> Gas Exchange, Impaired	<input checked="" type="checkbox"/> Thought process, Altered	<input checked="" type="checkbox"/> Swallowing, Impaired
<input checked="" type="checkbox"/> Health Maintenance, Impaired	<input checked="" type="checkbox"/> Fluid volume, Deficit	<input checked="" type="checkbox"/> Body Image Disturbance
<input checked="" type="checkbox"/> Physical Mobility, Impaired	<input checked="" type="checkbox"/> Fluid volume, Overload	<input checked="" type="checkbox"/> Sleep Pattern Disturbance
<input checked="" type="checkbox"/> Self care deficit	<input checked="" type="checkbox"/> Knowledge deficit	<input checked="" type="checkbox"/> Self Esteem Disturbance
<input checked="" type="checkbox"/> Incontinence, Bowel	<input checked="" type="checkbox"/> Urinary Elimination, Altered	<input checked="" type="checkbox"/> Role performance, Altered
<input checked="" type="checkbox"/> Incontinence, Bladder	<input checked="" type="checkbox"/> Urinary Retention, Altered	<input checked="" type="checkbox"/> Fear & Anxiety
<input checked="" type="checkbox"/> Injury, Altered	<input checked="" type="checkbox"/> Spiritual Distress	<input checked="" type="checkbox"/> Rape trauma syndrome

POTENTIAL PROBLEMS

<input type="checkbox"/> Infection, Potential for	<input type="checkbox"/> Activity Intolerance, Potential for
<input type="checkbox"/> Injury, Potential for	<input type="checkbox"/> Others
<input type="checkbox"/> Skin Integrity, Potential for	

Name of admitting Nurse..... Xleeng Employee ID 29935 Sign Xleeng

Name of Ward Supervisor Pawan Employee ID 2400 Sign [Signature]



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/256 UHID: 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal



Date 29/1/19

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A		
GCS	E4 V5 M6		
Mode of oxygen	RA		
Cough	NR		
Dressing	I		
Skin status	I		
Vulnerable status	No		
VIP score	0		
Braden Score	22		
1. stage of pressure ulcer	No		
2. location of pressure ulcer	No		
Morse Fall Score	15		
EWS score	0		
Pain score	0/10		
Signature of Nurse	Suman		
Emp. ID	28284		

NEUROLOGICAL STATUS		GLASSGOW COMA SCALE			
Alert	A	Behaviour	Response	Score	
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L	Eye opening	Spontaneously	4	
Stuporous- Difficult to arouse except with repeated stimuli	S		To speech	3	
Comatose	C		To pain	2	
		Verbal Response	No response	1	
			Oriented to time, place & person	5	
			Confused	4	
			Inappropriate words	3	
		Motor response	Incomprehensible sounds	2	
			No response	1	
			Obeys commands	6	
			Moves to localized pain	5	
			Flexion withdrawal from pain	4	
			Abnormal flexion	3	
		Total Score	Abnormal extension	2	
			No response	1	
			Best response	15	
				Comatose client	8 or less
				Totally unresponsive	3
		Cough			
		None	N		
		Productive	P		
		Non-productive	NP		

DRESSING	
Intact	I
Dry	D
Soaked	S
SKIN STATUS	
Intact	I
Non-Intact	NC
MODE OF OXYGEN	
Nasal canula	NC
Mask	M
Venturi mask	VM
BIPAP	B
Room air	RA
Ventilator	V

MORSE FALL RISK ASSESSMENT

	CATEGORY	CHARACTERISTIC	SCORE
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of Falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotention/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0 - 24	Medium risk 25 - 44	High risk Above 45
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Vulnerable patient-any of the below considered as vulnerability

CATEGORIES				<input type="checkbox"/> NA
Age <16 or >65		Communication barrier		Immunosupressed patients
Any mental or neurological disability		Un attended unconscious patient.		Victim of abuse & neglect
Limited physical mobility		Patient on restraint		Drug/Alcohol dependent

VULNERABILITY STATUS

If Yes, Action Required

<input type="checkbox"/> Place safety first Signage to patient side	<input type="checkbox"/> Ensure call bell within reach of patient
<input type="checkbox"/> Bed side rails always up	<input type="checkbox"/> 2nd hourly assessment

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
AVPU				alert	Verbal	pain	Unresponsive

Visual infusion phlebitis score (V.I.P.)

IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
	Patient name & ID band	Oshama/862		
HYGIENE	Self/bed bath			
	Skin carehourly	No		
	Back Carehourly	No		
	Mouth Carehourly	Self		
	Eye Carehourly	No		
	Hair Carehourly	No		
	Perineal care (for Female)	No		
	Any special care	No		
RESPIRATORY THERAPY	Foley's cath care	No		
	NGT care	No		
	Chest physiotherapy	No		
	Incentive Spirometry	No		
	Steam inhalation	No		
	Nebulization hourly	Yes		
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No		
	Tracheostomy care	No		
REHABILITATION	Chest tube care	No		
	Ambulation	Yes		
	Physiotherapy	No		
	ROM exercises	No		
	Repositioning hourly	No		
GI & GENITO URINARY	Enteral feeding hourly (NGT/PEG/J tubes)	No		
	Enteral tube site care	No		
	NG aspiration hourly	No		
	NPO status	No		
	Type of diet	DM (D) diet		
	Ostomy care	No		
	Enema	No		
	Catheterization	No		
	Catheter care	No		
	Sitz bath	No		
	Drain site care (JP/Penrose/Hemovac)	No		
OTHERS	Compress (hot/ cold)	No		
	Barrier/ Reverse barrier Nursing	No		
	Blood Transfusion	No		
	Care of all lines (IV/Central/Arterial/PICC)	No		
	Care of HD catheter	No		
	Flushing Intermittent infusion lock	Yes		
	Site care	No		
	Specimen collection	No		
	End of life care	No		
SURGICAL	Any surgery planned	No		
	Part preparation	No		
	Skin preparation	No		
	Pre-operative checklist complete	No		
	Bill clearance (for surgery or Procedure)	No		
	Abnormal reports/Critical lab values	No		
HEALTH EDUCATION	Medications (Action/side effects/Special Instructions)	No		
	Diet (Type/ restrictions)	Yes		
	Infection prevention	Yes		
	Post procedure care	No		
	Postnatal education (for mothers)	No		
	Injury/ Fall prevention	Yes		
	Symptoms to seek medical help	No		
	Discharge education & follow up	No		
PENDING	Investigation/procedure (Mention if any)	No		
	Consultation (Mention if any)	No		
	Medications (Mention if any)	No		
Event	(Any special events)			

Signature of Departmental Incharge..... Emp. ID.....



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal

Date 11/11/19

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4V4M6	E4V4M6	E4V4M6
Mode of oxygen	NP	RA	RA
Cough	NP	NP	NP
Dressing	I	No	No
Skin status	I	I	I
Vulnerable status	No	No	No
VIP score	0	0	0
Braden Score	20	20	20
1.stage of pressure ulcer	NA	NA	NA
2.location of pressure ulcer	NA	NA	NA
Morse Fall Score	15	10	10
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Leela	Dilpreet	28007
Emp. ID	19206		

NEUROLOGICAL STATUS

GLASSGOW COMA SCALE

Alert	A	Behaviour	Response	Score
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L	Eye opening	Spontaneously	4
Stuporous- Difficult to arouse except with repeated stimuli	S		To speech	3
Comatose	C		To pain	2
			No response	1
DRESSING		Verbal Response	Oriented to time, place & person	5
Intact	I		Confused	4
Dry	D		Inappropriate words	3
Soaked	S		Incomprehensible sounds	2
SKIN STATUS		Motor response	No response	1
Intact	I		Obeys commands	6
Non-Intact	NC		Moves to localized pain	5
MODE OF OXYGEN			Flexion withdrawal from pain	4
Nasal canula	NC	Abnormal flexion	3	
Mask	M	Abnormal extension	2	
Venturi mask	VM	No response	1	
BIPAP	B	Total Score	Best response	15
Room air	RA		Comatose client	8 or less
Ventilator	V		Totally unresponsive	3
		Cough		
		None	N	
		Productive	P	
		Non-productive	NP	

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE
1 Level of consciousness	Knows own limits, reliable safety awareness	0
	Diminished safety awareness	15
2 History of Falls	No falls	0
	Yes	25
3 Predisposing diseases	Following Conditions: Hypotention/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
	No	0
	Yes	15
4 Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
	Crutches/cane/walker needed	15
	Furniture used for support	30
5 Gait	Normal walking/striding without hesitation	0
	Weak walking & short, shuffled steps, lightly touching furniture for support	10
	Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6 Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics /sedatives/ hypnotics	
	None of the medications taken	0
	Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0-24 Medium risk 25 - 44 High risk Above 45

Vulnerable patient- any of the below considered as vulnerability

CATEGORIES		<input type="checkbox"/> NA
Age <16 or >65	Communication barrier	Immunosupressed patients
Any mental or neurological disability	Un attended unconscious patient	Victim of abuse & neglect
Limited physical mobility	Patient on restraint	Drug/Alcohol dependent

VULNERABILITY STATUS

If Yes, Action Required

- | | |
|---|---|
| <input type="checkbox"/> Place safety first Signage to patient side | <input type="checkbox"/> Ensure call bell within reach of patient |
| <input type="checkbox"/> Bed side rails always up | <input type="checkbox"/> 2nd hourly assessment |

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
AVPU				alert	Verbal	pain	Unresponsive

Visual infusion phlebitis score (V.I.P.)

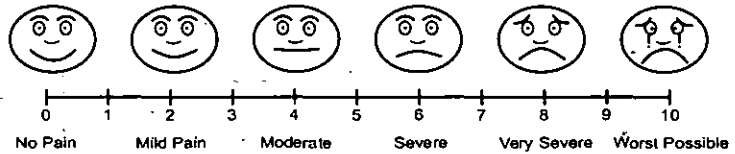
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions	
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	At risk to Moderate risk	
2 Very limited	2 Very moist	2 Chair fast	2 Very limited	2 <½ daily portion	2 Feeble Corrections	1.	Offer toilet as necessary
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	2.	Use devices to optimize independent positioning
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		3.	Use elbow and heel protectors.
						4.	Reposition every 2 hourly
						5.	Provide routine care and moisturize skin daily.
						6.	Document individualized care plan.
						High to very high risk	
						1.	Include all above mentioned points
						2.	Protect sacral/perineal wounds from feces & infected urine.
						3.	Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.

Score Braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

WONG - BAKER FACIAL GRIMACE SCALE NUMERICAL RATING SCALE



THE FLACC SCALE

CATEGORIES	0	1	2
Face	No Particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant quivering chin clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back & forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers: occasional complaint	Crying steadily, screams or sobs frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort

Score FLACC Scale : 0 - Relaxed / Comfortable, 1-3 - Mild discomfort, 4-6 - Moderate pain, 7-10 - Severe Discomfort

PAIN MANAGEMENT

Date	Shift/Time	Pain score	Quality	Location	Interventions/Comfort	Medicine	Time/Sign

COMFORT MEASURES

LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing					
C	Crushing	ED	Education pain management					
D	Dull pain	M	Massage					
S	Sharp/Stabbing	ES	Emotional support.					
Sh	Shouting	W	Walking					
T	Tingling	IP	Ice pack					
TH	Throbbing & Radiating	MA	Medication Administration					

PAIN ASSESSMENT TOOL BEING USED

FLACC:

WB

NRS

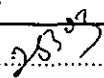
NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
	Patient name & ID band	Yes	Checked	Checked
HYGIENE	Self/bed bath	Self	Self	Self
	Skin care.....hourly	Self	Self	Self
	Back Care.....hourly	No	No	Self
	Mouth Care.....hourly	Self	Self	Self
	Eye Care.....hourly	No	NA	Self
	Hair Care.....hourly	Self	No	Self
	Perineal care (for Female)	No	NA	No
	Vaginal Pack	No	NA	No
Any special care	No	NA	No	
RESPIRATORY THERAPY	NGT care	No	NA	No
	Chest physiotherapy	No	Yes	No
	Incentive Spirometry	No	Yes	No
	Steam inhalation	Yes	NA	No
	Nebulization hourly	Yes	Yes	No
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No	NA	No
	Tracheostomy care	No	NA	No
	Chest tube care	No	NA	No
REHABILITATION	Ambulation	Yes	Yes	No
	Physiotherapy	Yes	NA	No
	ROM exercises	No	NA	No
	Repositioning hourly	No	NA	No
GI & GENITO URINARY	Enteral feeding hourly (NGT/PEG/J tubes)	No	NA	No
	Enteral tube site care	No	NA	No
	NG aspiration hourly	No	NA	No
	NPO status	No	NA	No
	Type of diet	N/D	Normal diet	N/D
	Ostomy care	No	NA	No
	Enema	No	NA	No
	Catheterization	No	NA	No
	Catheter care / Foley's Catheter care	No	NA	No
	Sitz bath	No	NA	No
OTHERS	Drain site care (JP/Penrose/Hemovac)	No	NA	No
	Compress (hot/ cold)	No	NA	No
	Barrier/ Reverse barrier Nursing	No	NA	No
	Blood Transfusion	No	NA	No
	Care of all lines(IV/Central/Arterial/PICC)	Yes	Yes	No
	Care of HD catheter.	No	No	No
	Flushing Intermittent infusion lock	Yes	No	No
	Site care	No	NA	No
	Specimen collection	No	NA	No
SURGICAL	End of life care	No	NA	No
	Any surgery planned	No	NA	No
	Part preparation	No	NA	No
	Skin preparation	No	NA	No
	Pre-operative checklist complete	No	NA	No
	Bill clearance(for surgery or Procedure)	No	NA	No
HEALTH EDUCATION	Abnormal reports/Critical lab values	No	NA	No
	Medications(Action/side effects/Special Instructions)	Yes	Yes	No
	Diet (Type/ restrictions)	No	No	No
	Infection prevention	Yes	Yes	No
	Post procedure care	No	No	No
	Postnatal education (for mothers)	No	No	No
	Injury/ Fall prevention	Yes	Yes	No
	Symptoms to seek medical help	Yes	No	No
	Discharge education & follow up	No	No	No
PENDING	Investigation/procedure (Mention if any)	No	No	No
	Consultation (Mention if any)	No	No	No
	Medications (Mention if any)	No	No	No
Event	(Any special events)			

Signature of Departmental Incharge.....



Emp. ID.....





Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No. : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal



Date : 10/1/19

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4 V5 M6	E4 V5 M6	E4 V5 M6
Mode of oxygen	NC	NC	NC
Cough	NP	NP	NP
Dressing	NA	NA	N
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
VIP score	0	0	0
Braden Score	20	22	20
1.stage of pressure ulcer	NA	No	No
2.location of pressure ulcer	NA	No	No
Morse Fall Score	10	10	10
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Aarti	Aarti	Rinki
Emp. ID	30375	30375	30357

NEUROLOGICAL STATUS

Alert	A
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L
Stuporous- Difficult to arouse except with repeated stimuli	S
Comatose	C

GLASSGOW COMA SCALE

Behaviour	Response	Score
Eye opening	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Verbal Response	Oriented to time, place & person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
Motor response	No response	1
	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion	3
	Abnormal extension	2
Total Score	No response	1
	Best response	15
	Comatose client	8 or less
	Totally unresponsive	3

DRESSING

Intact	I
Dry	D
Soaked	S

SKIN STATUS

Intact	I
Non-Intact	NC

MODE OF OXYGEN

Nasal canula	NC
Mask	M
Venturi mask	VM
BIPAP	B
Room air	RA
Ventilator	V

Cough

None	N
Productive	P
Non-productive	NP

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE	
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of Falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotension/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0 - 24	Medium risk 25 - 44	High risk Above 45
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Vulnerable patient- any of the below considered as vulnerability

CATEGORIES				<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Age <16 or >65	<input type="checkbox"/>	<input type="checkbox"/> Communication barrier	<input type="checkbox"/>	<input type="checkbox"/> Immunosuppressed patients
<input type="checkbox"/> Any mental or neurological disability	<input type="checkbox"/>	<input type="checkbox"/> Un attended unconscious patient	<input type="checkbox"/>	<input type="checkbox"/> Victim of abuse & neglect
<input type="checkbox"/> Limited physical mobility	<input type="checkbox"/>	<input type="checkbox"/> Patient on restraint	<input type="checkbox"/>	<input type="checkbox"/> Drug/Alcohol dependent

VULNERABILITY STATUS

If Yes, Action Required

<input checked="" type="checkbox"/> Place safety first Signage to patient side	<input checked="" type="checkbox"/> Ensure call bell within reach of patient
<input type="checkbox"/> Bed side rails always up	<input checked="" type="checkbox"/> 2nd hourly assessment

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
AVPU				alert	Verbal	pain	Unresponsive

Visual infusion phlebitis score (V.I.P.)

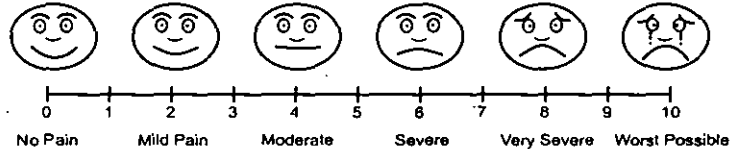
<input checked="" type="checkbox"/> IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
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Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions At risk to Moderate risk
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	1. Offer toilet as necessary 2. Use devices to optimize independent positioning 3. Use elbow and heel protectors. 4. Reposition every 2 hourly 5. Provide routine care and moisturize skin daily. 6. Document individualized care plan.
2 Very limited	2 Very moist	2 Chair fast	2 Very limited	2 <½ daily portion	2 Feeble Corrections	High to very high risk 1. Include all above mentioned points 2. Protect sacral/perineal wounds from feces & infected urine. 3. Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		

Score braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

WONG - BAKER FACIAL GRIMACE SCALE NUMERICAL RATING SCALE



THE FLACC SCALE

CATEGORIES	0	1	2
Face	No Particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant quivering chin clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back & forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers: occasional complaint	Crying steadily, screams or sobs frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort

Score FLACC Scale : 0 - Relaxed / Comfortable, 1-3 - Mild discomfort, 4-6 - Moderate pain, 7-10 - Severe Discomfort

PAIN MANAGEMENT

Date	Shift/Time	Pain score	Quality	Location	Interventions/Comfort	Medicine	Time/Sign

COMFORT MEASURES

LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	1	D.V. Cannula	Parent	D2	
C	Crushing	ED	Education pain management					
D	Dull pain	M	Massage					
S	Sharp/Stabbing	ES	Emotional support					
Sh	Shouting	W	Walking					
T	Tingling	IP	Ice pack					
TH	Throbbing & Radiating	MA	Medication Administration					

PAIN ASSESSMENT TOOL BEING USED

FLACC:

WB

NRS

NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
Patient name & ID band		Present	Checked	Checked
HYGIENE	Self/bed bath	Yes	Yes	Yes
	Skin carehourly	Yes	Yes	Yes
	Back Carehourly	Yes	Yes	Yes
	Mouth Carehourly	Yes	Yes	Yes
	Eye Carehourly	Yes	No	No
	Hair Carehourly	No	No	No
	Perineal care (for Female)	No	No	No
	Vaginal Pack	No	No	No
Any special care		No	No	No
RESPIRATORY THERAPY	NGT care	No	No	No
	Chest physiotherapy	Yes	Yes	Yes
	Incentive Spirometry	Yes	Yes	Yes
	Steam inhalation	No	Yes	Yes
	Nebulization hourly	Yes	Yes	Yes
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No	No	No
	Tracheostomy care	No	No	No
REHABILITATION	Chest tube care	No	No	No
	Ambulation	No	No	No
	Physiotherapy	Yes	Yes	Yes
	ROM exercises	No	No	No
GI & GENITO URINARY	Repositioning hourly	No	No	No
	Enteral feeding hourly (NGT/PEG/J tubes)	No	No	No
	Enteral tube site care	No	No	No
	NG aspiration hourly	No	No	No
	NPO status	No	No	No
	Type of diet	Normal Diet	Normal Diet	Normal diet
	Ostomy care	No	No	No
	Enema	No	No	No
	Catheterization	No	No	No
	Catheter care / Foley's Catheter care	No	No	No
OTHERS	Sitz bath	No	No	No
	Drain site care (JP/Penrose/Hemovac)	No	No	No
	Compress (hot/ cold)	No	No	No
	Barrier/ Reverse barrier Nursing	No	No	No
	Blood Transfusion	No	No	No
	Care of all lines(IV/Central/Arterial/PICC)	Yes	Yes	Yes
	Care of HD catheter	No	No	No
	Flushing Intermittent infusion lock	Yes	Yes	Yes
	Site care	No	No	No
	Specimen collection	No	No	No
SURGICAL	End of life care	No	No	No
	Any surgery planned	No	No	No
	Part preparation	No	No	No
	Skin preparation	No	No	No
	Pre-operative checklist complete	No	No	No
	Bill clearance(for surgery or Procedure)	No	No	No
HEALTH EDUCATION	Abnormal reports/Critical lab values	No	No	No
	Medications(Action/side effects/Special Instructions)	Yes	Yes	Yes
	Diet (Type/ restrictions)	Yes	Yes	Yes
	Infection prevention	Yes	Yes	Yes
	Post procedure care	No	No	No
	Postnatal education (for mothers)	No	No	No
	Injury/ Fall prevention	Yes	Yes	Yes
	Symptoms to seek medical help	No	No	No
PENDING	Discharge education & follow up	No	No	No
	Investigation/procedure (Mention if any)	No	No	No
	Consultation (Mention if any)	No	No	No
Event	Medications (Mention if any)	No	No	No
	(Any special events)			

Signature of Departmental Incharge.....

4

Emp. ID..... 2705



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

P No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17
Y/F HDU /IMCU009
Dr. Danish Jamal



Date 11/11/19

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	EAM6V5	EAM6V5	EAM6V5
Mode of oxygen	NP	NP	NP
Cough	P	P	P
Dressing	N/A	N/A	N/A
Skin status	I	I	I
Vulnerable status	yes	YES	yes
VIP score	0	0	0
Braden Score	16	16	16
1. stage of pressure ulcer	N/A	NA	NA
2. location of pressure ulcer	N/A	NA	NA
Morse Fall Score	40	40	40
EWS score	0	0	0
Pain score	0	0	0/10
Signature of Nurse	Nishi	Anamika	Rohini
Emp. ID	28343	(25520)	30302

NEUROLOGICAL STATUS		GLASSGOW COMA SCALE		
Alert	A	Behaviour	Response	Score
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L	Eye opening	Spontaneously	4
Stuporous- Difficult to arouse except with repeated stimuli	S		To speech	3
Comatose	C		To pain	2
			No response	1
		Verbal Response	Oriented to time, place & person	5
			Confused	4
			Inappropriate words	3
			Incomprehensible sounds	2
		Motor response	No response	1
			Obeys commands	6
			Moves to localized pain	5
			Flexion withdrawal from pain	4
		Total Score	Abnormal flexion	3
			Abnormal extension	2
			No response	1
		Cough	Best response	15
			Comatose client	8 or less
			Totally unresponsive	3
		None	N	
		Productive	P	
		Non-productive	NP	

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE	
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of Falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotention/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0 - 24	Medium risk 25 - 44	High risk Above 45
-----------------	---------------------	--------------------

Vulnerable patient- any of the below considered as vulnerability

CATEGORIES			<input type="checkbox"/> NA
Age <16 or >65	<input checked="" type="checkbox"/> Communication barrier		Immunosuppressed patients
Any mental or neurological disability	<input type="checkbox"/> Un attended unconscious patient		Victim of abuse & neglect
Limited physical mobility	<input type="checkbox"/> Patient on restraint		Drug/Alcohol dependent

VULNERABILITY STATUS

If Yes, Action Required

<input type="checkbox"/> Place safety first Signage to patient side	<input type="checkbox"/> Ensure call bell within reach of patient
<input checked="" type="checkbox"/> Bed side rails always up	<input type="checkbox"/> 2nd hourly assessment

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
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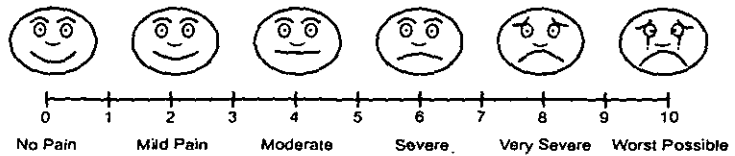
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Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

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Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	At risk to Moderate risk
2 Very limited	2 Very moist	2 Chair fast	2 Very limited	2 <½ daily portion	2 Feeble Corrections	1. Offer toilet as necessary 2. Use devices to optimize independent positioning 3. Use elbow and heel protectors. 4. Reposition every 2 hourly 5. Provide routine care and moisturize skin daily. 6. Document individualized care plan.
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	High to very high risk
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		1. Include all above mentioned points 2. Protect sacral/perineal wounds from feces & infected urine. 3. Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.

