

# PARK MEDICLAIM INSURANCE TPA PVT LTD

THIRD PARTY ADMINISTRATOR-HEALTH SERVICES  
(AN ISO 9001:2008 CERTIFIED COMPANY)

Authorisation For the Cashless request for Hospitalisation under Policy number -

361102/50/18/10006524

Authorisation No: NICDR2/208624 / G-694018

## VERY IMPORTANT NOTE

Grant Date : 18/01/2019

To  
ORG MEDICARE LTD. FARIDABAD

Hospital Code: - H-16234

Get the Declaration form sent along with, duly filled in and signed by Patient/Attendant and hospital representative.

Receipt for Co-Payment to be submitted separately wherein Co-Payment clause is applicable as per A.L.

Hospital is advised to Submit the bills for payment of claims within 15 days of discharge in all circumstances. Otherwise the claim will be treated as no claim.

Name of the Ins. Co. NATIONAL INSURANCE COMPANY LIMITED

Insured ASHOK CHAWLA

Claimant ASHOK CHAWLA(10006524)

Patient ASHOK CHAWLA

DOA 10/01/2019

Diagnosis SPONTANEOUS BLEED IN POSTERIOR FOSSA ACC HTN TYPE 2 DM MELLITUS  
UTI (PSEUDOMONAS AERUGINOSA)

Further guarantee of payment up to Rs. 41,142.00 (Rs. forty-one thousand one hundred forty-two) only in addition to Rs 100,000.00 (one hundred thousand) only granted earlier.

Hospital may please note that the amount exceeding a total of Rs. 141,142.00 (Rs. one hundred forty-one thousand one hundred forty-two) only will require further authorization.

To collect of 10,672/-  
Jellu

## ROOM RENT LIMIT RS.4000/- & ICU LIMIT RS.7000/- PER DAY INCLUDING NURSING CARE.

Hospital must collect the excess amount over & above the authorisation amount from the concerned member prior to discharge from the hospital as per rules and regulations of the hospital.

Hospital must collect the expenses on account of the following directly from the concerned member before discharge from the hospital : Registration fee, Admission charges, Misc. charges, Telephone expenses, Attendant's stay, Food, Washing charges, Private Nurse, Food supplements like Glucon D, Bournvita, Horlicks, etc. Toiletries like Soap, Shampoo, Oils etc. Perfumed antiseptic cream, Cosmetic treatment of Eyes / Teeth including their accessories, Water Purifiers and Energy drinks etc. and other expenses, which are not related to illness / treatment / hospitalization.

Hospital may please note that final settlement of the claim will be as per agreed upon PPN Package rates. If patient utilizes the higher room rent or where he prefers to take a better implant or care which is more than Usual Reasonable and Customary Clause(UCR), the claim will be settled as per PPN rates or as per UCR whichever is less.

Hospital must submit following documents for the final settlement of the hospital bill to our office:-

1. Claim form of the NATIONAL INSURANCE COMPANY LIMITED duly signed by the concerned member
2. Final bill of the hospital in original (providing breakup of all expenses in corresponding heads / units / services) duly signed by the concerned member.
3. Photocopy of ID cards of Park Mediclaim Consultants Private Limited.
4. Original discharge summary.
5. All investigative reports, in original including all films of X-Rays / USG / MRI / CT scan etc.
6. Hospital must attach the sticker of IOI / Invoice, if used in the surgical procedure.
7. Please provide details of your bank details i.e. Bank Name, A/c No, Branch and City.

For Park Mediclaim Insurance TPA Pvt. Lt

Authorised Signatory

Acknowledgement by Patient/Attendant

Name & Relation :

PARK MEDICLAIM INSURANCE TPA PVT LTD

NICDR2/208624

Description	Claim Amt	Dis Amt	Deduction Reason
PPN Package(Excludes Other Charges)			
ICU Charges	28000		
Room Charges	16000		
IV Inj Admin. or Blood Transf.			
RMO Charges			
Dr Professional Fee	13350		
Anesthesia and O.T. Charges	8840	1400	1400/- infusion pump
Implant Charges			
Investigation Charges	55436	260	260/- complete blood group
Medicine and Consumables	27988	6812	180/- eeg electrodes+359/- bed bath charges+700/- underpad+123/- tegaderm+54/- eeg electrodes+875/- urometer+65/- gloves+180/- eeg electrodes+359/- bed bath charges+525/- handrub+359/- bed bath charges+359/- bed bath charges+359/- bed bath charges+123/- tegaderm+915/- adult diaper+123/- tegaderm+795/- adult diaper+359/- bed bath charges
Dialysis, Chemo or RT, Blood, Oxy, Donor			
Ambulance Charges			
Hospital Cash/Attendant Charges			
Miscellaneous	2200	2200	700/- admin charges 1500/- nimbus
Total	151814	10672	



**National Insurance Company Limited**  
 Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

**National Mediclaim Policy**  
 PLEASE FAX / SCAN PAGE 1 ONLY  
 REQUEST FOR CABLES & HOSPITALISATION FOR MEDICLAIM INSURANCE POLICY

(To be filled in Fax / Scan)

**DETAILS OF THE THIRD PARTY ADMINISTRATOR**

- a) Name of TPA / Insurance Company
- b) Toll free phone number
- c) Toll free fax