Score braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

WONG - BAKER FACIAL GRIMACE SCALE NUMERICAL RATING SCALE



THE FLACC SCALE

CATEGORIES	0	1	2
Face	No Particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant quivering chin clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming; shifting back & forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers: occasional complaint	Crying steadily, screams or sobs frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort

Score FLACC Scale : 0 - Relaxed / Comfortable, 1-3 - Mild discomfort, 4-6 - Moderate pain, 7-10 - Severe Discomfort

PAIN MANAGEMENT

Date	Shift/Time	Pain score	Quality	Location	Interventions/Comfort
01/14	m	0/10	—	—	—

COMFORT MEASURES

LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	1	1/4 cannula	(15) hand	07	—
C	Crushing	ED	Education pain management					
D	Dull pain	M	Massage					
S	Sharp/Stabbing	ES	Emotional support					
Sh	Shouting	W	Walking					
T	Tingling	IP	Ice pack					
TH	Throbbing & Radiating	MA	Medication Administration					

PAIN ASSESSMENT TOOL BEING USED

FLACC:

WB

NRS

NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
	Patient name & ID band	<i>Checked</i>	<i>Checked</i>	<i>Checked</i>
HYGIENE	Self/bed bath	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Skin care12.....hourly	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Back Care12.....hourly	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Mouth Care12.....hourly	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Eye Care12.....hourly	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Hair Care12.....hourly	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Perineal care (for Female)	<i>NO</i>	<i>NO</i>	<i>NO</i>
Any special care	<i>NO</i>	<i>NO</i>	<i>NO</i>	
RESPIRATORY THERAPY	Foley's cath care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	NGT care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Chest physiotherapy	<i>Yes</i>	<i>YES</i>	<i>NO</i>
	Incentive Spirometry	<i>Yes</i>	<i>YES</i>	<i>NO</i>
	Steam inhalation	<i>Yes</i>	<i>YES</i>	<i>NO</i>
	Nebulization & hourly	<i>Yes</i>	<i>YES</i>	<i>NO</i>
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Tracheostomy care	<i>NO</i>	<i>NO</i>	<i>NO</i>
REHABILITATION	Chest tube care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Ambulation	<i>NO</i>	<i>NO</i>	<i>NO</i>
GI & GENITO URINARY	Physiotherapy	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	ROM exercises	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Repositioning hourly	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Enteral feeding hourly (NGT/PEG/J tubes)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Enteral tube site care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	NG aspiration hourly	<i>NO</i>	<i>NO</i>	<i>NO</i>
	NPO status	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Type of diet	<i>SP</i>	<i>Soft diet</i>	<i>SO</i>
	Ostomy care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Enema	<i>NO</i>	<i>NO</i>	<i>NO</i>
OTHERS	Catheterization	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Catheter care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Sitz bath	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Drain site care (JP/Penrose/Hemovac)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Compress (hot/ cold)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Barrier/ Reverse barrier Nursing	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Blood Transfusion	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Care of all lines (IV/Central/Arterial/PICC)	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Care of HD catheter	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Flushing Intermittent infusion lock	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
SURGICAL	Site care	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Specimen collection	<i>NO</i>	<i>NA</i>	<i>NO</i>
	End of life care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Any surgery planned	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Part preparation	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Skin preparation	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Pre-operative checklist complete	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Bill clearance (for surgery or Procedure)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Abnormal reports/Critical lab values	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Medications (Action/side effects/Special Instructions)	<i>NO</i>	<i>NO</i>	<i>NO</i>
HEALTH EDUCATION	Diet (Type/ restrictions)	<i>Yes</i>	<i>YES</i>	<i>Yes</i>
	Infection prevention	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Post procedure care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Postnatal education (for mothers)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Injury/ Fall prevention	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Symptoms to seek medical help	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Discharge education & follow up	<i>NO</i>	<i>NO</i>	<i>NO</i>
PENDING	Investigation/procedure (Mention if any)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Consultation (Mention if any)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Medications (Mention if any)	<i>NO</i>	<i>NO</i>	<i>NO</i>
Event	(Any special events)			

Signature of Departmental Incharge.....



Emp. ID.....

2307



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/2019 22:17
51 Y/F MICU 1/MICU006
Dr. Danish Jamal

2

slila

Date

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4 V5 M6	E4 V5 M6	E4 V5 M6
Mode of oxygen	NP	NP	NP
Cough	P	P	P
Dressing	I	I	I
Skin status	I	I	I
Vulnerable status	No	Yes	Yes
VIP score	0	0	0
Braden Score	16	16	16
1. stage of pressure ulcer	NA	NA	NA
2. location of pressure ulcer	NA	NA	NA
Morse Fall Score	40	40	40
EWS score	0	0	0
Pain score	0/10	0/6	0/10
Signature of Nurse	<i>Mans</i>	<i>Leher</i>	<i>Atulya</i>
Emp. ID	2844	2206	2934

NEUROLOGICAL STATUS		GLASSGOW COMA SCALE		
Alert	A	Behaviour	Response	Score
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L	Eye opening	Spontaneously	4
Stuporous- Difficult to arouse except with repeated stimuli	S		To speech	3
Comatose	C		To pain	2
			No response	1
		Verbal Response	Oriented to time, place & person	5
			Confused	4
			Inappropriate words	3
			Incomprehensible sounds	2
			No response	1
		Motor response	Obeys commands	6
			Moves to localized pain	5
			Flexion withdrawal from pain	4
			Abnormal flexion	3
			Abnormal extension	2
			No response	1
		Total Score	Best response	15
			Comatose client	8 or less
			Totally unresponsive	3
		Cough		
		None	N	
		Productive	P	
		Non-productive	NP	

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE	
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of Falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotention/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0 - 24

Medium risk 25 - 44

High risk Above 45

Vulnerable patient: any of the below considered as vulnerability

CATEGORIES

NA

Age <16 or >65	<input type="checkbox"/>	Communication barrier	<input type="checkbox"/>	Immunosupressed patients	<input type="checkbox"/>
Any mental or neurological disability	<input type="checkbox"/>	Un attended unconscious patient	<input type="checkbox"/>	Victim of abuse & neglect	<input type="checkbox"/>
Limited physical mobility	<input checked="" type="checkbox"/>	Patient on restraint	<input type="checkbox"/>	Drug/Alcohol dependent	<input type="checkbox"/>

VULNERABILITY STATUS

If Yes, Action Required

<input type="checkbox"/> Place safety first Signage to patient side	<input type="checkbox"/> Ensure call bell within reach of patient
<input checked="" type="checkbox"/> Bed side rails always up	<input checked="" type="checkbox"/> 2nd hourly assessment

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
AVPU				alert	Verbal	pain	Unresponsive

Visual infusion phlebitis score (V.I.P.)

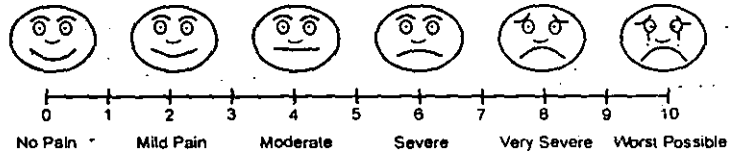
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	At risk to Moderate risk
2 Very limited	2 Very moist	2 Chair fast	2 Very limited	2 <½ daily portion	2 Feeble Corrections	1. Offer toilet as necessary 2. Use devices to optimize independent positioning 3. Use elbow and heel protectors. 4. Reposition every 2 hourly 5. Provide routine care and moisturize skin daily. 6. Document individualized care plan.
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	High to very high risk
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		1. Include all above mentioned points 2. Protect sacral/perineal wounds from feces & infected urine. 3. Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.

Score braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

WONG - BAKER FACIAL GRIMACE SCALE NUMERICAL RATING SCALE



THE FLACC SCALE

CATEGORIES	0	1	2
Face	No Particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant quivering chin clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back & forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers: occasional complaint	Crying steadily, screams or sobs frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort

Score FLACC Scale : 0 - Relaxed / Comfortable, 1-3 - Mild discomfort, 4-6 - Moderate pain, 7-10 - Severe Discomfort

PAIN MANAGEMENT

Date	Shift/Time	Pain score	Quality	Location	Interventions/Comfort
8/1/19	M	0			
	N	0			

COMFORT MEASURES

LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	1.	N. Cannula	4 head	02	
C	Crushing	ED	Education pain management					
D	Dull pain	M	Massage					
S	Sharp/Stabbing	ES	Emotional support					
Sh	Shouting	W	Walking					
T	Tingling	IP	Ice pack					
TH	Throbbing & Radiating	MA	Medication Administration					

PAIN ASSESSMENT TOOL BEING USED

FLACC: WB NRS

NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
Patient name & ID band		checked	checked	checked
HYGIENE	Self/bed bath	Yes	Yes	Yes
	Skin care hourly	Yes	Yes	Yes
	Back Care hourly	Yes	Yes	Yes
	Mouth Care hourly	Yes	Yes	Yes
	Eye Care hourly	Yes	Yes	Yes
	Hair Care hourly	Yes	Yes	Yes
	Perineal care (for Female)	Yes	Yes	Yes
	Any special care	No	No	No
RESPIRATORY THERAPY	Foley's cath care	No	No	No
	NGT care	No	No	No
	Chest physiotherapy	No	No	No
	Incentive Spirometry	No	No	No
	Steam inhalation	No	No	No
	Nebulization hourly	Yes	Yes	Yes
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No	No	No
	Tracheostomy care	No	No	No
REHABILITATION	Chest tube care	No	No	No
	Ambulation	No	No	No
GI & GENITO URINARY	Physiotherapy	No	No	No
	ROM exercises	No	No	No
	Repositioning hourly	No	No	No
	Enteral feeding hourly (NGT/PEG/J tubes)	No	No	No
	Enteral tube site care	No	No	No
	NG aspiration hourly	No	No	No
	NPO status	No	No	No
	Type of diet	Normal diet	N.D	N.D
	Ostomy care	No	No	No
	Enema	No	No	No
OTHERS	Catheterization	No	No	No
	Catheter care	No	No	No
	Sitz bath	No	No	No
	Drain site care (JP/Penrose/Hemovac)	No	No	No
	Compress (hot/ cold)	No	No	No
	Barrier/ Reverse barrier Nursing	No	No	No
	Blood Transfusion	No	No	No
	Care of all lines (IV/Central/Arterial/PICC)	Yes	Yes	No
	Care of HD catheter	No	No	No
	Flushing Intermittent infusion lock	Yes	Yes	Yes
SURGICAL	Site care	No	No	No
	Specimen collection	No	No	No
	End of life care	No	No	No
	Any surgery planned	No	No	No
	Part preparation	No	No	No
	Skin preparation	No	No	No
	Pre-operative checklist complete	No	No	No
	Bill clearance (for surgery or Procedure)	No	No	No
HEALTH EDUCATION	Abnormal reports/Critical lab values	No	No	No
	Medications (Action/side effects/Special Instructions)	No	No	No
	Diet (Type/ restrictions)	No	No	No
	Infection prevention	No	No	No
	Post procedure care	No	No	No
	Postnatal education (for mothers)	No	No	No
	Injury/ Fall prevention	No	No	No
	Symptoms to seek medical help	No	No	No
PENDING	Discharge education & follow up	No	No	No
	Investigation/procedure (Mention if any)	No	No	No
	Consultation (Mention if any)	No	No	No
Event	Medications (Mention if any)	No	No	No
	(Any special events)	No	No	No

Signature of Departmental Incharge.....

Emp. ID.....



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

①

7/1/19

IP No : 33-19/256 UHID: 900035072
Mrs. Kunti Devi OOA : 07/01/2019 22:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal

Date

DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status			A
GCS			E4 M5 V6
Mode of oxygen			Mask
Cough			P
Dressing			I
Skin status			I
Vulnerable status			Yes.
VIP score			0
Braden Score			16
1. stage of pressure ulcer			NA
2. location of pressure ulcer			NA
Morse Fall Score			40
EWS score			0
Pain score			0/10
Signature of Nurse			Neena
Emp. ID			

NEUROLOGICAL STATUS	
Alert	A
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L
Stuporous- Difficult to arouse except with repeated stimuli	S
Comatose	C
DRESSING	
Intact	I
Dry	D
Soaked	S
SKIN STATUS	
Intact	I
Non-Intact	NC
MODE OF OXYGEN	
Nasal canula	NC
Mask	M
Venturi mask	VM
BIPAP	B
Room air	RA
Ventilator	V

GLASSGOW COMA SCALE		
Behaviour	Response	Score
Eye opening	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
Verbal Response	Oriented to time, place & person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
Motor response	No response	1
	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion	3
	Abnormal extension	2
Total Score	No response	1
	Best response	15
	Comatose client	8 or less
	Totally unresponsive	3

Cough	
None	N
Productive	P
Non-productive	NP

MORSE FALL RISK ASSESSMENT

CATEGORY	CHARACTERISTIC	SCORE	
1	Level of consciousness	Knows own limits, reliable safety awareness	0
		Diminished safety awareness	15
2	History of Falls	No falls	0
		Yes	25
3	Predisposing diseases	Following Conditions: Hypotention/Vertigo/CVA/Parkinsonism/seizures/arthritis/osteoporosis/ fractures	
		No	0
		Yes	15
4	Ambulatory aids	Ambulatory without assistance/bedrest/wheelchair	0
		Crutches/cane/walker needed	15
		Furniture used for support	30
5	Gait	Normal walking/striding without hesitation	0
		Weak walking & short, shuffled steps, lightly touching furniture for support	10
		Impaired walking with difficulty rising from chair, head down, grasps furniture	20
6	Medication	Following type of medications: anesthetics/antihistamines/cathartics/diuretics/antihypertensives antiseizure/ benzodiazepines/ hypoglycemics/ psychotropics / sedatives/ hypnotics	
		None of the medications taken	0
		Medications taken	15

SCORE FALL RISK ASSESSMENT

Low risk 0 - 24	Medium risk 25 - 44	High risk Above 45
-----------------	---------------------	--------------------

Vulnerable patient- any of the below considered as vulnerability

CATEGORIES				<input type="checkbox"/> NA
Age <16 or >65		Communication barrier		Immunosupressed patients
Any mental or neurological disability		Un attended unconscious patient		Victim of abuse & neglect
Limited physical mobility		Patient on restraint		Drug/Alcohol dependent

VULNERABILITY STATUS

If Yes, Action Required

<input type="checkbox"/> Place safety first Signage to patient side	<input type="checkbox"/> Ensure call bell within reach of patient
<input type="checkbox"/> Bed side rails always up	<input type="checkbox"/> 2nd hourly assessment

EARLY WARNING SIGNS

SCORE	3	2	1	0	1	2	3
RR	>35	31-35	21-30	9 to 20			<7
SPO2	<88	88-89	90-92	>92			
Temperature		>102.2	100.4-102.2	96.8-100.2	95-96.6	93.2-94.8	<93.2
Systolic BP		>170		100-170	80-99	70-79	<70
Heart rate (bpm)	>129	110-129	100-109	50-99	40-49	30-39	<30
AVPU				alert	Verbal	pain	Unresponsive

Visual infusion phlebitis score (V.I.P.)

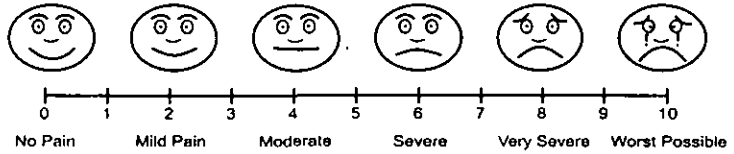
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental						Moisture						Activity						Mobility						Nutrition						Friction / Shear						Interventions					
At risk to Moderate risk						High to very high risk																																			
1	Total limited	1	Constantly moist	1	Bed fast	1	100% immobile	1	Very poor	1	freequent Sliding	1.	Offer toilet as necessary	2.	Use devices to optimize independent positioning	3.	Use elbow and heel protectors.	4.	Reposition every 2 hourly	5.	Provide routine care and moisturize skin daily.	6.	Document individualized care plan.																		
2	Very limited	2	Very moist	2	Chair fast	2	Very limited	2	<½ daily portion	2	Feeble Corrections	1.	Include all above mentioned points	2.	Protect sacral/perineal wounds from faeces & infected urine.	3.	Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.																								
3	Slightly limited	3	Occasionally moist	3	Walks with assistance	3	Slightly limited	3	Most of portion	3	Independent Corrections																														
4	No impairment	4	Dry	4	Walks without assistance	4	Full mobility	4	Eats everything																																

Score braden scale : At risk - 15-18 Moderate - 13 to 14 High risk - 10 to 12 Very high risk - 9 or less

WONG - BAKER FACIAL GRIMACE SCALE NUMERICAL RATING SCALE



THE FLACC SCALE

CATEGORIES	0	1	2
Face	No Particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant quivering chin clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back & forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams or sobs frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractable	Difficult to console or comfort

Score FLACC Scale : 0 - Relaxed / Comfortable, 1-3 - Mild discomfort, 4-6 - Moderate pain, 7-10 - Severe Discomfort

PAIN MANAGEMENT

Date	Shift/Time	Pain score	Quality	Location	Interventions/Comfort

COMFORT MEASURES

LINES & DRAINS

A	B	C	D	S	Sh	T	TH	P	B	ED	M	ES	W	IP	MA	S. No.	Type	Site / Location	Day	Remarks
Aching	Burning	Crushing	Dull pain	Sharp/Stabbing	Shouting	Tingling	Throbbing & Radiating	Positioning	Breathing	Education pain management	Massage	Emotional support	Walking	Ice pack	Medication Administration					

PAIN ASSESSMENT TOOL BEING USED

FLACC:

WB

NRS

NURSES HANOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
Patient name & ID band				checked
HYGIENE	Self/bed bath			checked
	Skin care <i>Q 2H</i>hourly			checked
	Back Care <i>Q 2H</i>hourly			checked
	Mouth Care <i>Q 12H</i>hourly			checked
	Eye Care <i>Q 2H</i>hourly			checked
	Hair Care <i>Q 2AM</i>hourly			checked
	Perineal care (for Female)			checked
Any special care				NO
RESPIRATORY THERAPY	Foley's cath care			NO
	NGT care			NA
	Chest physiotherapy			NA
	Incentive Spirometry			NA
	Steam inhalation			NA
	Nebulization hourly			checked
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)			NA
	Tracheostomy care			NA
REHABILITATION	Chest tube care			NA
	Ambulation			NA
	Physiotherapy			NA
	ROM exercises			NA
GI & GENITO URINARY	Repositioning hourly			NA
	Enteral feeding hourly (NGT/PEG/J tubes)			NA
	Enteral tube site care			NA
	NG aspiration hourly			NA
	NPO status			NA
	Type of diet			NA
	Ostomy care			NA
	Enema			NA
	Catheterization			NA
	Catheter care			NA
OTHERS	Sitz bath			NA
	Drain site care (JP/Penrose/Hemovac)			NA
	Compress (hot/ cold)			NA
	Barrier/ Reverse barrier Nursing			NA
	Blood Transfusion			NA
	Care of all lines (IV/Central/Arterial/PICC)			checked
	Care of HD catheter			NA
	Flushing Intermittent infusion lock			NA
	Site care			NA
	Specimen collection			NA
SURGICAL	End of life care			NA
	Any surgery planned			NA
	Part preparation			NA
	Skin preparation			NA
	Pre-operative checklist complete			NA
	Bill clearance (for surgery or Procedure)			NA
HEALTH EDUCATION	Abnormal reports/Critical lab values			NA
	Medications (Action/side effects/Special Instructions)			NA
	Diet (Type/ restrictions)			NA
	Infection prevention			NA
	Post procedure care			NA
	Postnatal education (for mothers)			NA
	Injury/ Fall prevention			NA
	Symptoms to seek medical help			NA
PENDING	Discharge education & follow up			NA
	Investigation/procedure (Mention if any)			NA
	Consultation (Mention if any)			NA
Event	Medications (Mention if any)			NA
	(Any special events)			

Signature of Departmental Incharge..... *[Signature]* Emp. ID..... *926*.....



IP No : 33-19/256

UHID: 900035072

Mrs. Kunti Devi

DOA : 07/01/201922:17

61 Y / HSU /IMCU009

Dr. Danish Jamal



QRG Health City

Plot no. 1, Sector -16, Faridabad, Haryana

Tel: 0129 - 4330000

DAILY NURSING CARE PLAN

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature

10/1/19	Trained weathering related to disease condition as evidence by physical activity	TO understand weathering of physical activity improve	ASSESS the condition → provide proper diet & energy → educate the pt for extended exercise	yes	Improved the physical activity of weathering	Ruler 30388
11/1/19	knowledge deficit related to disease condition	- TO improve knowledge	- TO assess knowledge - TO provide knowledge organically direct care	yes	knowledge improved	D/ler 211



IP No : 33-19/256 UHID: 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

QRG Health City
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DAILY NURSING CARE PLAN

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
10/11/19 10am	Nutritional Impairment	Nutritional Impairment	Improve Nutritional Status	Assess the patient Condition. Administer all Medication as per Drug chart	Assessed the patient Condition. Administered all Medication as per Drug chart	Improves Nutritional Status	Aarti Joshi
				• Give Nutritional Diet	Given Nutritional Diet		
2 PM	Anxiety	Anxiety related to Disease Condition	Reduce Anxiety	Assess the pt's Condition. Administer all Medication as per Drug Chart • Avoid unnecessary Procedure	Assessed the pt's Condition. Given all Medication as per Drug chart. Avoided unnecessary Procedure	Anxiety Reduced	Aarti Joshi



P No : 33-19/256 UHID : 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 51 Y/F HDU /IMCU009
 Dr. Danish Jamal



QRG Health City
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DAILY NURSING CARE PLAN

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
9/1/19 10am	Breathlessness - Fixed	Impaired breathing Pattern related to disease condition	Maintain normal Breathing Pattern	→ Assess the patient condition → provide Fowler's position → Administer oxygen.	done	Maintain normal Breathing Pattern	K. Ashu 28343
				→ Show inhalation → Nebulizer as per doctor			
9/1/19 at 11pm	Pain	Pain related to disease condition as evident by vitalization	TO reduce the Pain	→ Assess the condition → provide heat application → Provide for patient infection	Yes	TO reduce the Pain	Rinku 30352

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
<p>4/11/19 4:00 PM</p>	<ul style="list-style-type: none"> poor self care activity 	<p>Activity intolerance related to presence of abnormal breathing pattern</p>	<p>To provide comfort measures to avoid the fears</p>	<ul style="list-style-type: none"> Assess the condition of pt accept the patient for activities of daily living provided comfort position provided comfort devices. 	<ul style="list-style-type: none"> Assessed the condition Accepted the patient for ADL provided comfort devices 	<p>patient maintained the self activity</p>	<p>Janice 255ms</p>



DAILY NURSING CARE PLAN

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
7/1/19 11.30 pm	Impaired Breathing pattern	Impaired Breathing related to circulatory condition	To get normal breathing pattern.	<ul style="list-style-type: none"> → Assess the general condition. → Provide semi Fowler's position → Provide nasal Prongs 	<ul style="list-style-type: none"> → Assessed → Provided → Provided 	<ul style="list-style-type: none"> Breathing pattern improved 	<p><i>[Signature]</i></p> <p>29/12</p>
8/1/19	Breathing difficulty	Ineffective breathing pattern related to LRTI	To improve breathing difficulty	<ul style="list-style-type: none"> → To assess the condition of PT → To monitor vital signs → To measure as per drug → To Encourage spontaneous respiration 	<ul style="list-style-type: none"> Assessed the condition Monitor vital signs Measuried as per drug chart Encourage spontaneous respiration 	<ul style="list-style-type: none"> PT well observed 	<p><i>[Signature]</i></p> <p>29/12</p>
8pm	Pt complains about breathlessness.	Altered breathing pattern related to LRTI.	To improve proper breathing pattern.	<ul style="list-style-type: none"> → Assess the pt. to get a baseline data → Give fowler's position to improve breathing pattern → Provide O2 therapy → Encourage chest physiotherapy 	<ul style="list-style-type: none"> Yes Yes Yes Yes 	<ul style="list-style-type: none"> PT's breathing pattern improved to some extent 	<p><i>[Signature]</i></p> <p>29/12</p>

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
9 Jan	Breastery difficultly	Ineffective breastery pattern. related to breast- pain	to improve breastery pattern	Clean the petals SPG level. Administer the petals bronchodilator nebulization down	Yes	Improve breastery pattern	Selly 02/03



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1284/2

Date - 07/01/2019 10:17PM

UHID - 900035072

Patient name - Mrs. Kunti Devi

Age/Gender - Female/61 Yr

Address - H.NO-1227,GF,SEC-18,HOUSING BOARD COLONY

Mobile no. - 9971760906

Department name - Respiratory Medicine

Consultant - Dr. Danish Jamal

NUTRITIONAL ASSESSMENT

NUTRITIONAL ASSESSMENT

Admitting diagnosis : PNEUMONIA, SOB ~~IB~~

Height (m) : na

Weight (kg) : na

IBW (kg) : 55

Unable to stand : uts

Nutritional status : Normal Nourished

Type of activity : Sedentary

Food habit : Vegetarian

Allergies and food sensitivity : No

Dietary limitations : No

Type of diet : NPO

Total Calories (Kcal) : 1800

Protein (g-kgIBW) : 55

Carbohydrate (gm) : 250

Fat (gm) : 20

Diet note :

Date & Time	Dietary notes
8/1/2019@11:48AM	NPO
09/01/2019@11:45AM	SOFT DIET
10/01/2019@9:55AM	NORMAL DIET
11/1/2019@10:00AM	IB NORMAL DIET
12/01/2019@9:25am	IB NORMAL DIET



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www.qrghealthcity.com

Date - 07/01/2019 10:17PM

UHID - 900035072

Patient name - Mrs. Kunti Devi

Age/Gender - Female/61 Yr

Address - H.NO-1227,GF,SEC-18,HOUSING BOARD
COLONY

Mobile no. - 9971760906

Department name - Respiratory Medicine

Consultant - Dr. Danish Jamal

Done



Plot no. 1, Sector -16, Faridabad, Haryana
Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No: 33-19/256 UHID: 900035072
Mrs. Kunti Devi DOA: 07/01/2019 22:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal
IP No: 33-19/256 UHID: 900035072

NURSES NOTES

Patient Name _____ Age _____ Sex _____ Date _____
Name of Consultant _____ Bed No. _____

Date / Time _____ Notes _____

7/1/19
at 10:15 hr
A 61 yrs female patient come in emergency from unit - 1 & complaints of difficulty breathing. Difficulty fever & cough & sputum from 2-3 days. Patient is conscious & oriented. Vitals checked & recorded & informed to Dr Prashant etc

BP - 160/100 mmHg
Pulse - 120 bpm
Temp - 99°F
R.R - 22 bpm
SpO₂ - 90% on R/A
RBS - 128 mg/dl

Dr Prashant seen the patient and advice admission & medications. All medication given to the patient & mentioned in medication chart. All blood investigation send to the lab reports due. A/B/L done. X-ray chest outside having patient. Patient shifted to MICU and hand over given to S/N & admission filed and A/B/L report and X-ray chest PA films outside

2503

Date / Time	Notes
8/1/19	Receiving notes
10:40pm	<p>Received the patient from casualty with the complaint of breathing difficulty on arrival patient was conscious, oriented on oxygen mask @ 2L/min.</p> <p>→ 200µ amoxicillin ⊕ on L hand</p> <p>→ vitals checked and record</p> <p>BP - 140/90 mmHg</p> <p>P - 118 bpm</p> <p>R - 20 bpm</p>
10:45pm	→ seen by Dr. Javed and advised to remove the O ₂ mask and insert nasal prongs.
10:50pm	→ All blood sample collected and send for investigation
11:10am	→ NIF Nil @ 100ml/hr started
11:20pm	→ Dr. Javed advised to stop the NIF
8/1/19 12:10pm	→ 100µ clonidine left dose given and full dose given
12:15pm	→ 100µ Ticlopidine left dose & full dose given
12:30pm	→ All blood @ seen seen by Dr. Javed, all orders received.
1:30pm	→ Probable ⊕ infarct to Dr. Javed, Nit oxide given & Dr. Javed advised to send & do any investigation in the morning
4am	→ sponge bath & mouth care given
6am	→ Tea given
8am	→ Hand over given to morning duty staff

Naeem
24/10/19



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2

Mrs. Kunti Devi DOA : 07/01/2019 22:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal
IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/2019 22:17

NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant			Bed No.
Date / Time	Notes		
	Morning Notes		
8:30am	pt handed over to us from night duty staff pt is conscious and oriented + Diet - 1 diet		
9am	vital checkup done, H1N1 request send. pt had breakfast (idli) ICM team, see the pt. enformed physio and ordered the medicine advised, pt is comfortable in bed.		
10am	All due medicine given as per drug chart		
	Dr. Danish seen - the pt S. procal send as per advice. STPT to be send a/m pt nebulization done as per drug chart		
12pm	pt = HIV. Handovered from system as advised Respiratory done Dose medicine given as per drug chart		
1pm	pt shifted to HDU, and handover given to. Crawford		
	28442		

Date / Time	Notes
	<u>Received notes</u>
1:15pm	<ul style="list-style-type: none"> - Received info from main staff with file and released. - P is conscious and orient - P is taking only on Normal saline - P is 1st camera present in left hand site. - P is RBS fairly checked. - P is all suture, wound and dress - P is chest xray and thyroid profile send to C.M. - P is 2 echo due
1:30pm	<ul style="list-style-type: none"> - P is H.N. done and @ due. - P is Chest Physio & spirometry provided.
2pm	<ul style="list-style-type: none"> - P is hand over given by evening duty staff

G.M.
2004

Evening duty notes

- Harelam taken from morning duty staff Brahm.
- Patient is conscious & oriented.
- If lines & drains.
- Patient w/ cannula present.
- Nasal prong present.
- Patient admitted with the complaints of cough after that patient all investigations done sputum sample pending.
- 2D Echo pending.
- H.N. report due.



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3

S. Kunti Devi DOA : 07/01/201922:17
Y/F MICU 1/MICU006
Danish Jamal
No : 33-19/256 UHID : 900035072
S. Kunti Devi DOA : 07/01/201922:17

NURSES NOTES

Patient Name _____ Age _____ Sex _____ Date _____
Name of Consultant _____ Bed No. _____

Date / Time	Notes
-------------	-------

- Patient RBS is T.P.S.
- Vital sign is stable.

palvi

8/1/19
8pm

Night Duty Notes

- Patient received from evening duty staff.
- Patient is conscious & oriented.
- Vitals are stable.
- O₂ on flow @ 12 l/m via nasal prongs.
- IV cannula no 20G on (L) hand.
- Urine R/M sent, Report to be collected.
- TFT to be send c/m along with CBC, KFT, ABG.
- Chest x-ray to be done c/m.
- Patient is comfortable.
- All night medication given.
- Patient is on soft diet.
- RBS on going ple meat.
- urine culture @ due.
- ECG, 1 chest x-ray (outside), 1 chest x-ray from this hospital, ABG present.
- 2D Echo to be done c/m.
- Nothing significant.
- Patient slept peacefully.
- All due medication given.
- x-ray done film collected.
- all mng care given.

9/1/19
8pm

Date / Time	Notes
8am	<p>Sample send for CBC, KFT, ABG and TBN.</p> <p>All file + handover given to mng duty staff.</p>
	<p style="text-align: right;">Atalys 29/1/19</p>
	<p style="text-align: center;">Morning duty Report: 29/1/19</p>
8am	<p>→ Received the patient from night duty staff. Patient is conscious and oriented. 1/2 cannula (F) on (R) hand.</p> <p>GCS: E4 V5 M6</p>
10am	<p>→ All due medicines are given to the pt.</p> <p>→ R/B Drs: Danish - all advices are carried out.</p> <p>→ R/Bs: Sev team all advices are carried out.</p> <p>→ Neb- & steam given as per doctor's order.</p> <p>→ All routine morning care are given to the pt.</p>
2pm	<p>→ All due medicines are given.</p> <p>→ Hand over given to evening staff & all reports.</p>
	<p style="text-align: center;">Nisha 29/1/19</p>



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u

Dr. Danish Jamal
IP No: 33-19/256 UHID: 900035072
Mrs. Kunti Devi DOA: 07/01/2019 22:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal

NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant	Bed No.		

Date / Time	Notes
9/11/19 2:30 PM	<p>ASO EVENING HAND OVER BY ANNIE S 2 PM</p> <p>Hand over taken from morning duty staff S/N. Nisha with all reports: patient Mrs Kunti Devi 61yrs old female admitted in HDU for chief complaints of breathing difficulty under the treatment of Dr. Danish Jamal.</p> <p>Patient is active and oriented. O₂ by Nasal prong PIC onflow. Maintained SpO₂ 95-98%.</p> <p>IV cannula 20g present. HR patient. Now patient maintained SpO₂ on room air.</p> <p>ECG done (R) collected and informed. Echo to be done Blood c/s, H/Hs (R) due RBS & study followed. Daily soft diet allowed. Monitored intake and output. CECT HRCT not done PFT, KFT, CBC to be done tomorrow.</p> <p>No other complaints. plan for shift out room. #2D Echo done (R) final due shifted the patient to room 1284 Bed No: (2). Handed over the patient to ward staff S/N. Suman with all reports.</p> <ul style="list-style-type: none"> • ABG - (2) • CXR (R) (2) out side (R) • Neb. (2) • Empty vials • Nasal prong - (1) - Lab reports • Medicines • Thermometers • ECG - (1)

ANNIE
Sharma
(25520)

Date / Time	Notes
-------------	-------

RECEIVING NOTES

9/11/19 5:20 pm

Introduction + Patient hand over taken from HDU staff. Ms. Annie.

Patient is conscious and oriented.
 IV cannula present
 Oxygen 1 liter on flow
 Normal diet.

Echo, H₂N, Blood c/s @ due,
 Sputum c/s Sample due,
 Chest x-ray (2) old x-ray (1)
 ECG (1), ABG (2).
 All Blood (2).

6pm

PFT C/m,
 Check vital sign and recorded.
 Medicine is given to the patient
 check RBS.

8pm

Patient hand over given to night duty staff.

Suman
28.284

9/11/19

Night duty Notes

8pm

Handover taken from evening duty staff
 checked by Pt. conditions. Conscious
 & Oriented.
 O₂ scribe 2 liters

10pm

Checked her vital signs & recorded
 the clinical chart
 All medication given properly &
 reviewed the medication chart
 Suction inhalation of Nubly done.



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61 Y/F HDU /IMCU009
Dr. Danish Jamal



NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant			Bed No.

Date / Time	Notes
-------------	-------

10/1/19 12 Am Patient no any fresh complain of Pt
Slept.

4 Am Pt continue sleeping.

6 Am collection the sample CBC & KFT send
checked the vital sign & record by
clinical chart

All medication given per of order & the
medication chart

Mobilization done

8 Am Hand over given to morning duty staff
Newer,

Rinki
30357

MORNING DUTY NOTES

10/1/19

8 am Introduction:- patient Hand over taken from
previous Duty staff Rinki.

x Situation:- patient oriented and
conscious.

z Background:- patient Admitted with c/o of
Breathing Difficulty and fever.

x Assessment:- Nutritional Impairment

10 am x Recommendation:- checked vital sign and
recorded. Given all Medication as per
Drug chart.

O₂ on flow 1 liter.

10 am Stop rifampin, intravenous / sos O₂
and PFT C/M and Thyroid Profile C/M.

Date / Time	Notes
2pm	checked vital sign and recorded. No fresh complain.
	Evening Duty Notes:
4pm	Patient feel Comfort. No any fresh complain.
6pm	checked vital sign and recorded. Administered all Medication as per Doctor. No any fresh complain.
8pm	PT Hand over given to night Duty staff Rinki
	Nauti 30376
10/11/19 8pm	<u>Night Duty Notes:-</u>
8pm	Handover taken from evening duty S/N
→	checked the PT condition of curcum
10pm	El ordered / skin of nebulisation done
10pm	All medication given properly & check the medication check checked vital sign properly.
11/11/19 12am	Patient out of noisy for complain PT slept well
4 Am	PT Slept comfortably
6 Am	checked his PT condition of curcum & ordered
	checked the PT vital sign
→ Not	Send Blood sample thyroid properly & All medication given properly & check the medication
→	RBS done nebulisation of skin inhalation.



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P No : 33-19/256	UHID : 900035072
Mrs. Kunti Devi	DOA : 07/01/201922:17
51 Y/F HDU /IMCU009	
Dr. Danish Jamal	

NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant			Bed No.

Date / Time	Notes
11/11/19 8 AM	Handover given to <u>Shammy</u> duty S/N. <div style="text-align: right;">Printer 30350</div>
	<u>Monday Duty Notes</u>
8:30 AM	<p><u>Introduction</u> H/o taken from night staff S/N Duty. <u>Situation</u> Pt is conscious & oriented. IV clines & drains. IV cannulae present. <u>Background</u> Pt got admitted to c/o breathing difficulty. <u>Assessment</u> unremarkable weakness. <u>Recommendation</u> 10 AM Medication given. vitals checked & charted. 10:30 AM Pt seen by Dr. 11:30 AM Dr. Hitesh for PFT. PFT Done. 12 PM Medication given, sup. dose 2nd as per Dr. Hitesh. vitals checked & charted. 2 PM given all the medication. Pt H/o given to next staff S/N Diksha.</p>
	Leel Enol.

Date / Time	Notes
11/1/19	Evening Duty Note
at 2:30 PM	Introduction :- received patient from morning duty staff Nurse Ms Beela
-	Situation - Concious oriented
-	Background - admitted with complaint of fever
-	Assessment - Concious oriented
-	Recommendation Physiotherapy D/S C/M
4 PM -	no fresh complaint
6 PM -	meds done 'no complaint'
8 PM -	hand over in great to night duty staff Nurse M
	<u>Done</u> <u>27/1/19</u>
	<u>Night Duty Staff</u>
8 PM	Received the Pt. from Evening Duty Staff



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Mrs. Kund Devi DOA : 07/01/201922:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal



NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant	Bed No.		

Date / Time	Notes
	- Dieta with fir and rezeal.
	- P is conscious and orient.
	- P is taking only Normal diet allow.
	- P is IV Cannula Present in Right Hand Site
	- P is chest may have eczema. Daily.
	- P is no fresh Complica
	- P is checked the vitals and rezeal.
	- P is refused tyrod Popie. Sample.
	- P is Plan Discharge C.M.
	- P is Sputum Sample not to be send.
6am	- P is checked the vitals and rezeal.
8 AM	- P is hand over given by Morning Duty Staff

Danish
26/5/19

MORNING DUTY NOTES

Date / Time	Notes
Am	
12/1/19 8:30	Introduction + Patient hand over taken from the night duty staff. Mr. Patient is conscious and oriented, IV Cannula present, RBS pre meals, On Normal diet.
10 AM	Plan- Patient today discharge, Check vital sign and recorded medicine is given to the patient.
2 PM	Hand over is given to evening duty staff. Nur. All Done

Danish

Date / Time	Notes
12/1/19	Evening Duty Note
20:2 PM	<ul style="list-style-type: none"> - received patient from morning duty stay per Mr. Swann - On receiving, the patient is conscious, oriented - TV cannula in place - Patient discharged - Clear air, stable
3 PM	Patient is discharged at 3 PM
	<p style="text-align: right;"><u>Dr. [Signature]</u></p> <p style="text-align: right;"><u>[Signature]</u></p>



P No : 33-19/256 UHID : 900035072
 Mrs. Kunti Devi DOA : 07/01/201922:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal



DATE: 9/1/19		Legends: Mark (Y) for Yes & (N) for No						
TIME PERIOD	STAFF INITIALS	TIME OF ROUND	PAIN	POSITION	POTTY	POSSESSIONS	PERSONAL NEEDS	COMMENTS (* If patient is sleeping)
EVERY 1 HOUR ROUNDS (7AM - 10PM)								
7AM								
8AM								
9AM		P						
10AM								
11AM								
12N								
1PM								
2PM								
3PM								
4PM								
5PM	Suman	5 Pm	N	N	N	N	N	
6PM	"	6 pm	N	N	N	N	N	
7PM	"	7 Pm	N	N	N	N	N	
8PM	"	8 Pm	N	N	N	N	N	
9PM	Rinku	9 Pm	N	N	N	N	N	
EVERY 2 HOUR ROUNDS (10PM - 6AM)								
10PM	Rinku	10 Pm	N	N	N	N	N	
12AM	"	12 Am	-	-	-	-	-	Pt Slept
2AM	"	2 Am	-	-	-	-	-	Pt Slept
4AM	"	4 Am	-	-	-	-	-	
6AM	"	6 Pm	N	N	N	N	N	
CHECKED BY:							VERIFIED BY:	
STAFF NURSE NAME(MORNING):					SIGN: S		NURSING INCHARGE (Name & Emp I.D.)	
EMP I.D.:								
STAFF NURSE NAME(EVENING): Suman					SIGN: Suman			
EMP I.D.:								
STAFF NURSE NAME(NIGHT): Rinku					SIGN: Rinku			
EMP I.D.:					30380			
QRGHC/Nurs/CKLT/03/Ver0.1								



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Mrs. Kunti Devi DOA : 07/01/201922:17
61 Y/F MICU 1/MICU006
Dr. Danish Jamal
IP.No : 33-19/256 UHID: 900035072
Mrs. Kunti Devi DOA : 07/01/201922:17

VALUABLE HANDOVER FORM

Patient Name Age Sex Date

DOA No. IPD No.

Diagnosis Unit

Money	Y/N	All	Old Medical Record	Y/N	All
Wallet	Y/N	All	Old X-Rays / CT Scan / MRI Film	Y/N	All
ID Card	Y/N	All	Clothing	Y/N	1 kurta 1 Pajama
Mobile Phone	Y/N	All	Shoes	Y/N	1 sweater 1 shoe
Nackless / Chain	Y/N	2 ear ring Yellow Stone	Hearing Adis	Y/N	1 pair slippers
Bangles	Y/N	All	Spectacles	Y/N	All
Finger Ring	Y/N	All	Keys	Y/N	All
Watch	Y/N	All	Ladies Purse	Y/N	All
Cosmetic	Y/N	All	Any Other Thing	Y/N	All

NOTE : FOR JEWELLERY PLEASE SPECIFY EACH ITEM AS BLACK, WHITE & YELLOW METAL

Handed Over By :

Name of Assigned Staff ID Sign

Received By :

Name of Patient Date Sign

Name of Attendant Relationship Sign

Date Time

		M	E	N	M	E	N	M	E	N
6	Hand hygiene performed before touching the line									
7	Chlorhexidine used for cleaning catheter site during dressing change									
8	All ports are capped when not in use and Stopcocks are not visibly soiled									
9	Signs of infection monitored (redness, fever, pus on insertion site etc.)									
10	Lines always be flushed									
11	Ports accessed using a clean technique (70% alcohol scrub for 30 secs followed by drying)									
12	Entry site dressing checked daily for leakage/inflammation									
13	Maintain IV equipment as per recommendation (IV set, Fluids, Syringes etc.)									
C	VAP (ventilator associated pneumonia)									
1	Hand hygiene done before every access									
2	Head Of Bed (HOB) elevated 30- 45 Degree (if not contraindicated).									
3	Cuff pressure maintained at least 20 cm of H2O									
4	Sedation Vacation given									
5	Oral Care given									
6	Closed suction system present/ or single use catheter for open suction.									
7	Sterile fluid used for nebulization									
8	Ulcer prevention measures (Sucralfate/H2 blockers/Proton Pump Inhibitors) undertaken									
9	DVT prevention measures (pharma &/ mechanical)									
10	Tube placement and residual amount of food checked before giving RT Feed(if present)									
11	Maintain respiratory equipments as per protocol (HME filter, Neb kit etc.)									
Name of the Staff										
Emp.ID										
Signature										



Plot No. 1, Sector-16, Faridabad - 121002 (HR.)
Ph. 0129-4330000 ; Fax : 0129-4330033

IP No : 33-19/256 UHID : 900035072
Mrs. Kunti Devi DOA : 07/01/2019 22:17
61 Y/F HDU /IMCU009
Dr. Danish Jamal



PATIENT TRANSFER SUMMARY

Patient Name Mrs. Kunti Devi Age 61 Y Sex: Male Female
IPD No. 33-19/256 Date of Transfer 9/1/19
Time of Transfer 4 pm Shifting From 1284 HDU (009) Shifting To 1284
Mode of transfer Bed Stretcher Wheelchair Ambulatory Informed attendant Yes No

Diagnosis:

Lower Respiratory tract infection

Course of treatment (significant findings & investigations)

As per doctor's order

Medication reconciliation & other treatment (to be continued)

As by doctors order

Pending investigations (to be collected)

Blood clt, Hb, (R) done

Pending referrals / follow up consultations

Nil

Reasons For Transfer: Clinical improvement Family / Surrogate Request Other's(specify) _____

Patient Condition at Transfer:

Vitals: BP: 157/78 HR: 132/mnt SpO2: 96% Temp: 98.9 Pain Score: 0/10 (1-10)

Level of Consciousness: Lethargic/Sleepy Stuporous Comatose/Unresponsive

conscious

Skin Integrity : Intact Non-intact

a) Dressing _____ Dry _____ Soaked NA

Bed Sore: No Yes Site _____ Degree _____

Intake _____ Output _____

Handover Details :

Diagnostic Report Handed Over (Total no)

1. Lab reports: All blood reports (Eg, CBC, KFT, LFT, urine Rm, ABG)

2. Old reports: _____

3. Radiological films: CT/MRI/USG/X-RAY/Doppler Studies/Others: 2 x-ray film 1 outside

Pending Medication/ Investigation reports:

• HIN, Blood clt (R) due

Valuables (if any)
(Clothes/Dentures/Glasses/ others _____) : Handed over to _____

Invasive lines / drains / tubes (Mention type/site/day)

1. IV 20g right arm

2. _____

3. _____

4. _____

Transferring Nurse Name & ID No. <u>Amnie</u>	Receiving Nurse Name & ID No. <u>Suman 28289</u>
Date / Time : <u>25/5/20 9:11 AM</u>	Date / Time : <u>5:20 PM</u>

Transfer Out Details (outside hospital) :

Name of the Receiving Healthcare Organization _____

Patient Condition During Transfer : _____

Transferring Doctor's Name & Signature <u>[Signature]</u>	Receiving Doctor's Name & Signature <u>[Signature]</u>
Date / Time : _____	Date / Time : _____





IP No : 33-19/256 UHID : 900035072
 Mrs. Kund Dev DOA : 07/01/2019 22:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

DATE: 10/1/19 Legends: Mark (Y) for Yes & (N) for No

TIME PERIOD	STAFF INITIALS	TIME OF ROUND	PAIN	POSITION	POTTY	POSSESSIONS	PERSONAL NEEDS	COMMENTS (* If patient is sleeping)
EVERY 1 HOUR ROUNDS (7AM - 10PM)								
7AM	Rinku	7 Am	N	N	N	N	N	
8AM	Rinku	8 Am	N	N	N	N	N	
9AM	Aarti	9 am	N	N	N	N	N	
10AM	"	10 am	N	N	N	N	N	
11AM	"	11 am	N	N	N	N	N	
12N	"	12:10 PM	N	N	N	N	N	
1PM	"	1:15 PM	N	N	N	N	N	
2PM	"	2 PM	N	N	N	N	N	
3PM	"	3:10 PM	N	N	N	N	N	
4PM	"	4:15 PM	N	N	N	N	N	
5PM	"	5 PM	N	N	N	N	N	
6PM	"	6:10 PM	N	N	N	N	N	
7PM	"	7 PM	N	N	N	N	N	
8PM	"	8 PM	N	N	N	N	N	
9PM	Rinku	9 PM	N	N	N	N	N	
EVERY 2 HOUR ROUNDS (10PM - 6AM)								
10PM	Rinku							
12AM								
2AM								
4AM								
6AM								
CHECKED BY:							VERIFIED BY:	
STAFF NURSE NAME(MORNING): Aarti			SIGN: Aarti				NURSING INCHARGE (Name & Emp I.D.) Anas 20357	
EMP I.D.:								
STAFF NURSE NAME(EVENING): Aarti			SIGN: Aarti					
EMP I.D.:								
STAFF NURSE NAME(NIGHT): 30 Rinku			SIGN: Rinku					
EMP I.D.: 30358								
QRGHC/Nurs/CKLT/03/Ver0.1								



HOURLY ROUND LOG

DATE: 11/11/19

Legends: Mark (Y) for Yes & (N) for No

TIME PERIOD	STAFF INITIALS	TIME OF ROUND	PAIN	POSITION	POTTY	POSSESSIONS	PERSONAL NEEDS	COMMENTS (* If patient is sleeping)
EVERY 1 HOUR ROUNDS (7AM - 10PM)								
7AM	Rink	7 AM	N	N	N	N	N	
8AM	Rink	8 AM	N	N	N	N	N	
9AM	Leela	9 AM	N	N	N	N	N	
10AM	Leela	10 AM	N	N	N	N	N	
11AM	Leela	11 AM	N	N	N	N	N	
12N	Leela	12 PM	N	N	N	N	N	
1PM	Leela	1 PM	N	N	N	N	N	
2PM	Deela	2 PM	N	N	N	N	N	
3PM	Dien	3 PM	N	N	N	N	N	
4PM	Dien	4 PM	N	N	N	N	N	
5PM	Dien	5 PM	N	N	N	N	N	
6PM	Dien	6 PM	N	N	N	N	N	
7PM	Dien	7 PM	N	N	N	N	N	
8PM	Dien	8 PM	N	N	N	N	N	
9PM	Gandam	9 PM						
EVERY 2 HOUR ROUNDS (10PM - 6AM)								
10PM	Gandam	10 PM	N	Y	N	N	Y	
12AM	Gandam	12 AM	N	N	N	N	N	Sleeping
2AM	Gandam	2 AM	N	N	N	N	N	Sleeping
4AM	Gandam	4 AM	N	N	N	N	N	Sleeping
6AM	Gandam	6 AM	N	Y	N	N	Y	
CHECKED BY:							VERIFIED BY:	
STAFF NURSE NAME(MORNING):			Leela				SIGN:	
EMP I.D.:			2201					
STAFF NURSE NAME(EVENING):			Dien				SIGN:	
EMP I.D.:			2201					
STAFF NURSE NAME(NIGHT):			Gandam				SIGN:	
EMP I.D.:			22054					
QRGHC/Nurs/CKLT/03/Ver0.1								

2201



12/1/19

HOURLY ROUND LOG

IP No : 33-19/256 Unit : 900033072
 Mrs. Kunti Devi DOA : 07/01/2019 22:17
 61 Y/F HDU /IMCU009
 Dr. Danish Jamal

DATE:

Legends: Mark (Y) for Yes & (N) for No



TIME PERIOD	STAFF INITIALS	TIME OF ROUND	PAIN	POSITION	PULSE	RESPIRATIONS	NEEDS	COMMENTS (* If patient is sleeping)
EVERY 1 HOUR ROUNDS (7AM - 10PM)								
7AM	Gautam	7am	N	N	N	Y	N	
8AM	Gautam	8am	N	N	N	N	Y	
9AM	Gautam	9am	N	N	N	N	N	
10AM	Gautam	10am	N	N	N	N	N	
11AM	Gautam	11am	N	N	N	N	N	
12N	Gautam	12N	N	N	N	N	N	
1PM	Gautam	1P	N	N	N	N	N	
2PM	Gautam	2P	N	N	N	Y	N	
3PM								
4PM								
5PM								
6PM								
7PM								
8PM								
9PM								
EVERY 2 HOUR ROUNDS (10PM - 6AM)								
10PM								
12AM								
2AM								
4AM								
6AM								
CHECKED BY:								VERIFIED BY:
STAFF NURSE NAME(MORNING): Gautam				SIGN:				NURSING INCHARGE (Name & Emp I.D.): An 20503
EMP I.D.:				SIGN:				
STAFF NURSE NAME(EVENING):				SIGN:				
EMP I.D.:				SIGN:				
STAFF NURSE NAME(NIGHT):				SIGN:				
EMP I.D.:				SIGN:				
QRGHC/Nurs/CKLT/03/Ver0.1								



QRG MEDICARE LTD.