**TO BE FILLED BY THE INSURED / PATIENT**

a) Name of the patient: [Grid for name]

b) Gender:  Male  Female      c) Age: years [Grid] months [Grid]      d) Date of Birth: [Grid]

e) Contact number: [Grid]      f) Insured card ID number: [Grid]

g) Policy number / Name of corporate: [Grid]      h) Employee ID: [Grid]

i) Currently do you have any other Mediclaim / Health Insurance:  Yes  No      Company Name: [Grid]

Give details: [Grid]

j) Do you have a family physician?  Yes  No      k) Name of the family physician: [Grid]

l) Contact number, if any: [Grid]

(PLEASE COMPLETE THE DECLARATION ON THE REVERSE SIDE OF THIS FORM)

**TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL**

a) Name of the treating doctor: [Grid]      b) Contact number: [Grid]

c) Nature of illness/disease with prevailing complaints: [Grid]      d) Relevant clinical history: [Grid]

e) Duration of the present illness: [Grid] Days      i. Date of first consultation: [Grid]      ii. Past history of present ailment if any: [Grid]

f) Physical diagnosis: [Grid]      iii. ICD-10 Code: [Grid]

g) Proposed line of treatment:  Medical Management     Surgical Management     Intensive Care     Investigation     Non-allopathic Treatment

h) If investigation & / or Medical Management, provide details: [Grid]      i. Route of drug administration: [Grid]

j) If Surgical, name of surgery: [Grid]      k. ICD 10 PCS Code: [Grid]

l) If other Treatment, provide details: [Grid]      m) How did the injury occur? [Grid]

n) In case of accident: i. Is it RTA?  Yes  No      ii. Date of injury: [Grid]      iii. Reported to Police:  Yes  No      iv. FIR No.: [Grid]

o) Injury / Disease caused due to substance abuse / alcohol consumption:  Yes  No      p. Test conducted to establish this?  Yes  No      q. (If yes attach reports)

r) Sex of patient:  G  P      s. Date of Delivery: [Grid]

**Details of the patient admitted:**

a) Date of admission: [Grid]      b) Time: [Grid]      Mandatory: Past history of any chronic illness:  Diabetes      If Yes, since (month-year): [Grid]

c) Is this an emergency / a planned hospitalization event?  Emergency     Planned       Heart Disease      [Grid]

d) Expected no. of days in hospital: [Grid]      e) Room Type: [Grid]       Hypertension      [Grid]

f) Pre-Discharge Home - Medication & Service Charges - Patient's Out: [Grid]       Myocardial Infarction      [Grid]

g) Expected cost of investigation + diagnostics: [Grid]       Osteoarthritis      [Grid]

h) ICU Charges: [Grid]       Asthma / COPD / Bronchitis      [Grid]

i) OT Charges: [Grid]       Cancer      [Grid]

j) Professional Fees, Surgeon - Anesthetist Fees + consultation charges: [Grid]       Absence of drug abuse      [Grid]

k) Medication + Consumables + Cost of implants (if applicable, please specify - with hospital charges, if any): [Grid]       Any IGV or STD / Related ailments      [Grid]

l) If applicable, give details: [Grid]

m) If applicable, give details: [Grid]

n) Sum Total, expected cost of hospitalization: [Grid]

**DECLARATION**

(PLEASE READ VERY CAREFULLY)

I/we confirm having read, understood and agreed to the Declaration on the reverse of this form

a) Name of the treating doctor: [Grid]

b) Qualification: [Grid]      c) Registration No. with state code: [Grid]

Signature of Insured Person: [Signature Box]

IMPORTANT: PLEASE FURNISH COPY



# National Insurance Company Limited

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

PAGE 2 NOT TO BE FAXED/SCANNED

### DECLARATION BY THE PATIENT / REPRESENTATIVE

- I/we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.

1) Patient's / Patient's Name: \_\_\_\_\_

2) Patient's Address: \_\_\_\_\_

### ADDITIONAL DECLARATION

- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.
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- I/ we declare that I/ we are a patient/ patients admitted to hospital and I/ we have been discharged from hospital after the discharge summary has been prepared.

3) Patient's Signature: \_\_\_\_\_

### DOCUMENTS TO BE PROVIDED BY THE HOSPITAL IN SUPPORT OF THE CLAIM

- Discharge summary and MTRs from the hospital.
- Medical history and all documents regarding the patient's condition.
- Diagnosis and all tests, lab reports, X-rays, CT scans, supported by reports from the attending Medical Practitioner / Surgeon, including such as ECG, etc.
- Diagnosis Certificate, signed by the attending Medical Practitioner / Surgeon and the Hospital's Medical Officer.
- Diagnosis Certificate, signed by the attending Medical Practitioner / Surgeon and the Hospital's Medical Officer.