Plot No - 01, Sector 16, Faridabad-121002 Haryana

Telephone: 91-129-4330000, fax: 0129-4330033

Counseling Detail

Counseling No : 18-19/4880 **Counseling Date :** 07/01/2019
Registration No : 900035072 **Patient Name :** Kunti Devi
Gender/Age : Female/10/07/1957 **Mobile No :** 9971760906
Expected Date Of Admision : 07/01/2019 **Doctor :** Dr. Danish Jamal
Company : Cash Paying
Address : Faridabad
About Counseling :
Remarks :
Service Remarks :

HEAD NAME	SERVICE NAME	ICU
ADMIN CHARGE	Admin Charge	700.00
PROCEDURES		12000.00
INVESTIGATION		22000.00
ROOM CHARGE		8500.00
VISIT FEE		2900.00
MEDICINE & CONSUMABLE CHARGES		22000.00
MISC CHARGES		0.00
	Total	68100.00

This is just an estimate and the final charges may vary depending upon the medical condition, treatment plan, actual drugs and consumables used, extra investigation/Doctor visit or the prolonged stay of the patient.

Draft/ corporate cheques should be in the name of "QRG MEDICARE LTD."

I hereby state that i take the full responsibility of setting the hospital bill before leaving the hospital at the patient discharge.

Patient'S / Attendant Singnature & Name With Contact Number

Name Of The Counselor With Employee Id Code

Mr.Sonu Verma (29764)

RADIOMETER ABL800 BASIC

ABL800 BASIC
PATIENT REPORT

Syringe - S 195uL

04:56 AM
Sample #

1/9/2019
8555

Identifications

Patient ID KUNTI SDEVI
Patient First Name
Patient Last Name
Department (Pat.)
Sample type Arterial
T 37.0 °C
FO₂(I) 21.0 %

Blood Gas Values

pH 7.369 | 7.350 - 7.450 |
↑ pCO₂ 51.5 mmHg | 35.0 - 45.0 |
↓ pO₂ 28.4 mmHg | 83.0 - 108 |

Temperature Corrected Values

pH(T) 7.399
pCO₂(T) 51.5 mmHg
pO₂(T) 28.4 mmHg

Electrolyte Values

↓ cNa⁺ 120 mmol/L | 135 - 145 |
↑ cK⁺ 6.5 mmol/L | 3.5 - 4.5 |
↓ cCa²⁺ 0.76 mmol/L | 1.15 - 1.29 |
↓ cCl⁻ 95 mmol/L | 98 - 106 |

Metabolite Values

cGlu 97 mg/dL | 70 - 105 |
cLac 0.6 mmol/L | 0.5 - 1.5 |

Oximetry Values

↓ cHb 11.3 g/dL | 12.0 - 16.0 |
↓ sO₂ 51.9 % | 95.0 - 99.0 |
FO₂Hb 51.1 %
FMethHb 0.8 %
FDOHb 0.7 %
FHHb 47.4 %

Acid Base Status

cHCO₃⁻(P)_c 29.0 mmol/L
cHCO₃⁻(P.st)_c 26.5 mmol/L
cBase(B)_c 3.4 mmol/L
cBase(Ecf)_c 4.1 mmol/L

Calculated Values

Anion Gap_c -2.8 mmol/L
AnionGap.K⁺_c 2.7 mmol/L
ctCO₂(P)_c 68.5 Vol%
ctO₂_c 8.1 Vol%
Hct_c 34.3 %
p50_c 27.64 mmHg
pO₂(A-a)_e 59.9 mmHg
pO₂(a/A)_e 32.2 %
Ri_e 214 %
mOsm_c 244.9 mmol/kg
ABE_c 3.4 mmol/L
SEEC_c 4.1 mmol/L
pO₂(a)/FO₂(I)_c 135 mmHg

Notes

↑ Value(s) above reference range
↓ Value(s) below reference range
c Calculated value(s)
e Estimated value(s)

Patient ID	KONTI
Patient First Name	KUNTI
Patient Last Name	
Department (Pat.)	ER
Sample type	Arterial
T	37.0 °C
FO ₂ (I)	21.0 %

Blood Gas Values

pH	7.420		[7.350 - 7.450]
pCO ₂	42.7	mmHg	[35.0 - 45.0]
↓ pO ₂	76.3	mmHg	[83.0 - 108]

Temperature Corrected Values

pH(T)	7.420		
pCO ₂ (T)	42.7	mmHg	
pO ₂ (T)	76.3	mmHg	

Electrolyte Values

cNa ⁺	135	mmol/L	[135 - 145]
cK ⁺	3.5	mmol/L	[3.5 - 4.5]
↓ cCa ²⁺	1.00	mmol/L	[1.15 - 1.29]
↓ cCl ⁻	97	mmol/L	[98 - 106]

Metabolite Values

↑ cGlu	133	mg/dL	[70 - 105]
cLac	0.9	mmol/L	[0.5 - 1.5]

Oximetry Values

ctHb	13.4	g/dL	[12.0 - 16.0]
sO ₂	95.5	%	[95.0 - 99.0]
FO ₂ Hb	94.1	%	
FMetHb	0.7	%	
FCOHb	0.8	%	
FHHb	4.4	%	

Acid Base Status

cHCO ₃ ⁻ (P) _c	27.2	mmol/L	<i>Q mark</i>
cHCO ₃ ⁻ (P, st) _c	26.8	mmol/L	
cBase(B) _c	2.8	mmol/L	
cBase(Ecf) _c	3.0	mmol/L	

Calculated Values

Anion Gap _c	10.9	mmol/L	
Anion Gap, K ⁺ _c	14.4	mmol/L	
ctCO ₂ (P) _c	63.8	Vol%	
ctO ₂ _c	17.8	Vol%	
Hct _c	41.3	%	
p50 _c	25.40	mmHg	
pO ₂ (A-a) _e	22.6	mmHg	
pO ₂ (a/A) _e	77.1	%	
R _e	30	%	

1/8/2019 12:40:33 AM

Rate 101 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
. Sinus tachycardia.....rate> 99

PR 129
QRSD 74
QT 362
QTc 470

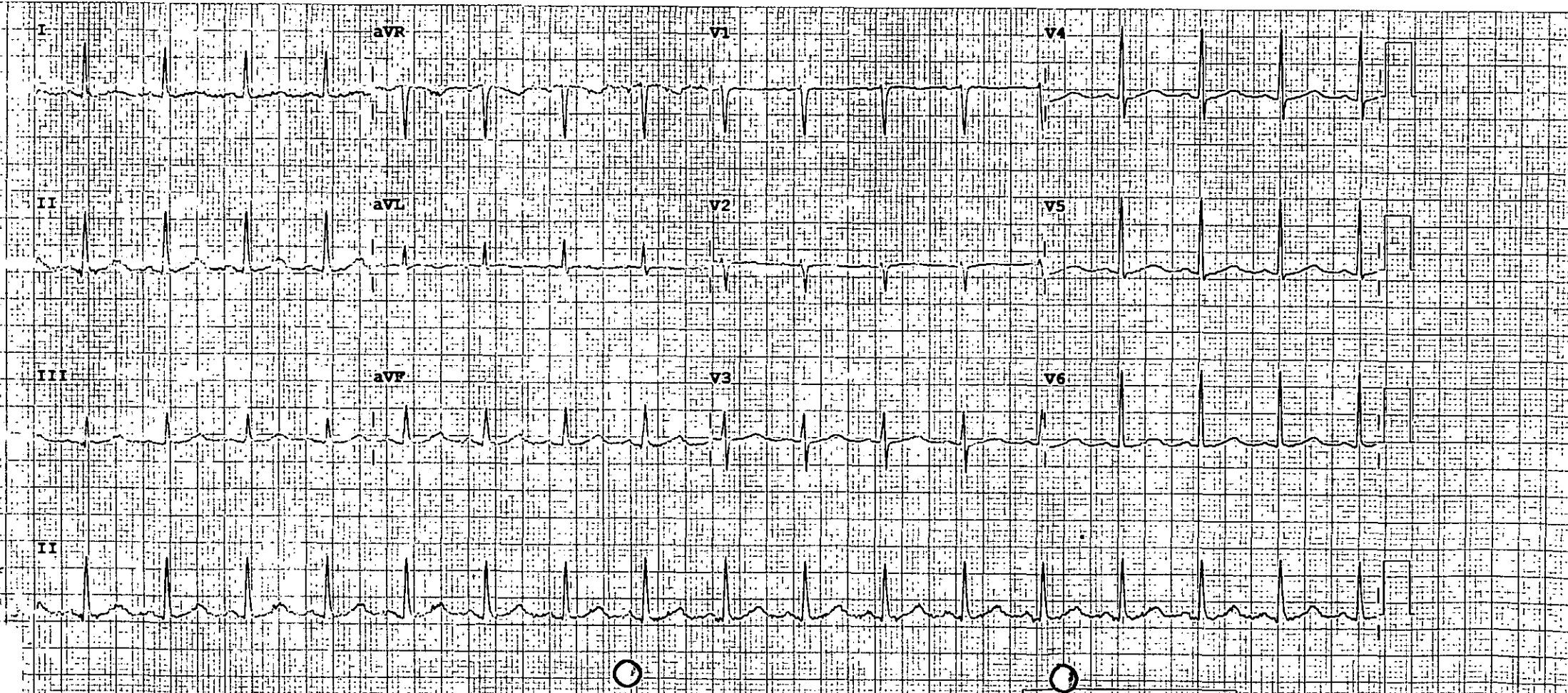
--AXIS--

P 56
QRS 48
T 61

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





CLIENT CODE : C000067513

CLIENT'S NAME AND ADDRESS :

ORG MEDICARE LIMITED
PLOT NO-1, SEC-16,

FARIDABAD 121002
HARYANA INDIA

SRL LIMITED
SRL, REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE, UDYOG
VIHAR, SECTOR-18,
GURGAON, 122015
HARYANA, INDIA
Tel : 1800-222-000, 1800-102-8282, Fax : 0124-4591001 CIN -
U74899PB1995PLC045956
Email : connect@srl.in

PATIENT NAME : MRS KUNTI DEVI

PATIENT ID :

ACCESSION NO : **0009SA013448** AGE : 61 Years SEX : Female DATE OF BIRTH :

DRAWN : 08/01/2019 00:00 RECEIVED : 09/01/2019 11:25 REPORTED : 09/01/2019 16:09

REFERRING DOCTOR : DR. DANISH JAMAL

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

FLU REAL TIME PCR

INFLUENZA A REAL TIME PCR

NOT DETECTED

DETECTED

METHOD : REAL-TIME PCR

SWINE INFLUENZA A REAL TIME PCR

NOT DETECTED

DETECTED

METHOD : REAL-TIME PCR

SWINE INFLUENZA H1 REAL TIME PCR

NOT DETECTED

DETECTED

METHOD : REAL-TIME PCR

Comments
Sample is negative for both pandemic H1N1/09 virus and influenza A virus.

Interpretation(s)
FLU REAL TIME PCR-Influenza is an acute respiratory illness caused by infection with the influenza virus, primarily types A and B. Novel H1N1 (referred to as "swine flu") is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. It is spreading from person-to-person worldwide creating pandemic like situation. The symptoms of novel H1N1 flu virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. People at "high risk" of serious complications include children younger than five years old, pregnant women, and people of any age with certain chronic medical conditions (diabetes, heart disease, asthma and kidney disease).

Clinical Utility:
Highly sensitive and rapid Real Time PCR test can be used for direct detection of novel Swine Flu (H1N1) virus in nasal, throat swabs of suspected patients.

Method: CDC recommended primers/probes using Real Time PCR

Interpretation:
Amplification of specific target genes for Novel Swine Flu virus indicates presence of novel Swine Flu virus in the given specimen. No target specific amplification, but amplification of control RNase P gene indicates absence of Swine Flu in the given specimen. All the results should always be correlated with clinical status and history of the patient.

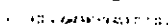
Limitations :
PCR is a highly sensitive technique common reasons for paradoxical results are contamination during specimen collection, selection of inappropriate specimens and inherent

CLIENT CODE : C000067513

CLIENT'S NAME AND ADDRESS :

QRG MEDICARE LIMITED
PLOT NO-1, SEC-16,FARIDABAD 121002
HARYANA INDIA

CAP
 ACCREDITED ✓



 SRL LIMITED
 SRL REFERENCE LAB, GP-26, MARUTI INDUSTRIAL ESTATE, UDYOG
 VIHAR, SECTOR-18,
 GURGAON, 122015
 HARYANA, INDIA
 Tel : 1800-222-000, 1800-102-8282, Fax : 0124-4591001 CIN -
 U74899PB1995PLC045956
 Email : connect@srl.in

PATIENT NAME : MRS KUNTI DEVI

PATIENT ID :

ACCESSION NO : 0009SA013448 AGE : 61 Years SEX : Female DATE OF BIRTH :

DRAWN : 08/01/2019 00:00 RECEIVED : 09/01/2019 11:25 REPORTED : 09/01/2019 16:09

REFERRING DOCTOR : DR. DANISH JAMAL

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

PCR inhibitors in the specimen.

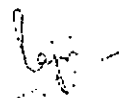
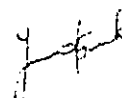
WHO Recommendations:

WHC requests that an aggregate report of confirmed cases should be sent on weekly basis to the relevant WHO country office, WHO regional office or WHO headquarters.

Note: This test is developed and validated at SRL Ltd, Mumbai.

End Of Report

Please visit www.srlworld.com for related Test Information for this accession

Dr. Rashmi Talwar, PhD
Section Head- Genetics

Dr. Rajiv Tangri
Senior Histopathologist & Lab
Director

Dr. Yoginder Pal Singh, Ph.D
Molecular Biologist

CONDITIONS OF LABORATORY TESTING & REPORTING

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All Tests are performed and reported as per the turnaround time stated in the SRL Directory of services (DOS).
3. SRL confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
4. A requested test might not be performed if:
 - a. Specimen received is insufficient or inappropriate
 - b. Incorrect specimen type
 - c. Request for testing is withdrawn by the ordering doctor or patient
 - d. There is a discrepancy between the label on the specimen container and the name on the test requisition form
5. The results of a laboratory test are dependent on the quality of the sample as well as the assay technology.
6. Result delays could be because of uncontrolled circumstances. e.g. assay run failure.
7. Tests parameters marked by asterisks are excluded from the "scope" of NABL accredited tests. (If laboratory is accredited).
8. Laboratory results should be correlated with clinical information to determine Final diagnosis.
9. Test results are not valid for Medico- legal purposes.
10. In case of queries or unexpected test results please call at SRL customer care (Toll free: 1800-222-000). Post proper investigation repeat analysis may be carried out.

 SRL Limited
 Fortis Hospital, Sector 62, Phase VIII,
 Mohali 160062

TRANSTHORACIC ECHO REPORT

Patient Name	Mrs. Kunti Devi	Age/Sex	61 years / F	OPD/IPD	IPD
Lab No.	9733	UHID. No.	900035072	Date	09.01.2019
Indication:	To R/o CAD	Referred by	Dr. Danish Jamal		

MEASUREMENTS	OBSERVED VALUE	NORMAL REFERENCE LIMITS
Aortic Root Diameter	3.2	2.0-3.7 cm <2.2cm/m ²
Aortic Valve Opening		1.5-2.6 cm
Left Atrial Dimension	3.6	1.9-4.0 cm <2.2 cm/m ²
RV Dimensions ED		0.7-2.6 cm
LEFT VENTRICULAR STUDY		
LV ED Dimension	4.4	3.7-5.6 cm <3.2 cm/m ²
LV ES Dimension		2.2-4.5 cm
IVS Thickness	ED 1.1 ES	0.6-1.2 cm
LVPW Thickness	ED 1.0 ES	0.5-1.1 cm
LV Ejection Fraction	52%	60+/6%

MITRAL VALVE

E Velocity = 61 cm/sec	A Velocity = 98 cm/sec	E' = 6.8
Max.PG = mmHg	Mean PG = mmHg	
Mitral regurgitation = Nil		
Mitral Stenosis = Nil		

AORTIC VALVE

Max Velocity = 144 cm/sec	Mean Velocity = cm/sec	
Max.PG = mmHg	Mean PG = mmHg	
Aortic regurgitation = Nil		
Aortic Stenosis = Nil		

QRG Medicare Ltd.

TRICUSPID VALVE

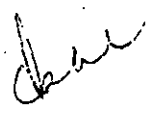
Max. Velocity = cm/sec	Max.PG = mmHg
Tricuspid Regurgitation = Nil	PASP = mmHg
Tricuspid Stenosis = Nil	

PULMONARY VALVE

Max. Velocity = 89 cm/sec	Max.PG = mmHg
Pulmonary Regurgitation : Nil	PAEDP = mmHg
Pulmonary Stenosis : Nil	

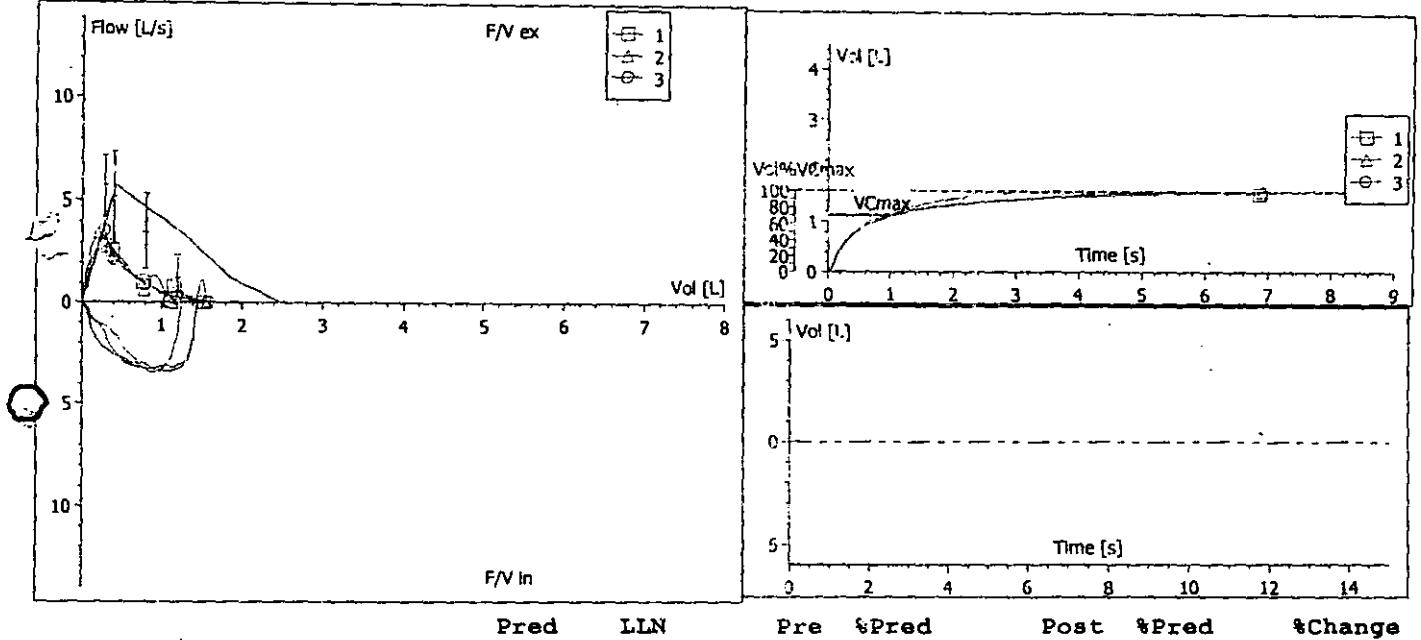
Impression:

1. No RWMA , LVEF : 62%
2. Normal cardiac chamber dimensions.
3. Mitral Inflow Pattern – Normal, E/E' is less than 14.
4. IVC normal in size more than 50% respiratory variation.
5. RA, RV normal in size. Good RV systolic function.
6. No pericardial effusion/ thrombus/ intracardiac clot seen.


Dr. Samir Bahl
Senior Consultant & HOD
Non Invasive Cardiology

QRG Medicare Ltd.

Identification: 900035072	Ward: IPD
First Name: MRS. KUNTI	Last Name: DEVI
Age: 61 Years	Sex: female
Height: 157 cm	Weight: 76 kg
Ref. Physician: DR. DANISH JAMAL	Physician: DR. DANISH JAMAL
Pred. Module: Standard	Operator: GOURANGO MANDAL

Pulmonary Function Test with Bronchodilator Reversibility
FLOW VOLUME

Provocation step

		Pred	LLN	Pre	%Pred	Post	%Pred	%Change
VC IN	[L]	2.57	1.88					
FVC	[L]	2.48	1.77	1.57	63.4 %	1.59	64.3 %	1.3 %
FEV 1	[L]	2.08	1.45	1.13	54.3 %	1.10	52.8 %	-2.6 %
FEV 1 % VC MAX	[%]	77.51	66.83	71.68	92.5 %	68.89	88.9 %	-3.9 %
PIF	[L/s]			3.47		3.31		-4.7 %
PEF	[L/s]	5.70	4.22	3.44	60.4 %	3.55	62.4 %	3.4 %
MEF 75	[L/s]	5.13	2.92	2.31	45.0 %	2.13	41.5 %	-7.9 %
MEF 25	[L/s]	1.23	0.10	0.26	21.4 %	0.26	21.4 %	0.0 %
MMEF 75/25	[L/s]	2.81	1.41	0.70	24.9 %	0.64	22.8 %	-8.4 %
MVV	[L/min]	85.70	85.70					
FET	[s]			6.89		8.37		21.5 %

Comments :-

 Dr. G.S.Chabbra
 MBBS, MD
 Senior- Consultant

 Dr. Kamal Gera
 MD,EDRM
 Attending Consultant

QRG PFT PRE & POST 900035072 MRS. KUNTI DEVI 01/11/2019

QRG Medicare Ltd.