**National Insurance Company Limited**  
Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

**National Mediclaim Policy**  
CLAIM FORM - PART A

TO BE FILLED IN BY THE INSURED  
The abuse of these forms is not to be taken as admission of liability

(It to be filled in block letters)

**DETAILS OF PRIMARY INSURED**

a) Policy No.  b) SI No/ Certificate No.

c) Corporate TPA ID No.

d) Name

e) Address

f) City  State

g) Pin Code  Phone No.  Email ID

**DETAILS OF INSURANCE HISTORY**

a) Currently covered by any other Mediclaim/Health Insurance  Yes  No b) Date of commencement of the insurance without break.

c) If yes, company name  Policy No.

d) Have you been hospitalized in the last four years since inception of the contract?  Yes  No (less )

e) Previously covered by any other Mediclaim/Health Insurance  Yes  No

f) If yes, Company Name

**DETAILS OF INSURED PERSON HOSPITALIZED**

a) Name

b) Gender  Male  Female c) Date of Birth  d) Born insured  Yes  No e) (SI No)  f) (SI No)

g) Relationship to Primary Insured  Spouse  Child  Father  Mother  Other (Please specify)

h) Occupation  Government  Self Employed  Homemaker  Student  Retired  Other (Please specify)

i) Address (if different from above)

j) City  State

k) Pin Code  Phone No.  Email ID

**DETAILS OF HOSPITALIZATION**

a) Name of Hospital where Admitted

b) Room category occupied  Day Care  Single occupancy  Twin sharing  3 or more beds per room

c) Hospitalizer due to  Injury  Illness  Maternity  d) Date of Injury/ Date Disease first detected/ Date of Delivery

e) Date of Admission  f) Time  g) Date of Discharge  h) Time

i) If you visit clinic  Self inflicted  Road Traffic Accident  Substance abuse / Alcohol Consumption  i) If Medical Legal  Yes  No

j) Representative  Yes  No k) MLC Report & Police FIR attached  Yes  No l) System of medicine

**DETAILS OF CLAIM**

a) Details of treatment expenses claimed	b) Pre hospitalization period	days <input type="text"/>	Claim Documents Submission Checklist:
1. Pre hospitalization Expenses	Limit of 1% of SI per day, max ₹3,000	Maximum limit of 25% of SI for any one illness	<input type="checkbox"/> Claim Form duly signed
2. Room, boarding, nursing expenses	Limit of 2% of SI per day, max ₹10,000	Maximum limit of 25% of SI for any one illness	<input type="checkbox"/> Copy of the claim statement if any
3. ICU, boarding, nursing expenses			<input type="checkbox"/> Hospital Admission bill
4. Medical practitioner's fees			<input type="checkbox"/> Hospital Discharge Summary
5. Anaesthesia, blood, oxygen, OT			<input type="checkbox"/> Pharmacy Bill
6. Surgical expenses			<input type="checkbox"/> Operative Theatre Notes
7. Medicines, drugs			<input type="checkbox"/> ECG
8. Diagnostic test			<input type="checkbox"/> Doctor's request for investigation
9. Accidents in artificial limbs, joint and eye			<input type="checkbox"/> Investigation Reports including C.T /
10. Dentures			<input type="checkbox"/> Doctor's Prescription
11. Chemotherapy			<input type="checkbox"/> Others
12. Expenses for organ donor's treatment			
13. Ambulance Charges	Limit of 1% of SI per day, max ₹2,000		
14. Transport and Hospitality	Maximum limit of 25% of SI for any one illness		
15. Post hospitalization Expenses			
16. Health Check up Cost			
Total claimed amount			

**DETAILS OF BILLS ENCLOSED**

Sl. No.	Bill No.	Date	Issued By	Towards	Amount (₹)
1				Hospital Main Bill	
2				Pre hospitalization Bills	Yes/No
3				Post hospitalization Bills	Yes/No
4				Pharmacy Bills	
5					
6					
7					
8					
9					
10					

**DETAILS OF PRIMARY INSURED'S BANK ACCOUNT**

a) PAN  b) Account Number

c) Bank Name and Branch

d) Branch / IFSC details  e) IFSC Code

**DECLARATION BY THE INSURED**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to particulars asked in relation to this claim, my right to claim/reimbursement shall be forfeited. I also consent & authorize TPA/Insurance Company, to seek necessary medical information/documents from any hospital/ Medical Practitioner who has granted on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre-mentioned hospitalization claim, if any.