 Plot No. 1, Sector -16, Faridabad - 121002, Haryana, Ph: 0129-4330000, Toll Free: 18001802210, Website: www.qrgmedicare.com
 Regd. Office: 904, 9th Floor, Surya Kiran Building, K G Marg, Connaught Place, New Delhi - 110001, INDIA, CIN: U74999DL2010PLC205776

ICU OBSERVATION CHART

Patient Name: Mrs KUNTI DEVI, Age/Sex: 61y / F, Address: Faridabad, HR India, IPD No.: 33-14/255

Catheter Type table with columns for Catheter Type, Size, Site or Level, Insertion Date, Days in Use, Removal Date

Motor Response table with scales for Eye Opening, Pain Response, Motor Response, Power, Sedation Score, Bowels

Table with columns: TIME, FLUID TYPE, ADDITIVES, VOLUME, RATE OF REGIMEN, ROUTE, SIGNATURE

Height Estimated Wt. Ideal Wt., Investigations Done today, ESR, CRP, PT, APTT, ST, CT, Bi: Sugar 1, 2, 3, 4, 5, 6, Bi: Urea, S. Creatinine, S. Bilirubin, SGOT, SGPT, rGT, S. Alb, Phos, S. Proteins, S. Amylase, S. Lipase, Na+, K+, Cl-, PO4-, Mg+, Ca+, Urine Analysis R / M, Urine Na+, Urine 24 hrs Proteins, Drug Levels (Name), ABG, 1, 2, 3, 4, 5, 6, A. Lactate L 1, 2, 3, 4, 5, 6, X-Ray Chest 1, 2, 3, X-Ray Abdomen, CT (Name site), US (Name site), ECG, EEG, BAL, Cultures, Gram Stain, Other (specify)

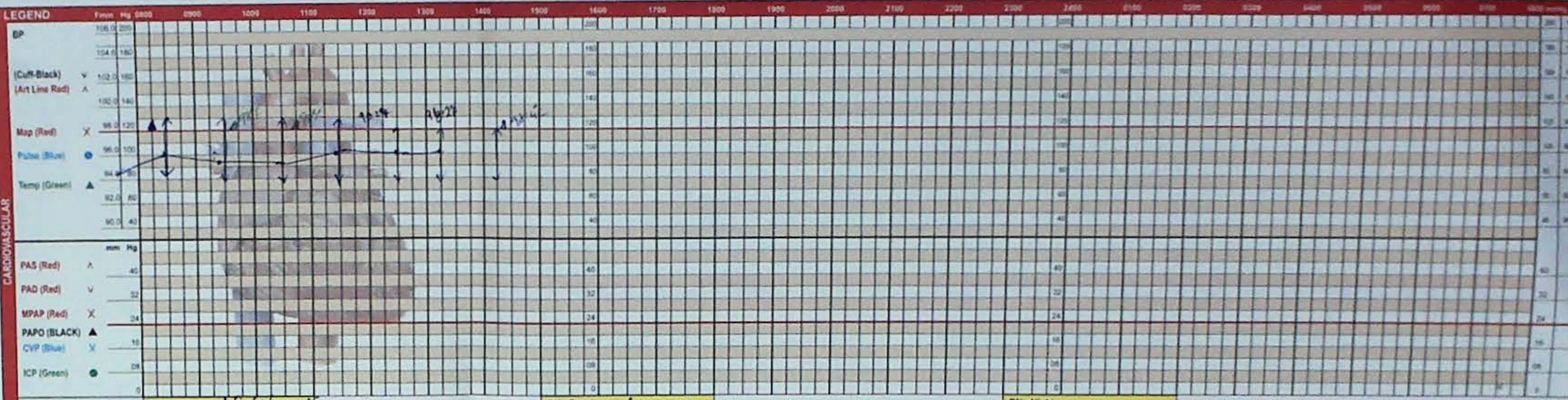
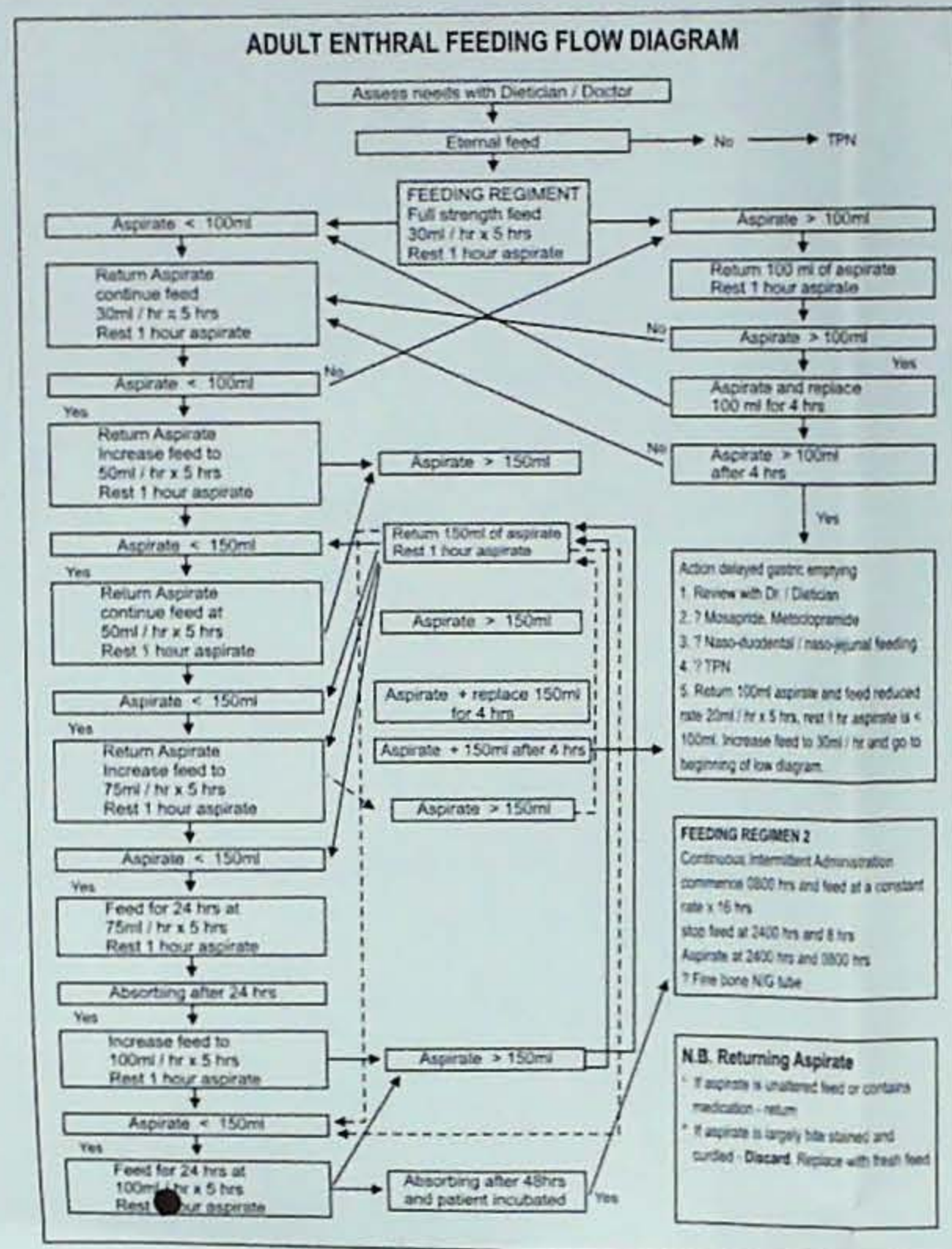


Table for Respiratory parameters including FiO2, I/E ratio, PIP, PEEP, Flow, and various respiratory rates.



Table for Fluids and Medications, including sections for Fluids In, Fluids Out, and Dialysis/CRRT.

Date & Time	ABG Report	Date & Time	ABG Report	Date & Time	ABG Report



DRUG CALCULATIONS

STANDARD IV VOLUS

Formula
 "What you want x volume of diluent - Amount to give in ml.
 What you have in vial / ampoule
 Must be in same unit of measure i.e mg mcg g
 E.G. need to give 150 mg Phenytoin (Comes as 250mg / 5ml)

$$\frac{150 \times 5}{250}$$

MCG / KG / MIN

Formula
 Mg of drug x 1000 = micrograms / ml of drug (mcg / ml)
 Volume (ml)
 Mcg / ml x 60 minutes x rate infusion is running = mcg / kg / min
 e.g. start adrenaline (10mg in 100mls) running at 4mls / hr on 70 kg person
 How many mcg / kg / min?

$$\frac{10 \times 1000}{100} \times 4 = 400 \text{ mcg / min}$$

$$\frac{400}{70} = 5.7 \text{ mcg / kg / min}$$

TO SET MLS PER HOUR

Formula
 Amount Of Drug Required x kg x 60 minutes = MCG per ml of Drug = MLS per hour
 e.g. Start Adrenaline (10mg in 100mls) at 0.2 mcg / kg min pt 70kg

$$0.2 \times 70 \times 60 = 84 \rightarrow \text{start infusion at 8.4 mls / hr}$$

PERCENTAGES INTO MGS

Formula
 % of solution x 1000 = mg / ml or % of solution x 10
 100
 e.g. How many mg / ml are there in 20% Mannitol?

$$\frac{20 \times 1000}{100} = 200 \text{ mg / ml}$$

 or
$$20\% \times 10 = 200 \text{ mg / ml}$$

 e.g. How many mg / ml are there in 8.4% NaHCO3?

$$\frac{8.4 \times 1000}{100} = 84 \text{ mg / ml}$$

 or
$$8.4\% \times 10 = 84 \text{ mg / ml}$$

Useful Formula for ICU

- # Serum Osmolarity = $2 \times \text{Na} + \frac{\text{Glucose}}{18} + \frac{\text{BUN mg/dl}}{2.8}$
 (Normal range : 280-295 mosm/kg)
- # Urine Osmolarity - (urine specific gravity - 1) x 40000
- # Calculated creatinine clearance (ml / min)
 For Males : $(140 - \text{age}) \times \text{weight (Kg)} \div \text{S. Creatinine} \times 72$
 For Females : Calculated value for males x 0.85
- # Measured 2hr creatinine clearance = UV/P
 (Urine flow must be > 30 ml / hr)
 Where
 U = Urine Creatinine in mg / dl
 V = Urine Flow Rates in ml / hr
 P = Serum Creatinine in mg / dl
- # Anion gap = $\text{Na}^+ + \text{K}^+ - (\text{Cl} + \text{HCO}_3)$
 (normal Value = $16 \pm 4 \text{ mEq / L}$)
- # Alveolar - arterial oxygen difference:
 $\text{PAO}_2 = (\text{P}_{\text{atm}} - \text{PH}_2\text{O}) \text{FIO}_2 - \text{PCO}_2 / \text{RQ}$
 $\text{AaDO}_2 = \text{PAO}_2 - \text{PAO}_2$ (normal 0 - 10 while breathing room air, and upto 25 on 100% oxygen)
 Assume $\text{PH}_2\text{O} = 47$, $\text{RQ} = 0.8$ and $\text{P}_{\text{atm}} = 760$ at sea level
- # Corrected $\text{Ca}^{2+} = \text{Ca}^{2+} - \text{Albumin} + 4$
- # Correction of Hyponatremia:
 Na^+ deficit = $0.6 \times \text{weight (Kg)} \times (\text{target Na}^+ - \text{plasma Na}^+)$
 Where target Na is a maximum of 130mEq / L
 Total dose of 3% saline = $1000 \times (\text{calculated mEq Na deficit}) / 513$
 Rate of correction should not exceed 1-1.5 mEq / L per hour
- # Temperature calculation
 $^{\circ}\text{C} = 5 \times (^{\circ}\text{F} - 32) \div 9$
 $^{\circ}\text{F} = (^{\circ}\text{C} \times 9) + 32 \div 5$

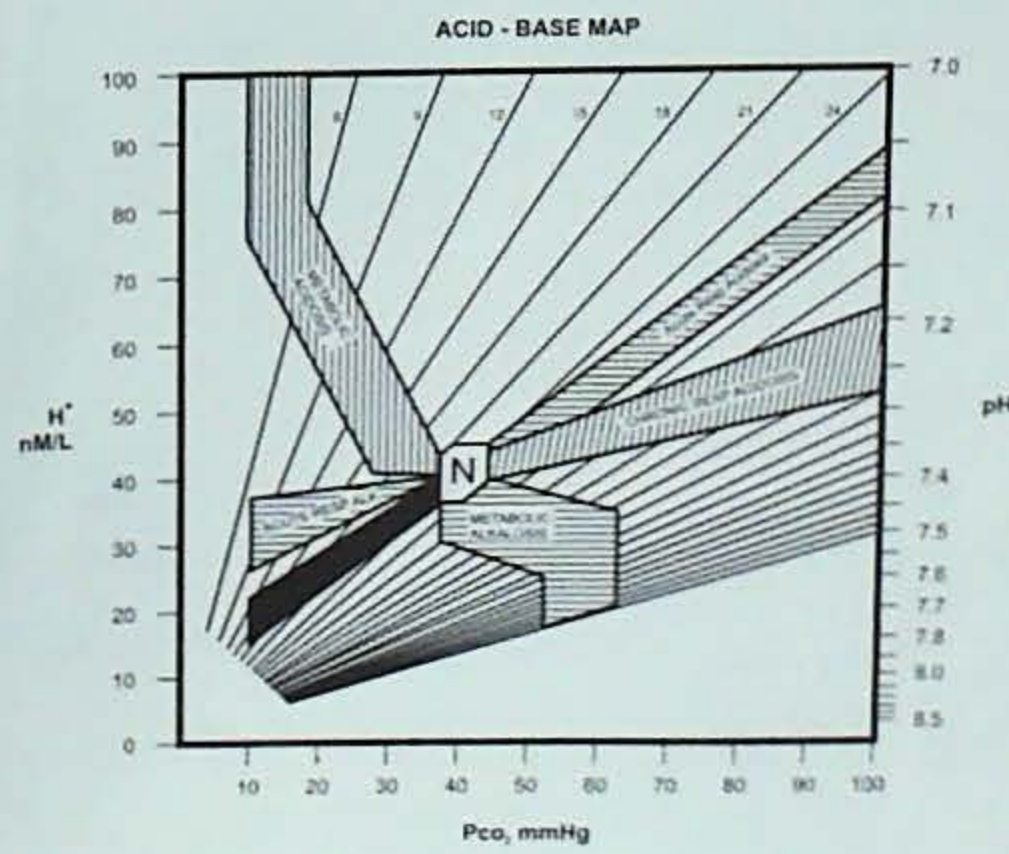
INFUSION CHART

S. No.	Name of Drug	Standard Concentration	Dilution	Infusion Rate
1	Inj. Dopamine	200mg / 5ml	5ml in 45ml NS	3-10 mcg / kg / min to increase CO 10-20 mcg / kg / min to increase BP
2	Inj. Dobutamine	250mg / 5ml	5ml in 45ml NS	3-5 mcg / kg / min
3	Inj. Nor Adrenaline	2mg / 2ml	4ml in 46ml NS / Dext 5%	3-10 mcg / kg / min
4	Inj. Cordarone	150mg / 3ml	3ml in 47ml NS	15 mg IV over 10 min. Infuse at 1mg / min for 6 hrs then 0.5mg / min for 18 hrs
5	Inj. NTG	25mg / 5ml	5ml in 45ml NS	5-10 mcg / min
6	Inj. Vasopressin	10 IU / 1ml	4ml in 36ml NS	0.01 - 0.04 units / hrs
7	Inj. HIR	41 IU / 1ml	1ml in 39 ml NS	0.15 units / kg I.V bolus then 0.1 unit / kg / hr
8	Inj. Sodabioarbonate	7.5% in 25ml	No Dilution	Based on ABG
9	Inj. KCL	20mcg / 10ml	As per the Doctor's Order	20mcg / hour
10	Inj. MgSO4	50% / 2ml	10ml in 40ml NS	as per Doctor's order

Note:
 1. Co - Cardiac Output
 2. 100mcg - 0.1mg
 3. 500mcg - 0.5mg

IDEAL BODY WEIGHT

Height	Male		Female	
	cm	Inches	cm	Inches
145	57.1	51.8	47.5	
150	59.1	54.5	50.4	
155	61.0	57.2	53.1	
160	63.0	60.5	56.2	
165	64.9	63.5	59.5	
175	68.9	70.1	66.3	
180	70.9	74.2		
185	72.8	78.1		



ARTERIAL BLOOD GASES INTERPRETATION

Acid - Base Disturbance

Expected pCO₂

Metabolic Acidosis $1.5 \times \text{HCO}_3 + 8 \pm 2$	Metabolic Alkalosis $0.9 \times \text{HCO}_3 + 15$
---	---

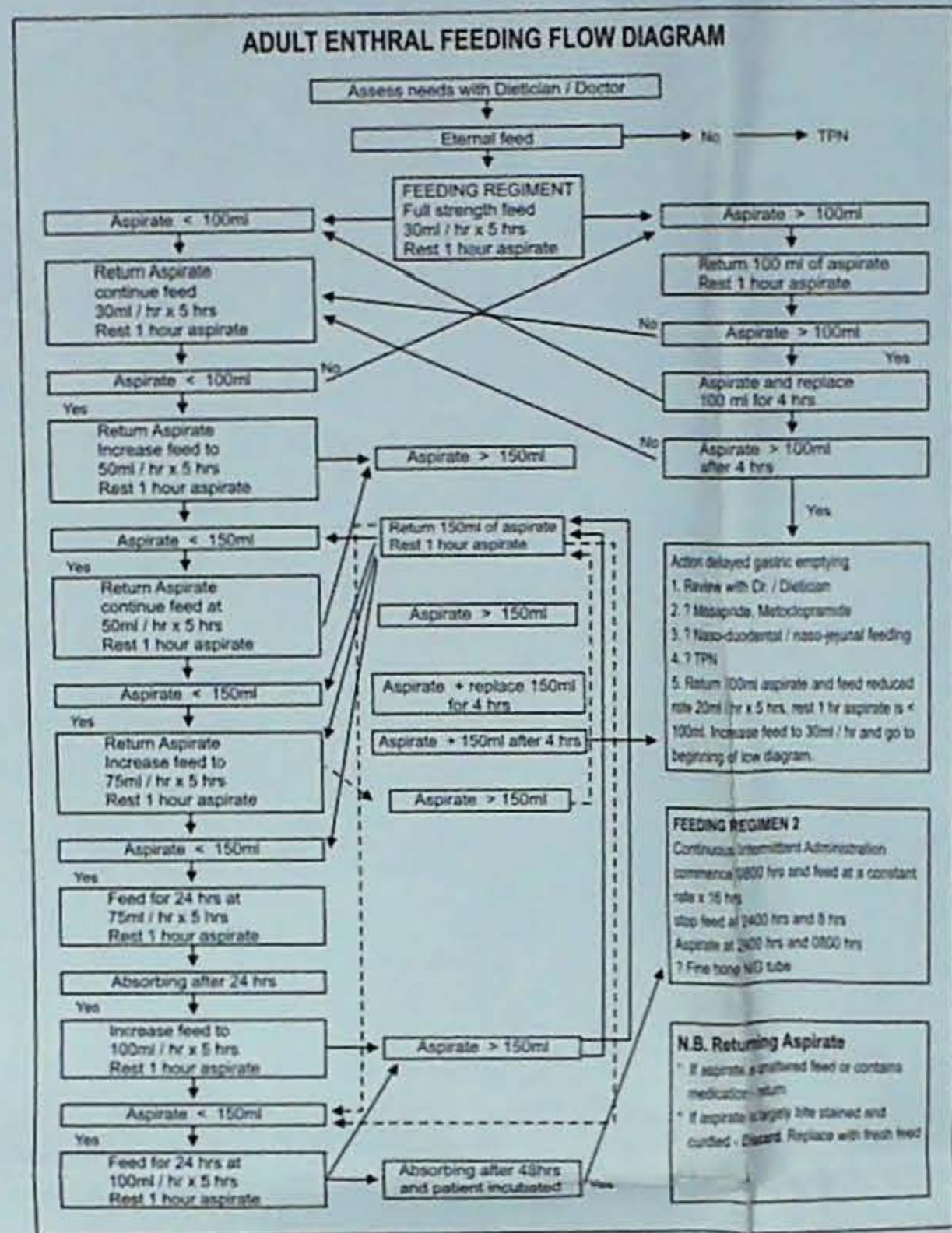
EXPECTED CHANGE IN HCO₃⁻

Respiratory Acidosis Acute : 1/10 x change in pCO ₂ Chronic : 4/10 x change in pCO ₂	Respiratory Alkalosis Acute : 2/10 x change in pCO ₂ Chronic : 5/10 x change in pCO ₂
--	---

Note: For all calculations assume normal pCO₂ is 40 mm of Hg and HCO₃ is 24



Date & Time	ABG Report	Date & Time	ABG Report	Date & Time	ABG Report



INFUSION CHART

S. No.	Name of Drug	Standard Concentration	Dilution	Infusion Rate
1	Inj. Dopamine	200mg / 5ml	5ml in 45ml NS	3-10 mcg / kg / min to increase CO 10-20 mcg / kg / min to increase BP
2	Inj. Dobutamine	250mg / 5ml	5ml in 45ml NS	3-5 mcg / kg / min
3	Inj. Nor Adrenaline	2mg / 2ml	4ml in 46ml NS / Dext 5%	3-10 mcg / kg / min
4	Inj. Condarone	150mg / 3ml	3ml in 47ml NS	15 mg IV over 10 min. Infuse at 1mg / min for 6 hrs then 0.5mg / min for 18 hrs
5	Inj. NTG	25mg / 5ml	5ml in 45ml NS	5-10 mcg / min
6	Inj. Vasopressin	10 IU / 1ml	4ml in 36ml NS	0.01 - 0.04 units / hrs
7	Inj. HIR	41 IU / 1ml	1ml in 39 ml NS	0.15 units / kg I.V bolus then 0.1 unit / kg / hr
8	Inj. Sodiumbicarbonate	7.5% in 25ml	No Dilution	Based on ABG
9	Inj. KCL	20meq / 10ml	As per the Doctor's Order	20meq / hour
10	Inj. MgSO4	50% / 2ml	10ml in 40ml NS	as per Doctor's order

Note
1. Co - Cardiac Output
2. 100mcg - 0.1mg
3. 500mcg - 0.5mg

IDEAL BODY WEIGHT

Height	Male		Female
	cm	inches	
145	57.1		51.8
150	59.1		47.5
155	61.0		50.4
160	63.0		53.1
165	64.9		56.2
175	68.9		59.5
180	70.9		66.3
185	72.8		

DRUG CALCULATIONS

STANDARD IV VOLUS

Formula
What you want x volume of diluent - Amount to give in ml.
What you have in vial / ampoule
Must be in same unit of measure i.e. mg mcg g.
E.G. need to give 150 mg Phenytoin (Comes as 250mg / 5ml)

$$\frac{150 \times 5}{250} = 3 \text{mls}$$

MCG / KG / MIN

Formula
Mg of drug x 1000 = micrograms / ml of drug (mcg / ml)
Volume (ml)
∴ Mcg / ml x 60 minutes x rate infusion is running = mcg / kg / min
e.g. start adrenaline (10mg in 100mls) running at 4mls / hr on 70 kg person
How many mcg / kg / min?
 $\frac{10 \times 1000}{100} = 100 \text{ (mcg / ml)}$
 $\therefore 100 \times 70 \times 60 \times 4 = 009 \text{ mcg / kg / min}$

TO SET MLS PER HOUR

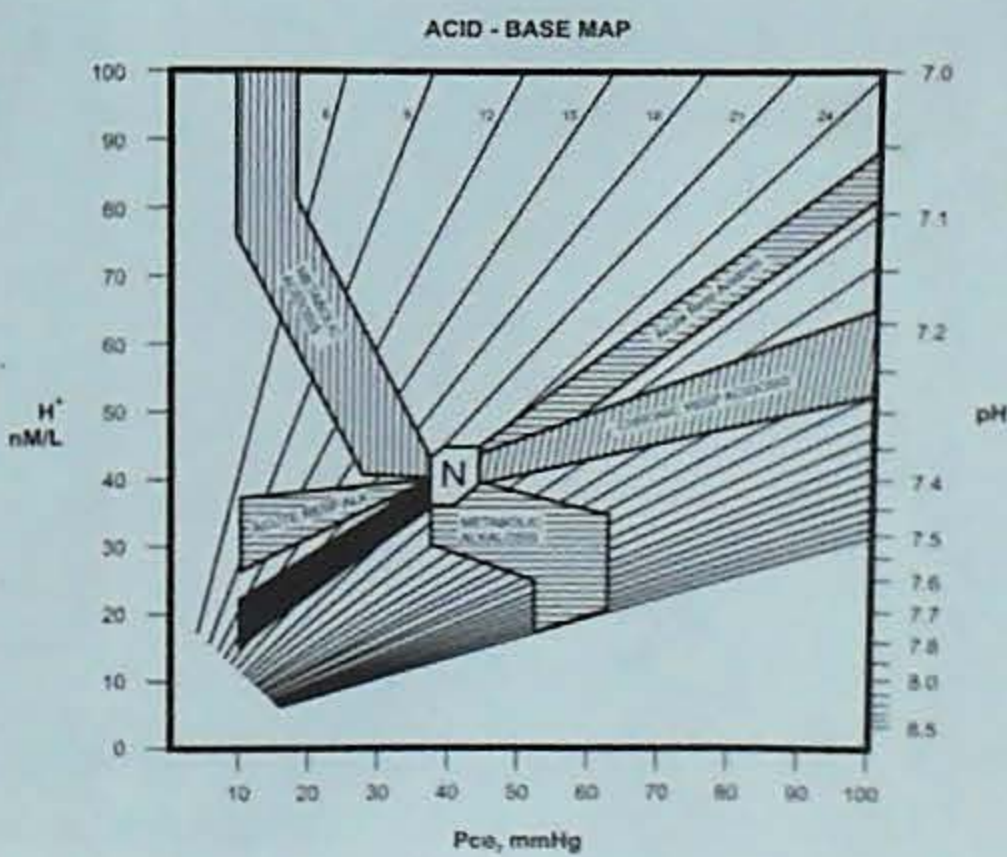
Formula
Amount Of Drug Required x kg x 60 minutes + MCG per ml of Drug = MLS per hour
e.g. Start Adrenaline (10mg in 100mls) at 0.2 mcg / kg min pt 70kg
 $0.2 \times 70 \times 60 + 100 = 8.4 \rightarrow \text{start infusion at } 8.4 \text{ mls / hr}$

PERCENTAGES INTO MGS

Formula
 $\frac{\% \text{ of solution} \times 1000}{100} = \text{mg / ml}$ or $\% \text{ of solution} \times 10$
e.g. How many mg / ml are there in 20% Mannitol?
 $\frac{20 \times 1000}{100} = 200 \text{ mg / ml}$ or $20\% \times 10 = 200 \text{ mg / ml}$
e.g. How many mg / ml are there in 8.4% NaHCO3?
 $\frac{8.4 \times 1000}{100} = 84 \text{ mg / ml}$ or $8.4\% \times 10 = 84 \text{ mg / ml}$

Useful Formula for ICU

- # Serum Osmolarity = $2 \times \text{Na} + \frac{\text{Glucose}}{18} + \frac{\text{BUN mg/dl}}{2.8}$
(Normal range : 280-295 mosm/kg)
- # Urine Osmolarity - (urine specific gravity - 1) x 40000
- # Calculated creatinine clearance (ml / min)
For Males : $\frac{(140 - \text{age}) \times \text{weight (Kg)}}{72} \times \text{S. Creatinine}$
For Females : Calculated value for males x 0.85
- # Measured 2hr creatinine clearance = $\frac{\text{UV/P}}{2}$
(Urine flow must be > 30 ml / hr)
Where
U = Urine Creatinine in mg / dl
V = Urine Flow Rates in ml / hr
P = Serum Creatinine in mg / dl
- # Anion gap = $\text{Na}^+ + \text{K}^+ - (\text{Cl} + \text{HCO}_3)$
(normal Value = $16 \pm 4 \text{ mEq / L}$)
- # Alveolar - arterial oxygen difference:
 $\text{PAO}_2 = (\text{P}_{\text{atm}} - \text{PH}_2\text{O}) \text{FIO}_2 - \text{PCO}_2 / \text{RQ}$
 $\text{AaDO}_2 = \text{PAO}_2 - \text{PAO}_2$ (normal 0 - 10 while breathing room air, and upto 25 on 100% oxygen)
Assume $\text{PH}_2\text{O} = 47$, $\text{RQ} = 0.8$ and $\text{P}_{\text{atm}} = 760$ at sea level
- # Corrected $\text{Ca}^{++} = \text{Ca}^{++} - \text{Albumin} + 4$
- # Correction of Hyponatremia:
 $\text{Na}^+ \text{ deficit} = 0.6 \times \text{weight (Kg)} \times (\text{target Na}^+ - \text{plasma Na}^+)$
Where target Na is a maximum of 130mEq / L
Total dose of 3% saline = $1000 \times (\text{calculated mEq Na deficit}) / 513$
Rate of correction should not exceed 1-1.5 mEq / L per hour
- # Temperature calculation
 $^{\circ}\text{C} = 5 \times (^{\circ}\text{F} - 32) / 9$
 $^{\circ}\text{F} = (^{\circ}\text{C} \times 9) + 32$



ARTERIAL BLOOD GASES INTERPRETATION

Acid - Base Disturbance

Expected pCO₂
Metabolic Acidosis: $1.5 \times \text{HCO}_3 + 8 \pm 2$
Metabolic Alkalosis: $0.9 \times \text{HCO}_3 + 15$

EXPECTED CHANGE IN HCO₃
Respiratory Acidosis:
Acute: $1/10 \times \text{change in pCO}_2$
Chronic: $4/10 \times \text{change in pCO}_2$
Respiratory Alkalosis:
Acute: $2/10 \times \text{change in pCO}_2$
Chronic: $5/10 \times \text{change in pCO}_2$

Note: For all calculations assume normal pCO₂ is 40 mm of Hg and HCO₃ is 24

Height Estimated Wt. Ideal Wt. Investigations Done today

ICU OBSERVATION CHART

Patient Name: MR. NAGESH Age / Sex: 53Y / male IPD No.: 100047881

Address: 25 Sector 9, Krishna colony, Gali NO 02 RD

Date: 31/11/11 Days in ICU: 01 Consultant: Dr. Nagesh ICU Consultant: Dr. Nagesh

Diagnosis: SOB, CKD Active Problem: CKD

Plans for the Day: Morning Evening Night

Catheter Type: ET or (Tracheostomy) Tube NG Tube

Plan Notes Morning: T. Prob. - H. H. - K. F. (S) due

Plan Notes Evening: AIR MATTRESS M: OK E: OK N: OK

Table with columns: TIME, FLUID TYPE, ADDITIVES, VOLUME, RATE OF REGIMEN, ROUTE, SIGNATURE

Investigations Done today: Hb, TLC, DLC, Platelet ESR, CRP, FT, APTT, BT, CT, Bi. Sugar 1, 2, 3, 4, 5, 6, Bi. Urea, S. Creatinine, S. Bilubin, SGOT, SGPT, yGT, S. Alk. Phos, S. Proteins, S. Amylase, S. Lipase, Na+, K+, Cl-, PC4+, Mg+, Ca+, Urine Analysis R/M, Urine Na+, Urine 24 hrs Proteins, Drug Levels (Name), ABG 1, 2, 3, 4, 5, 6, A. Lactate L 1, 2, 3, 4, 5, 6, X-Ray Chest 1, 2, 3, X-Ray Abdomen, CT (Name site), US (Name site), ECG, EEG, BAL, Cultures (name specimen), Gram Stain (name specimen), Other (specify)

Legend: BP, (Cuff-Black), (Art Line Red), Map (Red), Pulse (Blue), Temp (Green)

Legend: PAS (Red), PAD (Red), MPAP (Red), PAPO (BLACK), CVP (Blue), ICP (Green)

Legend: CO / CI, SVRI / PVRI, Rhythm / Perfusion, Wrist Pulses (RL), Foot Pulses (RL)

Legend: Fio2 / S.O2 / ETCO2, Machine Rate / SIMV Rate, Set V / Set P, PIP above PEEP / PEEP, Insp % / Pause %

Legend: Trig Sens / Press Limit, Flow (l/min) / Humid Temp, M.O. Signature, Patient Rate, Exp V / Exp V, PIP / PEEP, Breath Sound (RL), Sputum / Amt / Col Const, Patient Position

Legend: Eye Opening (1-4), Motor Response (1-4), Verbal Response (1-5), Pupils (R), (L), Arm Power (R / L), Leg Power (R / L), Sedation Pain score

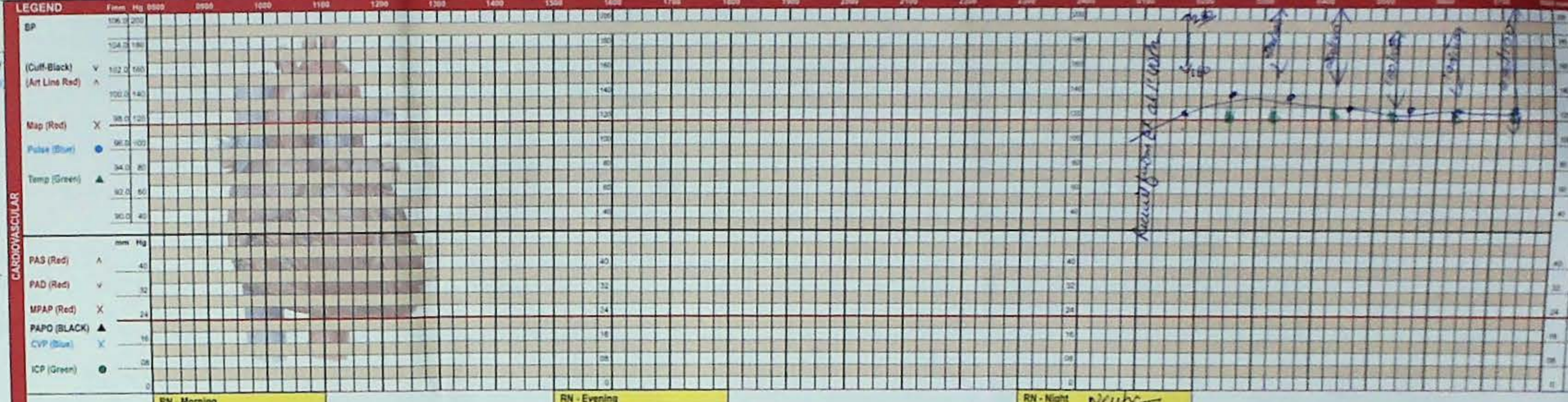
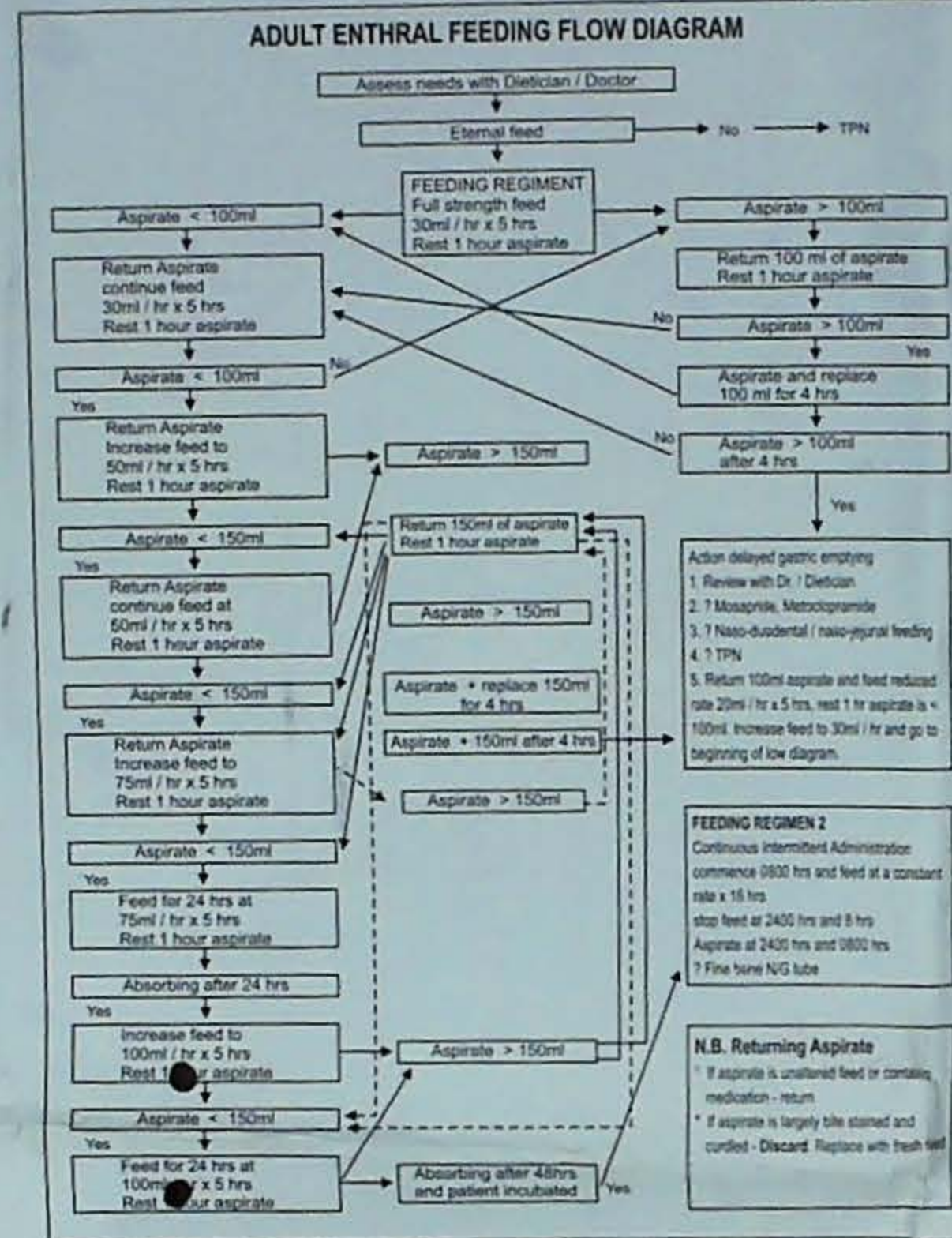


Table for respiratory and hemodynamic monitoring with handwritten data for FiO2, SIMV Rate, PIP, PEEP, etc.

Table for fluid balance and dialysis monitoring with handwritten data for infusion, total in/out, and dialysis parameters.

Date & Time	ABG Report	Date & Time	ABG Report	Date & Time	ABG Report



DRUG CALCULATIONS

STANDARD IV VOLUS

Formula
 *What you want x volume of diluent - Amount to give in ml.
 What you have in vial / ampoule
 Must be in same unit of measure i.e mg mcg g.
 E.G. need to give 150 mg Phenytoin (Comes as 250mg / 5ml)

$$\frac{150 \times 5}{250} = 3 \text{mls}$$

MCG / KG / MIN

Formula
 Mg of drug x 1000 = micrograms / ml of drug (mcg / ml)
 Volume (ml)
 .. Mcg / ml = 60 minutes x rate infusion is running = mcg / kg / min
 e.g. start adrenaline (10mg in 100mls) running at 4mls / hr on 70 kg person
 How many mcg / kg / min ?
 $10 \times 1000 = 100(\text{mcg} / \text{ml})$
 100
 $100 \div 70 \times 60 \times 4 = 009 \text{ mcg} / \text{kg} / \text{min}$

TO SET MLS PER HOUR

Formula
 Amount Of Drug Required x kg x 60 minutes = MCG per ml of Drug = MLS per hour
 e.g. Start Adrenaline (10mg in 100mls) at 0.2 mcg / kg min pt 70kg
 $0.2 \times 70 \times 60 = 100 = 8.4 \rightarrow \text{start infusion at } 8.4 \text{ mls / hr}$

PERCENTAGES INTO MGS

Formula
 % of solution x 1000 = mg / ml or % of solution x 10
 100
 e.g. How many mg / ml are there in 20% Mannitol?
 $20 \times 1000 = 200 \text{ mg} / \text{ml}$ or $20\% \times 10 = 200 \text{ mg} / \text{ml}$
 100
 e.g. How many mg / ml are there in 8.4 % NaH03 ?
 $8.4 \times 1000 = 84 \text{ mg} / \text{ml}$ or $8.4\% \times 10 = 84 \text{ mg} / \text{ml}$
 100

Useful Formula for ICU

Serum Osmolarity = $2 \times \text{Na} + \frac{\text{Glucose}}{18} + \frac{\text{BUN mg/dl}}{2.8}$
 (Normal range : 280-295 mosm/kg)

Urine Osmolarity - (urine specific gravity - 1) x 40000

Calculated creatinine clearance (ml / min)
 For Males : $\frac{(140 - \text{age}) \times \text{weight (Kg)}}{72} \times \text{S. Creatinine}$
 For Females : $\frac{\text{Calculated value for males} \times 0.85}{72}$

Measured 2hr creatinine clearance = UVIP
 (Urine flow must be > 30 ml / hr)
 Where
 U = Urine Creatinine in mg / dl
 V = Urine Flow Rates in ml / hr
 P = Serum Creatinine in mg / dl

Anion gap = $\text{Na}^+ + \text{K}^+ - (\text{Cl} + \text{HCO}_3)$
 (normal Value= $16 \pm 4 \text{ mEq} / \text{L}$)

Alveolar - arterial oxygen difference:
 $\text{PAO}_2 = (\text{P}_{\text{atm}} - \text{PH}_2\text{O}) \text{FIO}_2 - \text{PCO}_2 / \text{RQ}$
 $\text{AaDO}_2 = \text{PAO}_2 - \text{PAO}_2$ (normal 0 - 10 while breathing room air, and upto 25 on 100% oxygen)

Assume $\text{PH}_2\text{O} = 47$, $\text{RQ} = 0.8$ and $\text{P}_{\text{atm}} = 760$ at sea level

Corrected $\text{Ca}^{2+} = \text{Ca}^{2+} - \text{Albumin} + 4$

Correction of Hyponatremia:
 Na^+ deficit = $0.6 \times \text{weight (Kg)} \times (\text{target Na}^+ - \text{plasma Na}^+)$
 Where target Na is a maximum of 130mEq / L
 Total dose of 3% saline = $1000 \times (\text{calculated mEq Na deficit}) / 513$
 Rate of correction should not exceed 1-1.5 mEq / L per hour

Temperature calculation
 $^{\circ}\text{C} = 5 \times (^{\circ}\text{F} - 32) / 9$
 $^{\circ}\text{F} = (^{\circ}\text{C} \times 9) + 32$

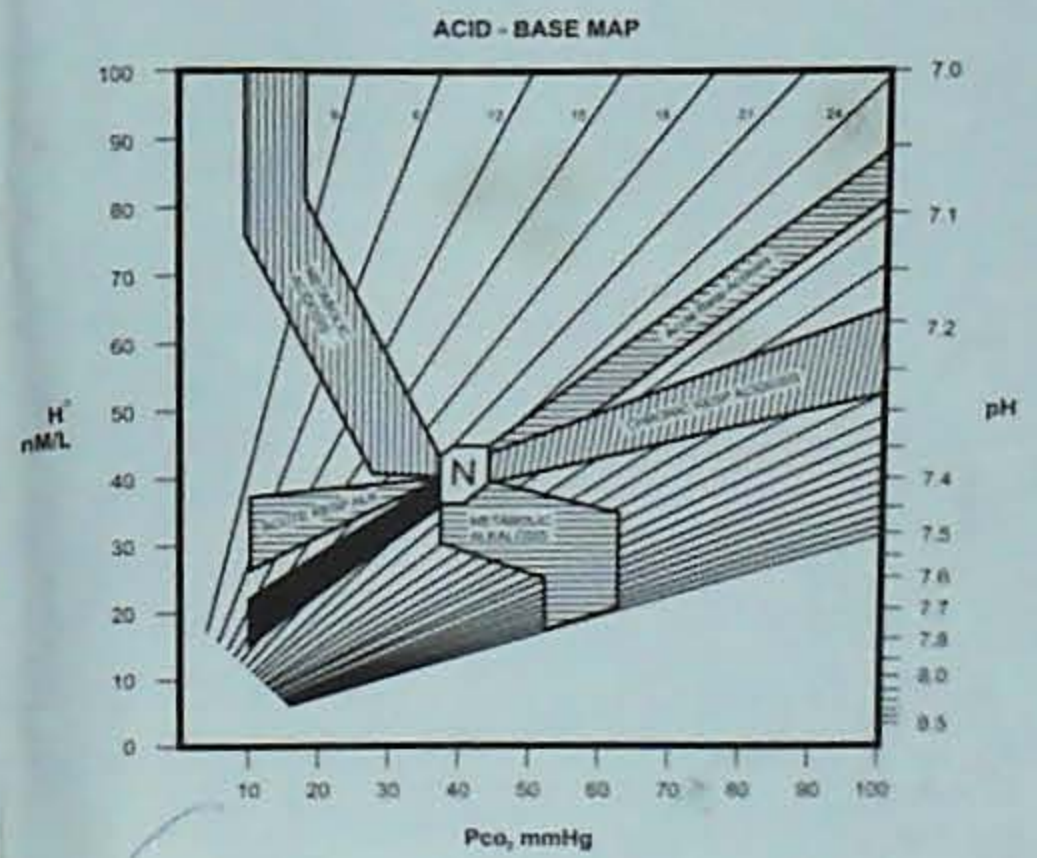
INFUSION CHART

S. No.	Name of Drug	Standard Concentration	Dilution	Infusion Rate
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2	Inj. Dobutamine	250mg / 5ml	5ml in 45ml NS	3-5 mcg / kg / min
3	Inj. Nor Adrenaline	2mg / 2ml	4ml in 46ml NS / Dext 5%	3-10 mcg / kg / min
4	Inj. Cordarone	150mg / 3ml	3ml in 47ml NS	15 mg IV over 10 min. Infuse at 1mg / min for 6 hrs then 0.5mg / min for 18 hrs
5	Inj. NTG	25mg / 5ml	5ml in 45ml NS	5-10 mcg / min
6	Inj. Vasopressin	10 IU / 1ml	4ml in 36ml NS	0.01 - 0.04 units / hrs
7	Inj. HIR	41 IU / 1ml	1ml in 39 ml NS	0.15 units / kg I.V bolus then 0.1 unit / kg / hr
8	Inj. Sodabiecarbonate	7.5% in 25ml	No Dilution	Based on ABG
9	Inj. KCL	20mcg / 10ml	As per the Doctor's Order	20mcg / hour
10	Inj. MgSO4	50% / 2ml	10ml in 40ml NS	as per Doctor's order

Note
 1. Co - Cardiac Output
 2. 1000mcg = 0.1mg
 3. 5000mcg = 0.5mg

IDEAL BODY WEIGHT

Height	Male		Female	
	cm	inches	cm	inches
145	57.1	51.8	47.5	
150	59.1	54.5	50.4	
155	61.0	57.2	53.1	
160	63.0	60.5	56.2	
165	64.9	63.5	59.5	
175	68.9	70.1	66.3	
180	70.9	74.2		
185	72.8	78.1		



ARTERIAL BLOOD GASES INTERPRETATION Acid - Base Disturbance

Expected pCO₂

Metabolic Acidosis 1.5 x HCO ₃ + 8 ± 2	Metabolic Alkalotic 0.9 x HCO ₃ + 15
---	---

EXPECTED CHANGE IN HCO₃ :

Respiratory Acidosis Acute : 1/10 x change in pCO ₂ Chronic : 4/10 x change in pCO ₂	Respiratory Alkalosis Acute : 2/10 x change in pCO ₂ Chronic : 5/10 x change in pCO ₂
---	--

Note: For all calculations assume normal pCO₂ is 40 mm of Hg and HCO₃ is 24

ICU OBSERVATION CHART

Patient Name: **MAJ. KUNTI DEVI**
 Age / Sex: **61y / F** IPD No.: **33-4/256**
 Address: **FARIDABAD, HARYANA, INDIA**
 Date: **8/1/24** Days in ICU: **09** Consultant: **D. Praveen** ICU Consultant: **D. Praveen**

Diagnosis: **Pneumonia**
 Active Problem:
 Past History:
 Plans for the Days: Morning Evening Night
 Catheter Type: **Central Line** Size: **24G** Site or Level: **Right IJ** Insertion Date: **8/1/24** Days in Use: **9** Removal Date:
 NG Tube: **24G** Site or Level: **Right IJ** Insertion Date: **8/1/24** Days in Use: **9** Removal Date:
 Arterial Line: **24G** Site or Level: **Right IJ** Insertion Date: **8/1/24** Days in Use: **9** Removal Date:
 Central Line: **24G** Site or Level: **Right IJ** Insertion Date: **8/1/24** Days in Use: **9** Removal Date:
 Urinary Catheter: **24G** Site or Level: **Right IJ** Insertion Date: **8/1/24** Days in Use: **9** Removal Date:

PHYSICAL ASSESSMENT
 1. **General Appearance**: Well, alert, oriented.
 2. **Head**: Normocephalic, normo-facial, normo-ocular.
 3. **Eyes**: Sclera: Normo-color, Normo-injection. Pupils: Normo-size, Normo-reactivity.
 4. **ENT**: Normo-external, Normo-internal.
 5. **Cardiovascular**: Normo-rhythm, Normo-rate, Normo-pressure, Normo-perfusion.
 6. **Respiratory**: Normo-breath sounds, Normo-percussion, Normo-expiry.
 7. **Abdominal**: Normo-tenderness, Normo-distension, Normo-percussion, Normo-auscultation.
 8. **Genitourinary**: Normo-genitals, Normo-urine.
 9. **Neurological**: Normo-reflexes, Normo-sensation, Normo-motility.
 10. **Skin**: Normo-color, Normo-temperature, Normo-moisture, Normo-integrity.

SEDIATION SCORE
 1. **Spontaneous eye opening**: None (0) / To speech (1) / To pain (2) / None (3)
 2. **Spontaneous breathing**: None (0) / With verbal command (1) / With painful stimulus (2) / None (3)
 3. **Response to verbal command**: None (0) / Obedient (1) / Obedient with assistance (2) / None (3)
 4. **Response to painful stimulus**: None (0) / Withdrawal (1) / Localized response (2) / None (3)

TIME	FLUID TYPE	ADDITIONS	VOLUME	RATE OF REGIMEN	ROUTE	SIGNATURE



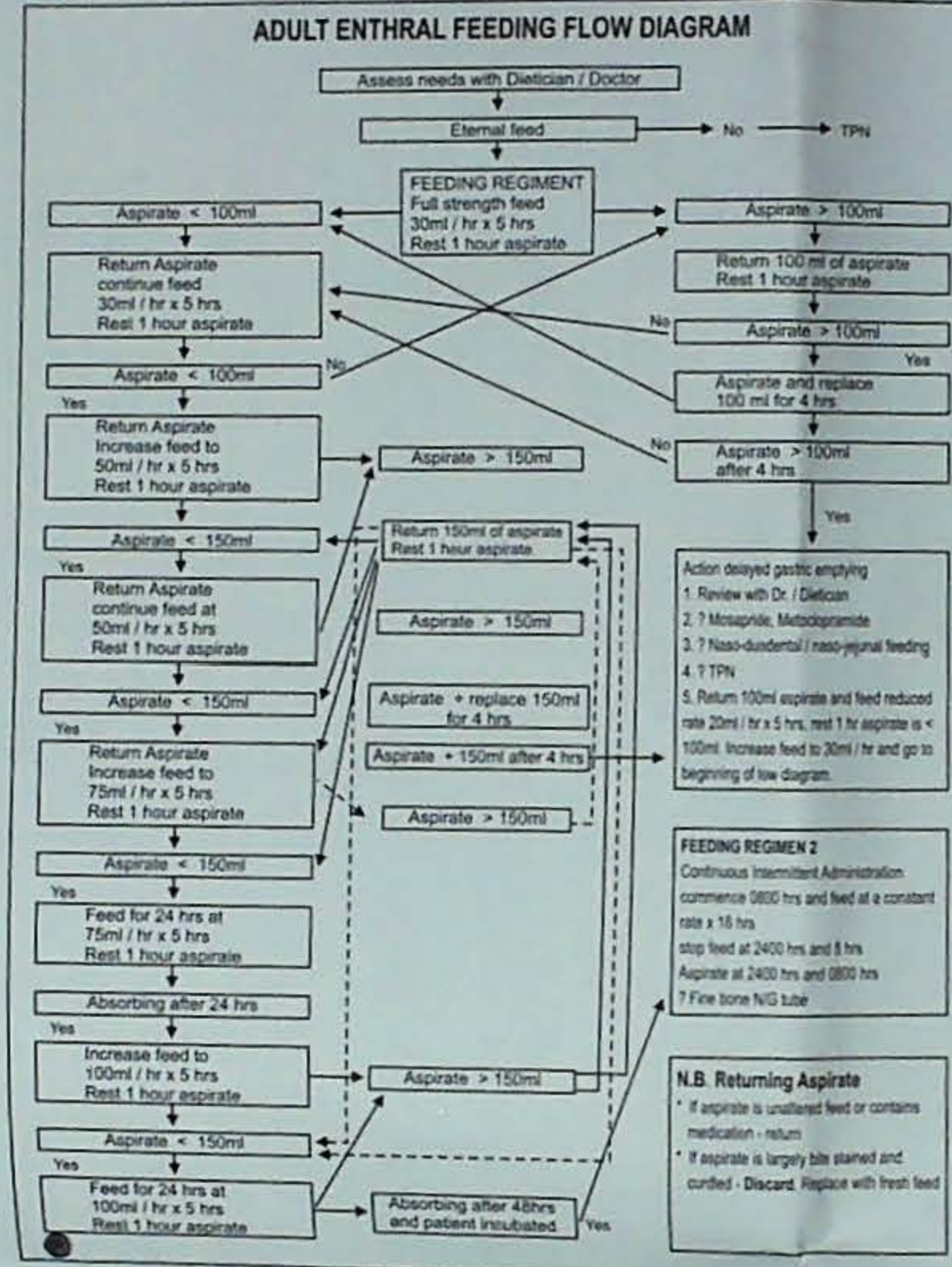
CO/CI	SVRI / PVRI	Rhythm / Perfusion	Wrist Pulses (RL)	Foot Pulses (RL)	F _{IO2} /I _E TCO ₂	Mode	Mach. Rate SIMV Rate	Set V / Set P	PIP above PEEP / PEEP	Insp % / Pause %	Trig Sens / Press Limit	Flow (l/min) Humid Temp	M.O. Signatures	Patient Rate	Exp V / Exp V	PIP / PEEP	Breath Sound (RL)	Sputum: Amt / Col / Consist	Patient Position	Eye Opening (1-4)	Motor Response (1-4)	Verbal Resp (1-5)	Pupils (R) size/react	Pupils (L) size/react	Arm Power (R/L)	Leg Power (R/L)	Sedation Pain score
NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Infusion	IV Medications	Blood	Enteral Feeding	Total Cumulative Input	Urine Output	NG Output (gH) / Drainage Bag	Hourly Cumulative Drainage	Cumulative Output	Clotting Time / Heparin Rate	Transfilter or Venois Pressures	Replacement / Dialysate Solns	Additives to each bag	MO Sig & Name / Nurse Initials	Regulation / Dialysate rates	Disinfect Fluid Removal & MO Sig	Fluid Removed Cumulative	Total Cumulative Output
1																	