Date  Place  Signature of the insured



**National Insurance Company Limited**  
Regd. Office 3, Middleton Street, Post Box 9229, Kollata 700 071

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF PRIMARY INSURED</b>		
a) Policy No	Enter the policy number	As allotted by the insurance company
b) SI No / Certificate No	Enter the social insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company / TPA ID No	Enter the TPA ID No	License number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Inside Street, City and Pin Code
<b>SECTION B - DETAILS OF INSURANCE HISTORY</b>		
a) Currently covered by any other Medclaim / Health Insurance?	Indicate whether currently covered by another Medclaim / Health Insurance	Tick Yes or No
b) Date of Commencement of first insurance without break	Enter the date of commencement of first insurance	Use dd-mm-yy format
c) Company Name	Enter the full name of the insurance company	Name of the organization in full
d) Policy No	Enter the policy number	As allotted by the insurance company
e) Sum Insured	Enter the total sum insured as per the policy	In rupees
f) Have you been hospitalized in the last 4 years, since inception of the contract?	Indicate whether hospitalized in the last 4 years	Tick Yes or No
g) Date	Enter the date of hospitalization	Use mm-yy format
h) Diagnosis	Enter the diagnosis details	Open Text
i) Previously Covered by any other Medclaim / Health Insurance?	Indicate whether previously covered by another Medclaim / Health Insurance	Tick Yes or No
j) Company Name	Enter the full name of the insurance company	Name of the organization in full
<b>SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED</b>		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary insured	Indicate relationship of patient with policyholder	Tick the right option. If others, please specify
f) Occupation	Indicate occupation of patient	Tick the right option. If others, please specify
g) Address	Enter the full postal address	Inside Street, City and Pin Code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
i) E-mail ID	Enter e-mail address of patient	Complete e-mail address
<b>SECTION D - DETAILS OF HOSPITALIZATION</b>		
a) Name of Hospital / Clinic / Hospital	Enter the name of hospital	Name of hospital in full
b) Room Category occupied	Indicate the room category occupied	Tick the right option
c) Hospitalization due to	Indicate reason of hospitalization	Tick the right option
d) Date of Injury, Date Disease first detected/ Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh:mm format
i) Primary cause of injury	Indicate cause of injury	Tick the right option
j) Medical report	Indicate whether injury is medico legal	Tick Yes or No
k) Reported by Police	Indicate whether police report was filed	Tick Yes or No
l) MLC Report & Police FIR attached	Indicate whether MLC report and Police FIR attached	Tick Yes or No
m) System of Medicine	Enter the system of medicine followed in treating the patient	Open Text
<b>SECTION E - DETAILS OF CLAIM</b>		
a) Details of Treatment Expenses	Enter the amount claimed as treatment expenses	In rupees (Do not enter paise values)
b) Claim for Concomitant Hospitalization	Indicate whether claim is for concomitant hospitalization	Tick Yes or No
c) Details of Lump sum/ cash benefit claimed	Enter the amount claimed as lump sum/ cash benefit	In rupees (Do not enter paise values)
d) Claims Discharge Statement/Check List	Indicate which supporting documents are submitted	Tick the right option
<b>SECTION F - DETAILS OF BILLS ENCLOSED</b>		
Indicate which bills are enclosed with the amounts in rupees		
<b>SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT</b>		
a) PAN	Enter the permanent account number	As allotted by the Income Tax department
b) Account Number	Enter the bank account number	As allotted by the bank
c) Bank Name and Branch	Enter the bank name along with the branch	Name of the Bank in full
d) Cheque DD payment details	Enter the name of the beneficiary the cheque/ DD should be made out to	Name of the individual/ organization in full
e) IFSC Code	Enter the IFSC code of the bank/ branch	IFSC code of the bank/ branch in full
<b>SECTION H - DECLARATION BY THE INSURED</b>		

Read instructions carefully and mention date in dd-mm-yy format, place (open text) and sign



# National Insurance Company Limited

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

## National Mediclaim Policy CLAIM FORM - PART B

TO BE FILLED IN BY THE HOSPITAL

The issue of this form is not to be taken as admission of liability  
Please include the original pre-authorization request form in lieu of PART A

(To be filled in block letters)

### DETAILS OF HOSPITAL

a) Name of the Hospital \_\_\_\_\_

b) Hospital ID \_\_\_\_\_ c) Type of Hospital: Network  Non Network  (If non network, fill Section E)

d) Name of the treating doctor \_\_\_\_\_

e) Qualification \_\_\_\_\_ f) Registration No. with state code \_\_\_\_\_ g) Phone No. \_\_\_\_\_

### DETAILS OF PATIENT ADMITTED

a) Name of Patient \_\_\_\_\_

b) IP Registration No.: \_\_\_\_\_ c) Gender: Male  Female

d) Age: years \_\_\_\_\_ months \_\_\_\_\_ e) Date of Birth: \_\_\_\_\_

f) Date of Admission: \_\_\_\_\_ g) Time: \_\_\_\_\_ h) Date of Discharge: \_\_\_\_\_ i) Time: \_\_\_\_\_

j) Type of Admission: Emergency  Planned  Day Care  Maternity  k) If Maternity: l) Date of Delivery: \_\_\_\_\_ m) Gravida Status: \_\_\_\_\_

n) Status at time of discharge: Discharged to home  Discharged to another hospital  Deceased  o) Total claimed amount: \_\_\_\_\_

### DETAILS OF AILMENT DIAGNOSED (PRIMARY)

I. ICD 10 Codes	Description	II. ICD 10 PCS	Description
1. Primary Diagnosis		1. Procedure 1	
2. Associated Diagnoses		2. Procedure 2	
3. Comorbidities		3. Procedure 3	
4. Comorbidities		4. Details of Procedure	

c) Pre-authorization obtained:  Yes  No d) Pre-authorization number: \_\_\_\_\_

e) If authorization by network hospital not obtained, give reason: \_\_\_\_\_

f) Hospitalization due to injury:  Yes  No i. If yes, give cause:  Self-inflicted  Road Traffic Accident  Substance abuse / alcohol consumption

g) If exposure to Substance abuse / alcohol consumption, Test Conducted to establish the:  Yes  No (If yes, attach reports) m. If Medical Legal:  Yes  No n. Reported to Police:  Yes  No

h. FR No: \_\_\_\_\_ v. If not reported to police, give reason: \_\_\_\_\_

### CLAIM DOCUMENTS SUBMITTED - CHECKLIST

<input type="checkbox"/> Claim Form duly signed	<input type="checkbox"/> Investigation reports
<input type="checkbox"/> Original Pre-authorization request	<input type="checkbox"/> CT/MRI/USG/HPE/Inv. reports
<input type="checkbox"/> Copy of the Pre-authorization approval letter	<input type="checkbox"/> Doctor's reference slip
<input type="checkbox"/> Copy of photo ID card of patient verified by hospital	<input type="checkbox"/> ECG
<input type="checkbox"/> Hospital discharge summary	<input type="checkbox"/> Pharmacy bill
<input type="checkbox"/> Operation Theatre Notes	<input type="checkbox"/> MLC report & Police FIR
<input type="checkbox"/> Hospital item bill	<input type="checkbox"/> Original death summary from hospital where applicable
<input type="checkbox"/> Hospital break-up bill	<input type="checkbox"/> Any other, please specify _____

### DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON NETWORK HOSPITAL)

a) Address of the hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ b) Phone No: \_\_\_\_\_ c) Registration No. with State Code: \_\_\_\_\_

d) Hospital PAN: \_\_\_\_\_ e) Number of inpatient beds: \_\_\_\_\_ f) Facilities available in the hospital: I. OT  Yes  No II. ICU  Yes  No

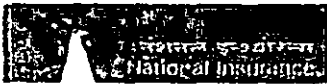
g) Other: \_\_\_\_\_

### DECLARATION BY THE HOSPITAL

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, omission or concealment of any material fact, our right to claim under this claim shall be voidable.

Date: \_\_\_\_\_

Place: \_\_\_\_\_ Signature of the insured: \_\_\_\_\_



**National Insurance Company Limited**  
 Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

GUIDANCE FOR FILLING CLAIM FORM - PART B (To be filled in by the hospital)		
DATA ELEMENT	DESCRIPTION	FORMAT
<b>SECTION A - DETAILS OF HOSPITAL</b>		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the IFA
c) Type of Hospital	Indicate whether in network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
<b>SECTION B - DETAILS OF THE PATIENT ADMITTED</b>		
a) Name of Patient	Enter the name of hospital	Name of hospital in full
b) P Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female
d) Age	Enter age of the patient	Number of years and months
e) Date of Admission	Enter date of admission	Use dd/mm/yyyy format
f) Time	Enter time of admission	Use hh:mm format
g) Date of Discharge	Enter date of discharge	Use dd/mm/yyyy format
h) Time	Enter time of discharge	Use hh:mm format
i) Type of Admission	Indicate type of admission of patient	Tick the right option
j) if Maternity		
k) Date of Delivery	Enter Date of Delivery if maternity	Use dd/mm/yyyy format
l) Gravidity status	Enter Gravidity status if maternity	Use standard format
m) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
<b>SECTION C - DETAILS OF ILLNESS/DIAGNOSED (PRIMARY)</b>		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Co-morbidities	Enter the ICD 10 Code and description of the co-morbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by IFA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish the	Indicate whether test conducted	Tick Yes or No
Medico Legal	Indicate whether injury is medico legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open text
<b>SECTION D - CLAIM DOCUMENTS SUBMITTED-CHECK LIST</b>		
Indicate which supporting documents are submitted		
<b>SECTION E - DETAILS IN CASE OF NON NETWORK HOSPITAL</b>		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No.	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of Inpatient Beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
<b>SECTION F - DECLARATION BY THE INSURED</b>		
Read declaration carefully and mention date (in dd/mm/yyyy format), place (open text) and sign.		



RLO

# PARK MEDICLAIM INSURANCE TPA PVT LTD

THIRD PARTY ADMINISTRATOR-HEALTH SERVICES  
(AN ISO 9001:2008 CERTIFIED COMPANY)

Authorisation For the Cashless request for Hospitalisation under Policy number - 361102/50/18/10006524

Authorisation No: NICDR2/208624 / G-693098

### VERY IMPORTANT NOTE

Grant Date : 1/16/2019  
To  
QRG MEDICARE LTD. FARIDABAD

Get the Declaration form sent along with, duly filled in and signed by Patient/Attendant and hospital representative.

Receipt for Co-Payment to be submitted seperately wherein Co-Payment clause is applicable as per ALI

Hospital is advised to Submit the bills for payment of claims within 15 days of discharge in all circumstances. Otherwise the claim will be treated as no claim.

Hospital Code: - H-16234

Name of the Ins. Co. NATIONAL INSURANCE COMPANY LIMITED  
Insured ASHOK CHAWLA  
Claimant ASHOK CHAWLA(10006524)  
Patient ASHOK CHAWLA  
DOA 10/01/2019  
Diagnosis DM WITH HTN WITH ICH

*Final Bill*  
QRG MEDICARE LTD  
No. - 1, Sector - 15  
Faridabad, Haryana

Further guarantee of payment up to Rs. 80,000.00 (Rs. eighty thousand) only in addition to Rs. 20,000.00 (twenty thousand) only granted earlier.

Hospital may please note that the amount exceeding a total of Rs. 100,000.00 (Rs. one hundred thousand) only will require further authorization.

### ROOM RENT LIMIT RS.5000/- & ICU LIMIT RS.8000/- PER DAY INCLUDING NURSING CARE.

Hospital must collect the excess amount over & above the authorisation amount from the concerned member prior to discharge from the hospital as per rules and regulations of the hospital.

Hospital must collect the expenses on account of the following directly from the concerned member before discharge from the hospital : Registration fee, Admission charges, Misc. charges, Telephone expenses, Attendant's stay, Food, Washing charges, Private Nurse, Food supplements like Glucon D, Bournvita, Horlicks, etc. Toiletries like Soap, Shampoo, Oils etc. Perfumed antiseptic cream, Cosmetic treatment of Eyes / Teeth including their accessories, Water Purifiers and Energy drinks etc. and other expenses, which are not related to illness / treatment / hospitalization.