Previous 24 hrs
TOTAL IN 800ml
TOTAL OUT 500ml
BALANCE 300ml

Today's
TOTAL IN 1000ml
TOTAL OUT 1000ml
BALANCE 0ml

Date & Time	ABG Report	Date & Time	ABG Report	Date & Time	ABG Report



DRUG CALCULATIONS

STANDARD IV VOLUS

Formula
 "What you want x volume of diluent - Amount to give in ml.
 What you have in vial / ampoule
 Must be in same unit of measure i.e mg mcg g
 E.G. need to give 150 mg Phenytoin (Comes as 250mg / 5ml)

$$\frac{150 \times 5}{250}$$

MCG / KG / MIN

Formula
 Mj of drug x 1000 = micrograms / ml of drug (mcg / ml)
 Volume (ml)
 Mj / ml = 60 minutes x rate infusion is running = mcg / kg / min
 e.g. start adrenaline (10mg in 100mls) running at 4mls / hr on 70 kg person
 How many mcg / kg / min?

$$\frac{10 \times 1000}{100} = 100 \text{ (mcg / ml)}$$

$$\frac{100}{70} = 1.43 \text{ mcg / kg / min}$$

TO SET MLS PER HOUR

Formula
 Amount Of Drug Required x kg x 60 minutes + MCG per ml of Drug = MLS per hour
 e.g. Start Adrenaline (10mg in 100mls) at 0.2 mcg / kg min pt 70kg

$$0.2 \times 70 \times 60 + 100 = 8.4 \rightarrow \text{start infusion at 8.4 mls / hr}$$

PERCENTAGES INTO MGS

Formula

$$\frac{\% \text{ of solution} \times 1000}{100} = \text{mg / ml or } \% \text{ of solution} \times 10$$

 e.g. How many mg / ml are there in 20% Mannitol?

$$\frac{20 \times 1000}{100} = 200 \text{ mg / ml or } 20\% \times 10 = 200 \text{ mg / ml}$$

 e.g. How many mg / ml are there in 8.4% NaHCO3?

$$\frac{8.4 \times 1000}{100} = 84 \text{ mg / ml or } 8.4\% \times 10 = 84 \text{ mg / ml}$$

Useful Formula for ICU

- # Serum Osmolarity = $2 \times \text{Na} + \frac{\text{Glucose}}{18} + \frac{\text{BUN mg/dl}}{2.8}$
 (Normal range : 280-295 mosm/kg)
- # Urine Osmolarity ~ (urine specific gravity - 1) x 40000
- # Calculated creatinine clearance (ml / min)
 For Males : $\frac{(140 - \text{age}) \times \text{weight (Kg)}}{72 \times \text{S. Creatinine}}$
 For Females : Calculated value for males x 0.85
- # Measured 2hr creatinine clearance = UV/P
 (Urine flow must be > 30 ml / hr)
 Where
 U = Urine Creatinine in mg / dl
 V = Urine Flow Rates in ml / hr
 P = Serum Creatinine in mg / dl
- # Anion gap = $\text{Na}^+ + \text{K}^+ - (\text{Cl}^- + \text{HCO}_3^-)$
 (normal Value = $16 \pm 4 \text{ mEq / L}$)
- # Alveolar - arterial oxygen difference:
 $\text{PAO}_2 = (\text{P}_{\text{atm}} - \text{PH}_2\text{O}) \text{FIO}_2 - \text{PCO}_2 / \text{RQ}$
 $\text{AaDO}_2 = \text{PAO}_2 - \text{PAO}_2$ (normal 0 - 10 while breathing room air, and upto 25 on 100% oxygen)
- Assume $\text{PH}_2\text{O} = 47$, $\text{RQ} = 0.8$ and $\text{P}_{\text{atm}} = 760$ at sea level
- # Corrected $\text{Ca}^{2+} = \text{Ca}^{2+} - \text{Albumin} + 4$
- # Correction of Hyponatremia:
 Na^+ deficit = $0.6 \times \text{weight (Kg)} \times (\text{target Na}^+ - \text{plasma Na}^+)$
 Where target Na is a maximum of 130mEq / L
 Total dose of 3% saline = $1000 \times (\text{calculated mEq Na deficit}) / 513$
 Rate of correction should not exceed 1-1.5 mEq / L per hour
- # Temperature calculation

$$^{\circ}\text{C} = \frac{5 \times (^{\circ}\text{F} - 32)}{9}$$

$$^{\circ}\text{F} = \frac{(^{\circ}\text{C} \times 9) + 32}{5}$$

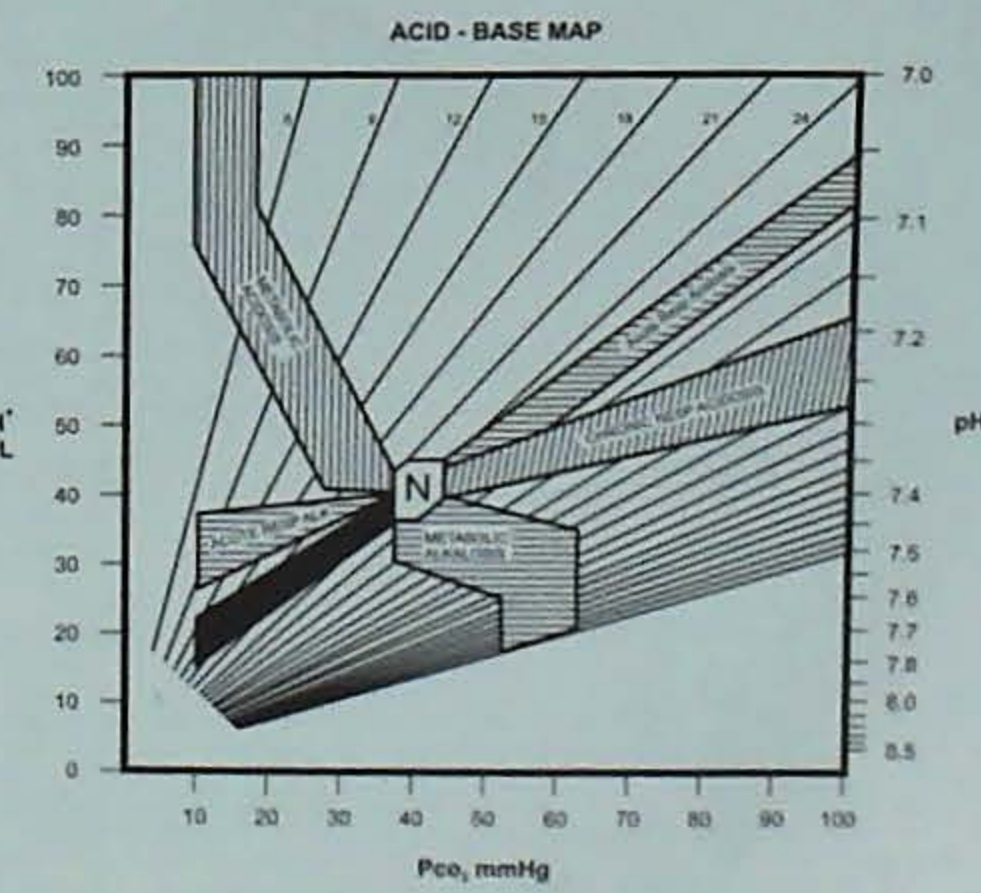
INFUSION CHART

S. No.	Name of Drug	Standard Concentration	Dilution	Infusion Rate
1	Inj. Dopamine	200mg / 5ml	5ml in 45ml NS	3-10 mcg / kg / min to increase CO 10-20 mcg / kg / min to increase BP
2	Inj. Dobutamine	250mg / 5ml	5ml in 45ml NS	3-5 mcg / kg / min
3	Inj. Nor Adrenaline	2mg / 2ml	4ml in 46ml NS / Dext 5%	3-10 mcg / kg / min
4	Inj. Candesartan	150mg / 3ml	3ml in 47ml NS	15 mg IV over 10 min. Infuse at 1mg / min for 6 hrs then 0.5mg / min for 18 hrs
5	Inj. NTG	25mg / 5ml	5ml in 45ml NS	5-10 mcg / min
6	Inj. Vasopressin	10 IU / 1ml	4ml in 36ml NS	0.01 - 0.04 units / hrs
7	Inj. HIR	41 IU / 1ml	1ml in 39 ml NS	0.15 units / kg LV bolus then 0.1 unit / kg / hr
8	Inj. Sodiumbicarbonate	7.5% in 25ml	No Dilution	Based on ABG
9	Inj. KCl	20meq / 10ml	As per the Doctor's Order	20meq / hour
10	Inj. MgSO4	50% / 2ml	10ml in 40ml NS	as per Doctor's order

Note
 1. Co - Cardiac Output
 2. 100mcg = 0.1mg
 3. 500mcg = 0.5mg

IDEAL BODY WEIGHT

Height	Male		Female	
	cm	inches	cm	inches
145	57.1	51.8	47.5	
150	59.1	54.5	50.4	
155	61.0	57.2	53.1	
160	63.0	60.5	56.2	
165	64.9	63.5	59.5	
175	68.9	70.1	66.3	
180	70.9	74.2		
185	72.8	78.1		



ARTERIAL BLOOD GASES INTERPRETATION

Acid - Base Disturbance

Expected pCO₂
 Metabolic Acidosis: $1.5 \times \text{HCO}_3^- + 8 \pm 2$
 Metabolic Alkalosis: $0.9 \times \text{HCO}_3^- + 15$

EXPECTED CHANGE IN HCO₃⁻:
 Respiratory Acidosis: Acute: 1/10 x change in pCO₂, Chronic: 4/10 x change in pCO₂
 Respiratory Alkalosis: Acute: 2/10 x change in pCO₂, Chronic: 5/10 x change in pCO₂

Note: For all calculations assume normal pCO₂ is 40 mm of Hg and HCO₃ is 24

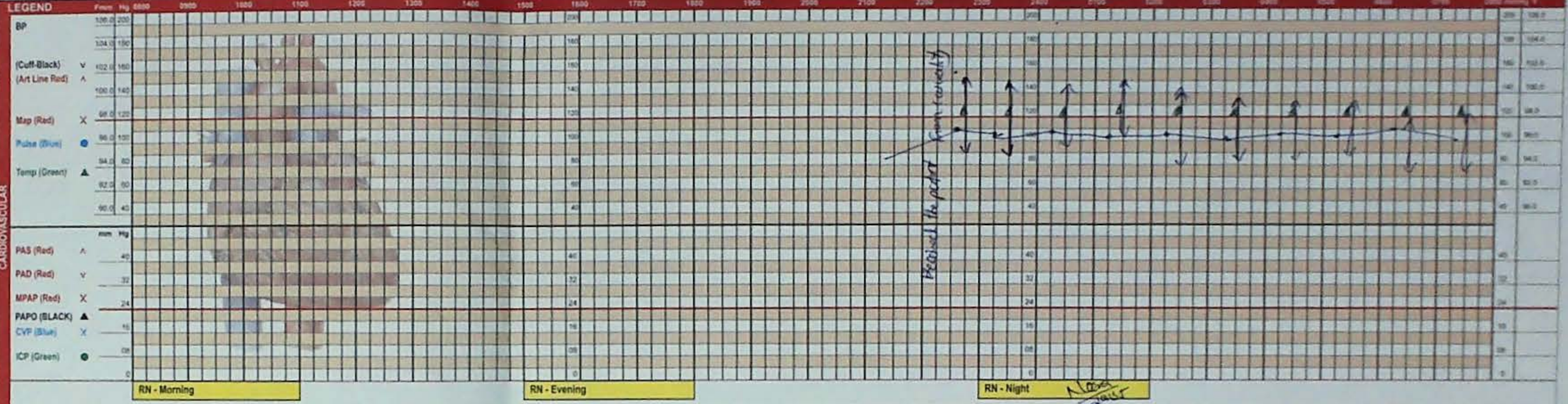
Height
Estimated Wt.
Ideal Wt.
 Investigations Done today
 (✓ Test / Requisition Sent)
 (✓ Report Received)
 Hb, TLC, DLC, Platelet
 ESR, CRP
 PT, APTT, BT, CT
 Bi. Sugar 1, 2, 3, 4, 5, 6
 Bi. Urea, S. Creatinine
 S. Bilirubin
 SGOT/SGPT
 yGT, S. Alk, Phos.
 S. Proteins
 S. Amylase, S. Lipase
 Na⁺ K⁺ Cl⁻
 PO4³⁻ Mg²⁺ Ca²⁺
 Urine Analysis R/M
 Urine Na⁺
 Urine 24 hrs Proteins
 Drug Levels (Name)
 ABG, 1, 2, 3, 4, 5, 6
 A. Lactate 1, 2, 3, 4, 5, 6
 X-Ray Chest 1, 2, 3
 X-Ray Abdomen
 CT (Name site)
 US (Name site)
 ECG
 EEG
 BAL
 Cultures
 (name specimen)
 Gram Stain
 (name specimen)
 Other (specify)

ICU OBSERVATION CHART

Patient Name: **Mrs. KUNSI DEVI**
 Age / Sex: **61yo / Female** IPD No.: **83-14/186**

Address: **FARIDABAD, HANANA, INDIA**

Date: **7/1/19** Days in ICU: **0** Consultant: **D. Dhanraj** ICU Consultant: **D. Harsh**
 Diagnosis: **Pneumonia**
 Active Problem:
 Past History:
 Plans for the Days: Morning Evening Night
 Catheter Type Size Site or Level Insertion Date Days in Use Removal Date
 ET or Tracheotomy Tube
 NG Tube
 Arterial Line
 Central Line
 PA Catheter
 Urinary Catheter



RESPIRATORY
 Ventilatory Settings
 Patient Position
 Eye Opening (1-4)
 Motor Response (1-4)
 Verbal Response (1-5)
 Pupils (R/L) size
 Arm Power (R/L)
 Leg Power (R/L)
 Sedation Pain

RESULTS
 Fluids In/Out
 IV Medications
 Blood
 Enteral Feeding
 Total Cumulative Input
 Urine Output
 NG Output (pH) / Drainage Bag
 Cumulative Output
 Clotting Time / Heparin Rate
 Transfilter or Venous Pressures
 Replacement / Dialysate Solns
 Additions to each bag
 HD Sig & Name / Nurse Initials
 Replacement / Dialysate rates
 Desired Fluid Removal & MO Sig
 Fluid Removed Cumulative
 Total Cumulative Output

FOR INTUBATED PATIENT
 1. Appears oriented & able to converse
 2. Responsive but unable to converse/questionable
 3. Generally unresponsive
 4. Paralyzed / Ficker
 5. With Gravid eliminated
 6. Against gravity not needed
 7. Against resistance but < 4 kg force
 8. Agitated & restless
 9. Anxious & uncomfortable
 10. Awake but calm
 11. Roused by voice
 12. Roused by touch
 13. Roused by painful stimuli
 14. Unresponsive
 15. In Reflex sleep
 16. Paralyzed

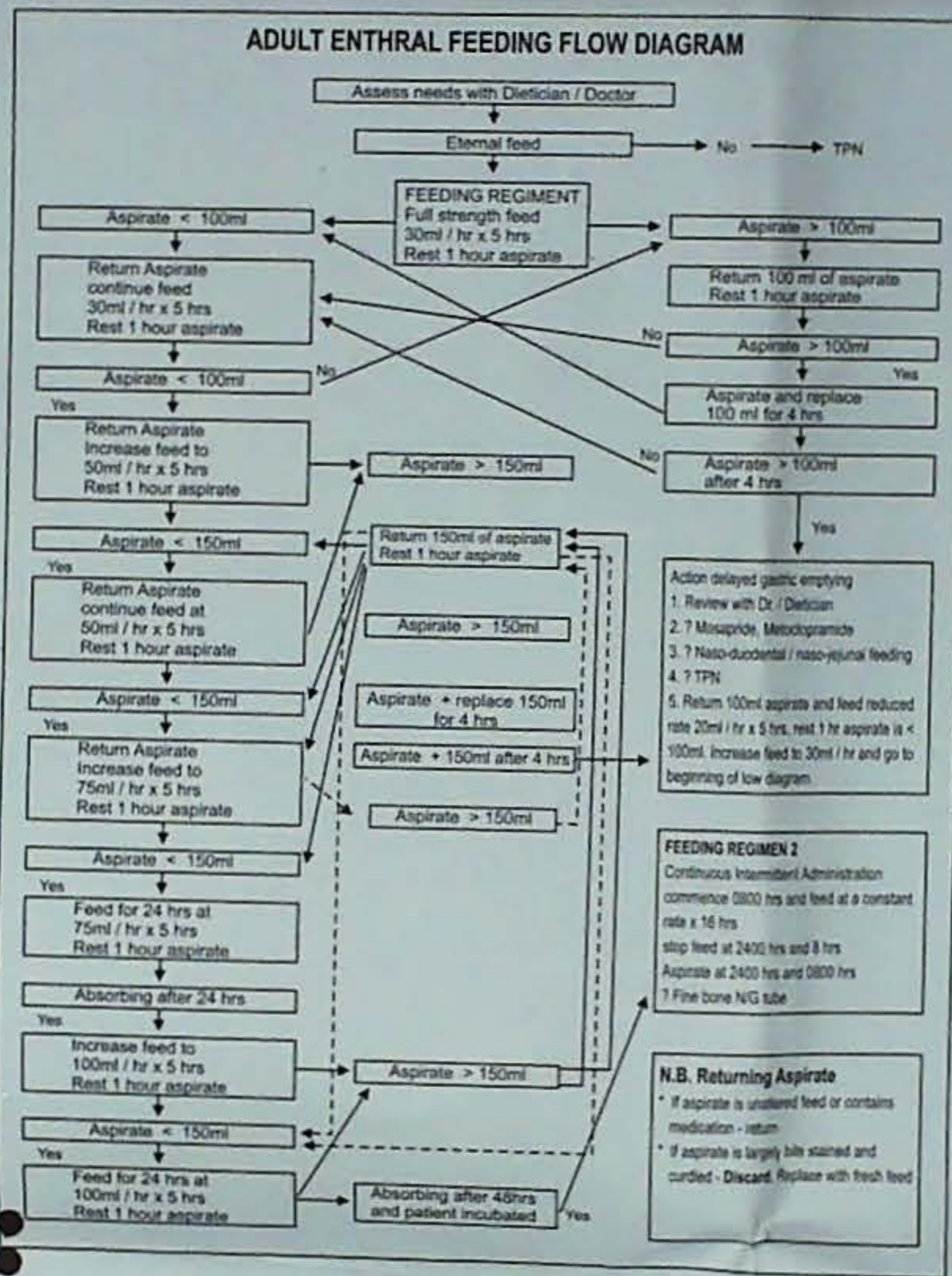
Eye Care
 Mucous
 Dry
 Flat
 Droop
 Excess

Evening **Night**
 AIR MATTRESS
 M : OK
 E : OK
 N : OK

PLAN / COMMENTS
SEMI-LOGS
 TIME FLUID TYPE ADDITIVES VOLUME RATE OF REGIMEN ROUTE SIGNATURE
TOTAL IN (+)
TOTAL OUT (-)
BALANCE (+/-)

FLUIDS IN
FLUIDS OUT
BALANCE
TOTAL IN (+)
TOTAL OUT (-)
BALANCE (+/-)

Date & Time	ABG Report	Date & Time	ABG Report	Date & Time	ABG Report



DRUG CALCULATIONS

STANDARD IV VOLUS

Formula
 "What you want x volume of diluent - Amount to give in ml.
 What you have in vial / ampoule
 Must be in same unit of measure i.e mg mcg g.
 E.G. need to give 150 mg Phenytoin (Comes as 250mg / 5ml)

$$\frac{150 \times 5}{250} = 3\text{mls}$$

MCG / KG / MIN

Formula
 Mg of drug x 1000 = micrograms / ml of drug (mcg / ml)
 Volume (ml)

$$\frac{\text{Mg} \times 1000}{\text{Volume}} = \text{mcg / ml}$$

 ... Mcg / ml - 60 minutes x rate infusion is running = mcg / kg / min
 e.g. start adrenaline (10mg in 100mls) running at 4mls / hr on 70 kg person.
 How many mcg / kg / min?

$$\frac{10 \times 1000}{100} = 100 \text{ (mcg / ml)}$$

$$100 \times 4 = 400 \text{ (mcg / hr)}$$

$$\frac{400}{70} = 5.7 \text{ (mcg / kg / min)}$$

TO SET MLS PER HOUR

Formula
 Amount Of Drug Required x kg x 60 minutes + MCG per ml of Drug = MLS per hour
 e.g. Start Adrenaline (10mg in 100mls) at 0.2 mcg / kg min pt 70kg

$$0.2 \times 70 \times 60 + 100 = 8.4 \rightarrow \text{start infusion at } 8.4 \text{ mls / hr}$$

PERCENTAGES INTO MGS

Formula

$$\frac{\% \text{ of solution} \times 1000}{100} = \text{mg / ml or } \frac{\% \text{ of solution} \times 10}{100} = \text{mg / ml}$$

 e.g. How many mg / ml are there in 20% Mannitol?

$$\frac{20 \times 1000}{100} = 200 \text{ mg / ml or } \frac{20 \times 10}{100} = 200 \text{ mg / ml}$$

 e.g. How many mg / ml are there in 8.4 % NaHCO3?

$$\frac{8.4 \times 1000}{100} = 84 \text{ mg / ml or } \frac{8.4 \times 10}{100} = 84 \text{ mg / ml}$$

Useful Formula for ICU

- # Serum Osmolarity = $2 \times \text{Na} + \frac{\text{Glucose}}{18} + \frac{\text{BUN mg/dl}}{2.8}$
 (Normal range : 280-295 mosm/kg)
- # Urine Osmolarity - (urine specific gravity - 1) x 40000
- # Calculated creatinine clearance (ml / min)
 For Males : $\frac{(140 - \text{age}) \times \text{weight (Kg)}}{72 \times \text{S. Creatinine}}$
 For Females : Calculated value for males x 0.85
- # Measured 2hr creatinine clearance = UV/P
 (Urine flow must be > 30 ml / hr)
 Where
 U = Urine Creatinine in mg / dl
 V = Urine Flow Rates in ml / hr
 P = Serum Creatinine in mg / dl
- # Anion gap = $\text{Na}^+ + \text{K}^+ - (\text{Cl}^- + \text{HCO}_3^-)$
 (normal Value = $16 \pm 4 \text{ mEq / L}$)
- # Alveolar - arterial oxygen difference:
 $\text{PAO}_2 = (\text{P}_{\text{atm}} - \text{PH}_2\text{O}) \text{FIO}_2 - \text{PCO}_2 / \text{RQ}$
 $\text{AaDO}_2 = \text{PAO}_2 - \text{PAO}_2$ (normal 0 - 16 while breathing room air, and upto 100 on 100% O2)
 Assume $\text{PH}_2\text{O} = 47$, $\text{RQ} = 0.8$ and $\text{P}_{\text{atm}} = 760$ at sea level
- # Corrected $\text{Ca}^{2+} = \text{Ca}^{2+} - \text{Albumin} + 4$
- # Correction of Hyponatremia:
 Na^+ deficit = $0.5 \times \text{weight (Kg)} \times (\text{target Na}^+ - \text{plasma Na}^+)$
 Where target Na is a maximum of 130mEq / L
 Total dose of 3% saline = $1000 \times (\text{calculated mEq Na deficit}) / 51$
 Rate of correction should not exceed 1-1.5 mEq / L per hour
- # Temperature calculation

$$\text{C} = \frac{5}{9} (\text{F} - 32)$$

$$\text{F} = \frac{9}{5} (\text{C} \times 1) + 32$$

INFUSION CHART

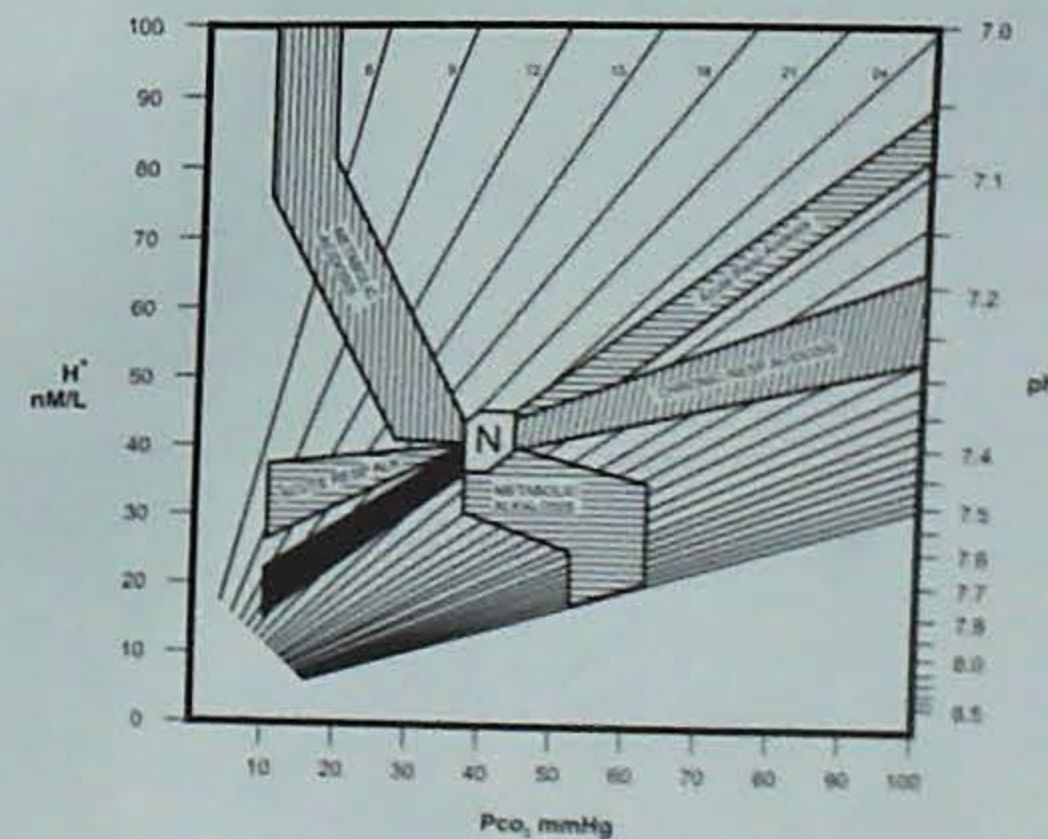
S. No.	Name of Drug	Standard Concentration	Dilution	Infusion Rate
1	Inj. Dopamine	200mg / 5ml	5ml in 45ml NS	3-10 mcg / kg / min to increase CO 10-20 mcg / kg / min to increase BP
2	Inj. Dobutamine	250mg / 5ml	5ml in 45ml NS	3-5 mcg / kg / min
3	Inj. Nor Adrenaline	2mg / 2ml	4ml in 46ml NS / Dext 5%	3-10 mcg / kg / min
4	Inj. Cordarone	150mg / 3ml	3ml in 47ml NS	15 mg IV over 10 min. Infuse at 1mg / min for 6 hrs then 0.5mg / min for 18 hrs
5	Inj. NTG	25mg / 5ml	5ml in 45ml NS	5-10 mcg / min
6	Inj. Vasopressin	10 IU / 1ml	4ml in 36ml NS	0.01 - 0.04 units / hrs
7	Inj. HPR	41 IU / 1ml	1ml in 39 ml NS	0.15 units / kg I.V bolus then 0.1 unit / kg / hr
8	Inj. Sodabibcarbonate	7.5% in 25ml	No Dilution	Based on ABG
9	Inj. KCL	20meq / 10ml	As per the Doctor's Order	20meq / hour
10	Inj. MgSO4	50% / 2ml	10ml in 40ml NS	as per Doctor's order