Hospital may please note that final settlement of the claim will be as per agreed upon PPN Package rates. If patient utilizes the higher room rent or where he prefers to take a better implant or care which is more than Usual, Reasonable and Customary Clause(UCR ), the claim will be settled as per PPN rates or as per UCR whichever is less.

Hospital must submit following documents for the final settlement of the hospital bill to our office:-

1. Claim form of the NATIONAL INSURANCE COMPANY LIMITED duly signed by the concerned member
2. Final bill of the hospital in original (providing breakup of all expenses in corresponding heads / units / services) duly signed by the concerned member.
3. Photocopy of ID cards of Park Mediclaim Consultants Private Limited.
4. Original discharge summary.
5. All investigative reports, in original including all films of X-Rays / USG / MRI / CT scan etc.
6. Hospital must attach the sticker of IOL / Invoice, if used in the surgical procedure.
7. Please provide details of your bank details i.e. Bank Name, A/c No, Branch and City.

For Park Mediclaim Insurance TPA Pvt. Lt

Authorised Signatory

Acknowledgement by Patient/Attendant  
Name & Relation : Ashok Chawla  
9999962469

# PARK MEDICLAIM INSURANCE TPA PVT LTD

THIRD PARTY ADMINISTRATOR-HEALTH SERVICES

(AN ISO 9001:2008 CERTIFIED COMPANY)

702, Vikrant Tower, Rajendra Place New Delhi-110008

Phone 43191000-25 Fax :43191004

1623

Dated 16/01/2019

RefNo- NICDR2/208624

Get the Declaration form sent along with, duly filled in and signed by Patient/Attendent and hospital representative.

QRG MEDICARE LTD.

PLOT NO. 1, SECTOR-16,

FARIDABAD - 121001 HARYANA

Insured : ASHOK CHAWLA

Claimant ASHOK CHAWLA Emp No.10006524

Patient:- ASHOK CHAWLA

DOA :- 10/01/2019

Diagnosis:- DM WITH HTN WITH ICH

Subject:- Query For the Cashless request for Hospitalisation under Policy No - 361102/50/18/10006524

Sir,

This has reference to the above referred subject you are requested to provide further documents/ information to enable us to process the cashless request :

DETAILED CASE SUMMARY WITH CURRENT CLINICAL STATUS OF THE PATIENT.

Thanking You

Yours sincerely,

For Park Mediclaim Insurance TPA Pvt. Ltd.

Authorised Signatory

PLEASE NOTE OUR NEW TELEPHONE NO. 011-43191000 (30 LINES) & FAX NO. 011-41539390 & 43191004

*Query Reply*

*[Signature]*  
Sector:  
Date:

2103

# PARK MEDICLAIM INSURANCE TPA PVT LTD

THIRD PARTY ADMINISTRATOR-HEALTH SERVICES  
(AN ISO 9001:2008 CERTIFIED COMPANY)

Authorisation For the Cashless request for Hospitalisation under Policy number - 361102/50/18/10006524

Authorisation No: NICDR2/208624 / G-690462

### VERY IMPORTANT NOTE

Grant Date : 11/01/2019  
To  
QRG MEDICARE LTD. FARIDABAD

Get the Declaration form sent along with, duly filled in and signed by Patient/Attendant and hospital representative.

Receipt for Co-Payment to be submitted seperately wherein Co-Payment clause is applicable as per AL

Hospital Code: - H-16234

Hospital is advised to Submit the bills for payment of claims within 15 days of discharge in all circumstances. Otherwise the claim will be treated as no claim.

Name of the Ins. Co. NATIONAL INSURANCE COMPANY LIMITED  
Insured ASHOK CHAWLA  
Claimant ASHOK CHAWLA(10006524)  
Patient ASHOK CHAWLA  
DOA 10/01/2019  
Diagnosis DM WITH HTN WITH ICH

*Running Bill*

RE  
Sector-10  
Faridabad, Haryana

Further guarantee of payment up to Rs. 20,000.00 (Rs. twenty thousand) only in addition to Rs. 0.00 (zero) only granted earlier.

Hospital may please note that the amount exceeding a total of Rs. 20,000.00 (Rs. twenty thousand) only will require further authorization.

**ROOM RENT LIMIT RS. 5000/- & ICU RS. 8000/- PER DAY INCLUDING NURSING CARE.  
ACKNOWLEDGEMENT OF INITIAL PRE-APPROVAL LETTER TO BE SIGNED BY THE PATIENT/ATTENDENT.**

Hospital must collect the excess amount over & above the authorisation amount from the concerned member prior to discharge from the hospital as per rules and regulations of the hospital.

Hospital must collect the expenses on account of the following directly from the concerned member before discharge from the hospital : Registration fee, Admission charges, Misc. charges, Telephone expenses, Attendant's stay, Food, Washing charges, Private Nurse, Food supplements like Glucon D, Bournvita, Horlicks, etc, Toiletries like Soap, Shampoo, Oils etc, Perfumed antiseptic cream, Cosmetic treatment of Eyes / Teeth including their accessories, Water Purifiers and Energy drinks etc. and other expenses, which are not related to illness / treatment / hospitalization.

Hospital may please note that final settlement of the claim will be as per agreed upon PPN Package rates. If patient utilizes the higher room rent or where he prefers to take a better implant or care which is more than Usual, Reasonable and Customary Clause(UCR ), the claim will be settled as per PPN rates or as per UCR whichever is less.

Hospital must submit following documents for the final settlement of the hospital bill to our office:-

1. Claim form of the NATIONAL INSURANCE COMPANY LIMITED duly signed by the concerned member
2. Final bill of the hospital in original (providing breakup of all expenses in corresponding heads / units / services) duly signed by the concerned member.
3. Photocopy of ID cards of Park Mediclaim Consultants Private Limited.
4. Original discharge summary.
5. All investigative reports, in original including all films of X-Rays / USG / MRI / CT scan etc.
6. Hospital must attach the sticker of IOL / Invoice, if used in the surgical procedure.
7. Please provide details of your bank details i.e. Bank Name, A/c No, Branch and City.

For Park Mediclaim Insurance TPA Pvt. Lt

Acknowledgement by Patient/Attendent  
Name & Relation :

Authorised Signatory

**PARK MEDICLAIM INSURANCE**

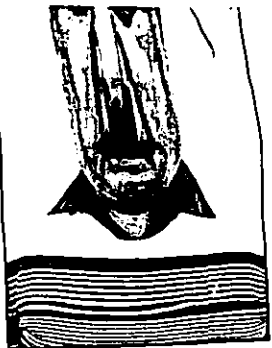
**THIRD PARTY ADMINISTRATOR-HEALTH SERVICES**  
(AN ISO 9001:2008 CERTIFIED COMPANY)

702, Vikrant Tower, Rajendra Place New Delhi-110008  
Phone 43191000-25 Fax :43191004

2-178-M

Dated 11/01/2019  
Ref No- NICDR2/208624

Get the Declaration form sent along filled in and signed by Patient/Atte hospital representative.



**QRG MEDICARE LTD.**  
PLOT NO. 1, SECTOR-16,  
FARIDABAD - 121001 HARYANA

Insured : ASHOK CHAWLA  
Claimant ASHOK CHAWLA Emp No.10006524  
Patient:- ASHOK CHAWLA  
DOA :- 10/01/2019  
Diagnosis:- DM WITH HTN WITH ICH

Subject:- Query For the Cashless request for Hospitalisation under Policy No - 361102/50/18/10006524

Sir,  
This has reference to the above referred subject you are requested to provide further documents/ information to enable us to process the cashless request :

ALL INVESTIGATION REPORTS DONE TILL DATE.

Thanking You  
Yours sincerely,  
For Park Mediclaim Insurance TPA Pvt. Ltd.

*Reports enclosed*

Authorised Signatory

PLEASE NOTE OUR NEW TELEPHONE NO. 011-43191000 (30 LINES) & FAX NO. 011-41539390 & 43191004

QRG MEDICARE LTD  
Plot No.- 1, Sector -16  
Faridabad, Haryana

9-37 AM

REQUEST FOR CASHLESS HOSPITALISATION FOR MEDICAL INSURANCE POLICY

DETAILS OF THE THIRD PARTY ADMINISTRATOR

(To be Filled in Block Letters)

a) Name of TPA / Insurance Company: Park Mediclaim TPA PVT. LTD.  
b) Toll free phone number: 1800 115 533  
c) Toll free Fax: 43191003-04, 41539390

Hospital Name:

[Empty box for Hospital Name]

361102501810006524

TO BE FILLED BY THE INSURED / PATIENT

a) Name of the Patient: ASHOK KUMAR CHAWLA

b) Gender:  Male  Female c) Age: Years 52 Months   d) Date of birth:

e) Contact number:         f) Contact number of attending Relative:         g) Insured card ID number:

h) Policy number / Name of Corporate:                      i) Employee ID:

j) Currently do you have any other Mediclaim / Health Insurance: Yes  No  Company Name:

Give details:

TO BE FILLED BY THE TREATING DOCTOR / HOSPITAL

a) Name of the treating doctor: D. V. KRISHNA b) Contact number:

c) Nature of ILLNESS/ Disease With Presenting complaints: of vertiginous sensation involving headache profused sweating x 1 day

d) Relevant clinical findings: CVS - P, S, ⊕ CNS - cerebellum

d) Duration of present ailment:    Days i) Date of first Consultation:

ii) Past history of present ailment if any: prev. H. S. disorder

f) Provisional diagnosis: DME HTN E ICH

i) ICD 10 Code:

g) Proposed line of treatment:  Medical Management  Surgical Management  Intensive care  Investigation  Non allopathic treatment

h) If investigation & / or Medical Management provide details: Reports enclosed

i) Route of drug administration: Inj Mannitol Inj Levetiracetam Inj Pan Inj Enoximol other supportive Tx

j) If Surgical, name of surgery:

i) ICD 10 Code:

k) If Other treatment provide details:

l) How did injury occur:

k) In case of accident: i. Is it RTA:  Yes  No ii. Date of injury:       iii. Reported to Police:  Yes  No iv. FIR No:





**GIPSA PPN NETWORK-DECLARATION BY PATIENT/Patient's ATTENDER**  
**(PART-A & PART-B must be filled to make the declaration valid)**

Name of the Hospital:..... Date:.....

Address:..... PATIENT

NAME: ASHOK CHAWLA AGE/SEX: 53

IP NO:..... UHID NO:..... Mobile No of Patient: 9999069699

Date of Admission: 10/11/19 Time of Admission:.....

Date of Discharge:..... Time of Discharge:.....