Note :
 1. Co - Cardiac Output
 2. 100mcg - 0.1mg
 3. 500mcg - 0.5mg

IDEAL BODY WEIGHT

Height	Male		Female	
	cm	inches	cm	inches
145	57.1	57.1	47.5	47.5
150	59.1	59.1	50.4	50.4
155	61.0	61.0	53.1	53.1
160	63.0	63.0	56.2	56.2
165	64.9	64.9	59.5	59.5
175	68.9	68.9	66.3	66.3
180	70.9	70.9		
185	72.8	72.8		

ACID - BASE MAP



ARTERIAL BLOOD GASES INTERPRETATION Acid - Base Disturbance

Expected pCO₂
 Metabolic Acidosis: $1.5 \times \text{HCO}_3^- + 8 \pm 2$
 Metabolic Alkalosis: $0.9 \times \text{HCO}_3^- + 15$
EXPECTED CHANGE IN HCO₃⁻
 Respiratory Acidosis: Acute: 1/10 x change in pCO₂, Chronic: 3/10 x change in pCO₂
 Respiratory Alkalosis: Acute: 2/10 x change in pCO₂, Chronic: 5/10 x change in pCO₂

Note: For all calculations assume normal pCO₂ is 40 mm of Hg and H₂O is 47



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ8D

GST No. : 06AAACQ2238D1ZW



DL No. : 4150-OB, 4150-B, 4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256 Issue No : H0138619/79191
Patient Name : Mrs. Kunti Devi Date/Time : 10/01/2019 12:02PM
UHID : 900035072 Ward/ Bed No : Economy 3 (1284)/EC1284_002
Sponsor : Cash Paying Location : IP Pharmacy Healthcity (A004)
Mobile No :
Remarks : Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Indent No : 78484 Status : Post
Indent Date : 10/01/2019 11:54AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	TICARNIC 3.1GM INJ-(NOS)	30041090	TKDJ8B6	UNITE D BIOTE CH PVT. LTD.	30/09/2020	742.0 0	4	4	2968.00	0.00	2968.00
2	CLARIMIN INJ 500MG-(NOS)	30042063	CNLH8A1 1	UNITE D BIOTE CH PVT. LTD.	30/07/2020	995.0 0	2	2	1990.00	0.00	1990.00
3	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	3	3	140.40	0.00	140.40

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 10/01/2019 12:02 PM

1 of 2



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AACQJ...BD

GST No. : 06AAACQ2238D1ZW

DL No . 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78484

Issue No : H0138619/79191
Date/Time : 10/01/2019 12:02PM
Ward/Bed No : Economy 3 (1284)/EC1284_002
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 10/01/2019 11:54AM

4	POSIFLUSH SPF SYRINGE 10ML-(NOS)	90183100	8234837	BECTO N DICKI NSON	30/07/2021	39.00	4	4	156.00	0.00	156.00
5	SYRINGE DISPOSABLE 5ML (B.D)-(NOS)	90183100	18J0881		30/08/2023	15.50	5	6	77.50	0.00	77.50
6	SYRINGE DISPOSABLE 10ML (B.D)-(NOS)	90183100	18H0581		30/07/2023	21.00	4	4	84.00	0.00	84.00
7	B 100MG INJ-(NOS)	30049099	VN-05		28/02/2020	50.40	1	1	50.40	0.00	50.40
8	NEO DROL 40MG INJ (SUB OF :- SOLU MEDROL 40MG)-(NOS)	30049099	89987		30/09/2021	56.50		1	56.50	0.00	56.50
9	RL 500ML FLEXIDRIP-(NOS)	30045020	2183320		30/06/2021	47.69	1	1	47.69	0.00	47.69

Sub Total : 5570.49

Disc Amount : 0.00

Net Bill Amount : 5570.49

Checked By :

Prepared By : Rajesh Kumar

Acknowledge By : Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 10/01/2019 12:02 PM

2 of 2



Patient Prescription

Patient Name	: Mrs. Kunti Devi	Indent No.	: 78484
UHID	: 900035072	Indent Date	: 10/01/2019 11:54AM
Consultant Name	: Danish Jamal	Indent Type	: Routine Orders
Bed No	: EC1284_002	Ward	: Economy 3 (1284)
Company	: Cash Paying	Consultant	: Danish Jamal
To Store	: IP Pharmacy Healthcity (A004)	Indent By	: Nishi Rawat
Patient Address	: Faridabad , , FARIDABAD, Haryana, INDIA	IP No	: 33-19/256

S#	Item Name	Qty	Pending Qty
1	PANSEC IV	3.00	3.00
2	TICARNIC 3.1GM INJ	4.00	4.00
3	CLARIMIN INJ 500MG	2.00	2.00
4	B 100MG INJ	1.00	1.00
5	SOLU MEDROL 40MG	1.00	1.00
6	SYRINGE DISPOSABLE 5ML (B.D)	5.00	5.00
7	SYRINGE DISPOSABLE 10ML (B.D)	4.00	4.00
8	POSIFLUSH SPF SYRINGE 10ML	4.00	4.00



QRG MEDICARE LTD.
Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ273D
GST No. : 06AAACQ2238D1ZW



DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78509

Issue No : H0138619/79215
Date/Time : 10/01/2019 12:56PM
Ward/Bed No : Economy 3 (1284)/EC1284_002
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Dani:h Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 10/01/2019 12:46PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	NS 100ML FLEXIDRIP-(NOS)	3004	2184634	CLARI S OTSUK A PVT. LTD.	30/09/2021	35.52	4	4	142.08	0.00	142.08
2	DUOLIN RESPULES-(NOS)	30049099	SN80991		30/07/2020	11.64	1	1	11.64	0.00	11.64

Sub Total : 153.72

Disc Amount : 0.00

Net Bill Amount : 153.72

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By : RajeshKumar

Printed Date : 10/01/2019 12:56 PM

1 of 1



QRG MEDICARE LTD.

Basement-1, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAAC2238D1ZW



DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78871

Issue No : H0138619/79564
Date/Time : 11/01/2019 12:51PM
Ward/Bed No : Economy 3 (1284)/EC1284_002
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 11/01/2019 12:48PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	TICARNIC 3.1GM INJ-(NOS)	30041090	TKDJ886	UNITE D BIOTE CH PVT. LTD.	30/09/2020	742.0 0	4	4	2968.00	0.00	2968.00
2	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	2	2	93.60	0.00	93.60
3	NS 100ML FLEXIDRIP-(NOS)	3004	2184634	CLARI S OTSUK A PVT. LTD.	30/09/2021	35.52	6	6	213.12	0.00	213.12
4	VENFLON 20 CANULA B.D.-(NOS)	90183920	18J2541F	BECTO N DICKI NSON	30/08/2023	132.0 0	1	1	132.00	0.00	132.00

Checked By :

Prepared By :

Sunil Kumar
Sunil

Acknowledge By :

Sunil Kumar

Printed By: SunilKumar

Printed Date : 11/01/2019 12:51 PM

1 of 2



QRG MEDICARE LTD.

Basement - C, Block-A, Plot No - 01, Sector 16, Faridabad-121002 Haryana

PAN No. : AACQ2238D

GST No. : 06AAAC1238D1ZW



DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78871

Issue No : H0138619/79564
Date/Time : 11/01/2019 12:51PM
Ward/Bed No : Economy 3 (1284)/EC1284_002
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post

Indent Date : 11/01/2019 12:48PM

5	TEGADERM 1633-(NOS)	30051020	R1018090 4	3M	30/09/2021	123.0 0	1	1	123.00	0.00	123.00
6	IV SET (POLYMED)-(NOS)	9018	4141018M		30/10/2023	129.0 0	2	2	258.00	0.00	258.00
7	SYRINGE DISPOSABLE 10ML (B.D)-(NOS)	90183100	18H0581		30/07/2023	21.00	5	5	105.00	0.00	105.00
8	NEO DROL 40MG INJ (SUB OF :- SOLU-CORT 40MG INJ)-(NOS)	30049099	89988		30/10/2021	56.50		1	56.50	0.00	56.50
9	CLARIMIN 500MG TAB-(04N)	30042063	CNTK8C2	UNITE D BIOTE CH PVT. LTD.	30/10/2020	51.85	8	8	414.80	0.00	414.80
10	DUOLIN RESPULES-(NOS)	30049099	SN80865		30/07/2020	11.64	5	5	58.20	0.00	58.20

Sub Total : 4422.22

Disc Amount : 0.00

Net Bill Amount : 4422.22

Checked By :

Prepared By :

Sunil Kumar

Acknowledge By :

Sunil Kumar

Printed By: SunilKumar

Printed Date : 11/01/2019 12:51 PM

2 of 2



QRG MEDICARE LTD.
 Basement-02, Block A, Plot No - 01, Sector
 16, Faridabad-121004 Haryana

PAN No. : AAACQ2238D
 GST No. : 06AAACQ2238D1ZW
 DL No. : 4150-OB,4150-1
 HR-770700-CW
 HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/256
 Patient Name : Mrs. Kunti Devi
 UHID : 900035072
 Sponsor : Cash Paying
 Mobile No :
 Remarks :
 Indent No : 77599

Issue No : H0138619/78269
 Date/Time : 08/01/2019 10:03AM
 Ward/Bed No : MICU 1/MICU006
 Location : IP Pharmacy Healthcity (A004)
 Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
 Status : Post
 Indent Date : 08/01/2019 9:40AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	FRAGMIN 5000I.U.-(NOS)	30049099	54909851	PFIZE R	30/01/2021	603.9 0	1	1	603.90	0.00	603.90
2	ANTIFLU TAB 1x10-(10N)	30049099	GG80439		28/02/2022	52.00	10	10	520.00	0.00	520.00

Sub Total : 1123.90

Disc Amount : 0.00

Net Bill Amount : 1123.90

Imants
28/01/19

Checked By :

Prepared By :
 Naveen Kaushik
 Acknowledge By : Naveen Kaushik



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-151002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ223PD1ZW

DL No. : 4150-OB, 4150-1, 4149-X
HR-770700-W/H
HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78071

Issue No : H0138619/78739
Date/Time : 09/01/2019 10:54AM
Ward/Bed No : HDU /IMCU010
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 09/01/2019 10:37AM

Wajant

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	BROZEET SYP-(NOS)	30049099	17080010 01	ALEMB IC PHAR MACE UTICA LS LTD.	30/07/2019	77.50	1	1	77.50	0.00	77.50
2	NEO DROL 40MG INJ (SUB OF :- SOLU MEDROL 40MG)-(NOS)	30049099	89988		30/10/2021	56.50		2	113.00	0.00	113.00
3	HIFENAC P TAB-(15N)	30049069	KX1820	INTAS	30/05/2020	4.27	15	15	64.05	0.00	64.05
4	LEVOCET M TAB (SUB OF :- TELEKAST-L TAB)-(10N)	30049099	GT17449A		30/11/2020	7.09		10	70.90	0.00	70.90
5	INHALEX RESPULES-(NOS)	30049099	SA66366	CIPLA LTD.	30/11/2019	20.50	5	4	82.00	0.00	82.00
6	INHALEX RESPULES-(NOS)	30049099	SA73308	CIPLA LTD.	30/06/2020	20.50	5	1	20.50	0.00	20.50

Checked By :

Prepared By :

Satish Kumar

Acknowledge By :

Satish Kumar

Printed By: SatishKumar

Printed Date : 09/01/2019 10:53 AM

1 of 2



QRG MEDICARE LTD.

Basement-02, 5th Floor-A, Plot No - 01, Sector 16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No. : 4150-OB,4150-4149-X
HR-770700-O../H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 78071

Issue No : H0138619/78739
Date/Time : 09/01/2019 10:54AM
Ward/Bed No : HDU /IMCU010
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 09/01/2019 10:37AM

7	FLUTIFLO NASAL SPRAY-(NOS)	30049094	A18096SV	LUPIN	30/09/2020	267.75	1	1	267.75	0.00	267.75
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Sub Total : 695.70

Disc Amount : 0.00

Net Bill Amount : 695.70

Checked By :

Prepared By : Satish Kumar

Acknowledge By : Satish Kumar

Printed By: SatishKumar

Printed Date : 09/01/2019 10:53 AM

2 of 2



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector 16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

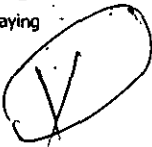
GST No. : 06AAACQ2238D1ZW



DL No. : 4150, 4150-B, 4149-X
HR-7/00-OW/H
HR-7/0700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77878



Issue No : H0138619/78567
Date/Time : 08/01/2019 7:18PM
Ward/Bed No : HDU /IMCU010
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 08/01/2019 6:36PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	TICARNIC 3.1GM INJ-(NOS)	30041090	TKDJ8B6	UNITE D BIOTECH PVT. LTD.	30/09/2020	742.00	4	4	2968.00	0.00	2968.00
2	CLARIMIN INJ 500MG-(NOS)	30042063	CNLH8A11	UNITE D BIOTECH PVT. LTD.	30/07/2020	995.00	2	2	1990.00	0.00	1990.00
3	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	1	1	46.80	0.00	46.80
4	FRAGMIN 500MG I.V.-(NOS)	30049099	54909851	PFIZER	30/01/2021	603.90	1	1	603.90	0.00	603.90

Checked By :

Prepared By : Dheeraj Kumar

Acknowledge By : Dheeraj Kumar

Printed By: DheerajKumar

Printed Date : 08/01/2019 19:18 PM

1 of 2



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAAQ2238D1ZW



DL No. : 4156005, 4150-B, 4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77878

Issue No : H0138619/78567
Date/Time : 08/01/2019 7:18PM
Ward/Bed No : HDU /IMCU010
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 08/01/2019 6:36PM

5	B 100MG INJ-(NOS)	30049099	VN-06		30/05/2020	50.40		1		1	50.40	0.00	50.40
6	DUOLIN RESPULES-(NOS)	30049099	SN80865		30/07/2020	11.64		5		5	58.20	0.00	58.20
7	BUDECORT RESP.1MG-(NOS)	30049099	SA82713	CIP'LA LTD.	30/06/2020	22.50		5		5	112.50	0.00	112.50
8	VOLINI GEL 15GM (SUB OF :- VOLINI GEL)-(NOS)	30049099	3980019	RANBAXY	30/09/2020	55.00				1	55.00	0.00	55.00

Sub Total : 5884.80

Disc Amount : 0.00

Net Bill Amount : 5884.80

Checked By :

Prepared By :

Dheeraj Kumar

Acknowledge By :

Dheeraj Kumar

Printed By: DheerajKumar

Printed Date : 08/01/2019 19:18 PM

2 of 2



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No. : 4100-AB,4150-B,4149-X
HK:770700-OW/H
HR:770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77902



Issue No : HD138619/78579
Date/Time : 08/01/2019 7:33PM
Ward/Bed No : HDU /IMCU010
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 08/01/2019 7:10PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	POLYCISER(POLYMED)-(NOS)	90183990	8009118L		30/09/2023	521.00	1	1	521.00	0.00	521.00

Sub Total : 521.00

Disc Amount : 0.00

Net Bill Amount : 521.00

Checked By :

Prepared By :

Dheeraj Kumar

Acknowledge By :

Dheeraj Kumar

Printed By: DheerajKumar

Printed Date : 08/01/2019 19:33 PM

1 of 1



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AA-2238D1ZW



DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks : 77525
Indent No :

Issue No : H0138619/78190
Date/Time : 08/01/2019 12:07AM
Ward/Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date :

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	ELTROXIN 100MCG-(NOS)	30049099	NG062	GLAXO	30/04/2020	125.10		1	125.10	0.00	125.10

Sub Total : 125.10

Disc Amount : 0.00

Net Bill Amount : 125.10

Checked By :

12/10/19

Prepared By :

Satish Kumar

Acknowledge By :

Satish Kumar

Printed By: SatishKumar

Printed Date : 08/01/2019 00:06 AM

1 of 1



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AA 2238D1ZW

DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77525

Issue No : H0138619/78189
Date/Time : 08/01/2019 12:04AM
Ward/Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 07/01/2019 11:38PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	TICARNIC 3.1GM INJ-(NOS)	30041090	TKDJ8B5	UNITE D BIOTE CH PVT. LTD.	30/09/2020	742.0 0	4	4	2968.00	0.00	2968.00
2	CLARIMIN INJ 500MG-(NOS)	30042063	CNLH8A1 1	UNITE D BIOTE CH PVT. LTD.	30/07/2020	995.0 0	2	2	1990.00	0.00	1990.00
3	PANSEC IV-(NOS)	30049039	AFM8116	CIPLA LTD.	30/08/2020	46.80	1	1	46.80	0.00	46.80

Checked By : *R 12:10 PM*

Prepared By :

Satish Kumar
Satish Kumar

Acknowledge By :

Satish Kumar

Printed By : SatishKumar

Printed Date : 08/01/2019 00:03 AM

1 of 5



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridkot-121002 Haryana

IN PATIENT ISSUE SLIP

PAN No. : AAACQ2238D

GST No. : 06AAA 238D1ZW

DL No. : 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H



IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77525

Issue No : H0138619/78189
Date/Time : 08/01/2019 12:04AM
Ward/Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post

Indent Date : 07/01/2019 11:38PM

4	NS 100ML FLEXIDRIP-(NOS)	3004	2184634	CLARI S OTSUK A PVT. LTD.	30/09/2021	35.52	8	8	284.16	0.00	284.16
5	NS 500ML FLEXIDRIP-(NOS)	30049099	2184121	CLARI S OTSUK A PVT. LTD.	30/08/2021	74.26	3	3	222.78	0.00	222.78
6	ANTIFLU TAB 1x10-(10N)	30049099	GG80439		28/02/2022	52.00	10	10	520.00	0.00	520.00
7	DISPOVAN SYRINGE 50ML-(NOS)	90183100	853501WJ R2	HMD	30/11/2023	35.00	1	1	35.00	0.00	35.00
8	POSIFLUSH SPF SYRINGE 10ML-(NOS)	90183100	8234837	BECTO N DICKI NSON	30/07/2021	39.00	5	5	195.00	0.00	195.00

Checked By :

Prepared By :

Satish Kumar

Acknowledge By :

Satish Kumar

Printed By : SatishKumar

Printed Date : 08/01/2019 00:03 AM

2 of 5



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No. : 4150-OB,4150-B,4149-X
HR:770700-OW/H
HR:770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77525

Issue No : H0138619/78189
Date/Time : 08/01/2019 12:04AM
Ward/ Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post

Indent Date : 07/01/2019 11:38PM

9	PRESSURE MONITORING LINE 200CM(KPM)-(NOS)	90189099	1809045	BL LIFESC IENCE	30/08/2021	285.0 0	1	1	285.00	0.00	285.00
10	Smart Site Triple-extension(BD)-(NOS)	9018	18076526		30/07/2021	650.0 0	1	1	650.00	0.00	650.00
11	BED BATH TOWEL(VISION)-(NOS)	30049099	VB0156		30/10/2020	359.0 0	1	1	359.00	0.00	359.00
12	IV SET (POLYMED)-(NOS)	9018	4141018M		30/10/2023	129.0 0	1	1	129.00	0.00	129.00
13	NASEL PRONG A (POLYMED) (SUB OF :- NASEL PRONG A)-(NOS)	90189099	1814715M		30/10/2023	196.0 0		1	196.00	0.00	196.00
14	SYRINGE DISPOSABLE 2ML (B.D) (SUB OF :- DISPOVAN SYRINGE 2ML)-(NOS)	90183100	18J0781		30/08/2023	10.00		5	50.00	0.00	50.00
15	SYRINGE DISPOSABLE 5ML (B.D) (SUB OF :- DISPOVAN SYRINGE 5ML)-(NOS)	90183100	18J0881		30/08/2023	15.50		5	77.50	0.00	77.50
16	SYRINGE DISPOSABLE 10ML (B.D) (SUB OF :- DISPOVAN SYRINGE 10ML)-(NOS)	90183100	18K0181		30/09/2023	21.00		5	105.00	0.00	105.00

Checked By :

Prepared By : Satish Kumar

Acknowledge By : Satish Kumar

Printed By : SatishKumar

Printed Date : 08/01/2019 00:03 AM

3 of 5



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector 16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No . 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77525

Issue No : H0138619/78189
Date/Time : 08/01/2019 12:04AM
Ward/Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 07/01/2019 11:38PM

17	DIGITAL THERMOMETER (MICROGENE)-(NOS)		MT10270 119		30/12/2025	310.0 0	1	1	310.00	0.00	310.00
18	HOSPISEPT PLUS HANDRUB (WITH PUMP) 500ML (SUB OF :- BACTORUB 500ML (PINK))-(NOS)	9018	NHP-18012		30/10/2021	525.0 0		1	525.00	0.00	525.00
19	B 100MG INJ-(NOS)	30049099	VN-05		28/02/2020	50.40	2	2	100.80	0.00	100.80
20	ECG ELECTRODS-(NOS)	90181100	37518S5M L5	MEDIC O ELECT RODE	31/03/2021	18.00	5	5	90.00	0.00	90.00
21	MASK N95 (B210) 3M-(NOS)	90200000	D1820407 4	3M	30/07/2023	105.0 0	5	5	525.00	0.00	525.00
22	SURGICAL (UNDERPAD)-(NOS)	96190040	001	NOBEL HYGIE NE	30/12/2024	700.0 0	1	1	700.00	0.00	700.00
23	DUOLIN RESPULES-(NOS)	30049099	SN80865		30/07/2020	11.64	5	5	58.20	0.00	58.20
24	BUDECORT RESP.0.5-(NOS)	30049099	SAB1650	CIPLA LTD.	30/03/2020	21.65	5	5	108.25	0.00	108.25

Checked By :

Prepared By :

Satish Kumar
Satish Kumar

Acknowledge By :

Satish Kumar

Printed By: SatishKumar

Printed Date : 08/01/2019 00:03 AM

4 of 5



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector
16, Faridkot-121002 Haryana

IN PATIENT ISSUE SLIP

PAN No. : AAACQ223ED

GST No. : 06AAACQ2238D1ZW



DL No . 4150-OB,4150-B,4149-X
HR-770700-OW/H
HR-770700-W/H

IP No : 33-19/256
Patient Name : Mrs. Kunti Devi
UHID : 900035072
Sponsor : Cash Paying
Mobile No :
Remarks :
Indent No : 77525

Issue No : H0138619/78189
Date/Time : 08/01/2019 12:04AM
Ward/Bed No : MICU 1/MICU006
Location : IP Pharmacy Healthcity (A004)
Doctor Name : Dr. Danish Jamal (QRG MEDICARE LTD.)
Status : Post
Indent Date : 07/01/2019 11:38PM

Sub Total : 10530.49

Disc Amount : 0.00

Net Bill Amount : 10530.49

Checked By :

Prepared By : Satish Kumar

Acknowledge By : Satish Kumar

Printed By: SatishKumar

Printed Date : 08/01/2019 00:03 AM

5 of 5