ADDRESS of the Patient: 105/17, FRD

NAME OF THE ATTENDER: PRATEEK CHAWLA Relationship With the Patient: Son Mobile No. of

Attender:..... Address:.....

**PART-A (To be filled Before admission)**

**A-1) Declaration regarding Insurance Policy (Strike off the option which is not applicable)**

(i) Declaration when patient has no insurance policy:

• I declare that I do not have any insurance policy.

(ii) Declaration when patient has insurance policy:

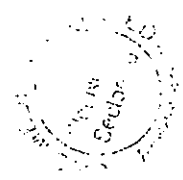
• I declare that I have following Insurance Policies

Policy No/TPA card No:.....

Insurance Company:.....

**A-2) Whether patient opted for Eligible Room Category under Policy:**

Yes / No

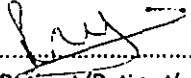


**A-3) In case, policy holder wishes to avail better facility (Mention below the facility & provisional charges):**

Name of the Additional Facility/ Provision/ Procedure/ Treatment .....  
..... which costs Rs : .....  
(In words: .....  
.....) only.

On my own option, I wish to avail above better facility and I hereby agree to pay on my free will, after being explained in detail by the Hospital authority in my own and understandable language about the above mentioned Additional Facility/Procedure/Treatment and associated cost of it, which is over and above the agreed PPN tariff. Further, if I opt to go for final bill reimbursement with insurance company, respective insurance company will reimburse only as per agreed PPN tariff rates and balance amount will be borne by myself or patient only.

I have also been explained that when room service of a category better than eligible room rent is availed by the patient, not only the difference in room rent but also an equal proportion of all other charges associated with the treatment shall be borne by me.

Signature :   
Name of the Patient/Patient's attendant:  
Date/Proposed Date of Admission:  
Time of Admission

Signature : .....  
Name of the Hospital Representative &  
Hospital Seal

**PART-B (To be filled at the time of Discharge)**


**B-1) Amount Paid (if any) by the patient before admission in**

Rs ..... towards .....  
(In words.....)

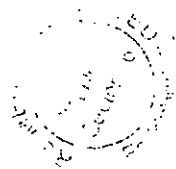
**B-2) Amount Paid (if any) by the Patient at the time of Discharge in**

Rs ..... towards .....  
(In words.....)

I have not Paid any extra Amount towards Patient Bill, other than that, mentioned above in B-1 & B-2.

Signature :   
Name of the Patient/Patient's attendant:  
Date of Discharge:  
Time of Discharge

Signature : .....  
Name of the Hospital Representative &  
Hospital Seal







भारत सरकार  
GOVERNMENT OF INDIA

अंशी राम चावला  
Ashok Chawala

जन्म वर्ष / Year of Birth : 1965  
पुरुष / Male



3800 3913 9531

आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
INDIAN IDENTIFICATION AUTHORITY OF INDIA

पता: S/O: अंशी राम चावला, 105,  
सेक्टर-17, खेरी कलां 1113, फरिदाबाद,  
खेरी कलां, हरियाणा, 121002

Address: S/O: Anshi Ram  
Chawala, 105, SectOr-17, Kheri  
Kalan(113), Faridabad, Kheri  
Kalan, Haryana, 121002

1947  
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No.1947,  
Bengaluru-560 001



Tr

पॉलिसी अनुसूची/Policy Schedule- Parivar Mediclaim

पॉलिसी संख्या / Policy Number:

361102501810006524

व्यवसाय स्रोत/Business Source: 022979

ऑफिस का पता/Selling Office

ऑफिस कोड /Office Code: 361102

बिक्री चैनल/Sales Channel Code: 9000162807

ऑफिस का पता /Office Address: FARIDABAD BRANCH II S.C.O 96 1st FLOOR SECTOR 16 MARKET Faridabad., - 121007.

नाम /Name: Ms Kavake Arora संपर्क संख्या/ Contact Number: 9818163777

राज्य कोड/State Code 6, Haryana

जीएसटीआइए/GSTIN: 06AAAAC9087E228

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number:

ग्राहक का नाम /Customer Name: MR ASHOK CHAWLA

ग्राहक आईडी /Customer ID:

पैन /PAN

9512176037

पता /Address: H.N. 105 SECTOR 17 DIST. : FARIDABAD, HARYANA, शहर/City: FARIDABAD, जिला/District: FARIDABAD, राज्य/State: HARYANA, पिन/Post PIN: 121001. मोबाइल/Cell: 9811716899

फोन /Phone:

ई-मेल /E-Mail:

पॉलिसी प्रभावी होने का समय से को Policy Effective from 00:00 hours, on 01/11/2018 की सत्य रात्रि तक प्रभावी/To 11 of 31/10/2019

विवरण/ Premium	₹	कवर नोट संख्या और तिथि / Cover Note Number and Date	NA
प्रीमियम/ Premium	₹ 12,749.00		
सीजीएसटी/CGST	₹ 1,147.00		
एसजीएसटी/SGST/UTGST	₹ 1,147.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	6800161130001828 दिनांक/Dt. 04/09
आईजीएसटी/IGST	₹ 0.00		
वसूली योग्य स्टम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	361102811810011220 दिनांक/Dt. 31
कुल राशि /Total Amount	₹ 15,045.00	पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date	361102501810003792 दिनांक/Dt. 31/ 361102501710006165 दिनांक/Dt. 31/

(रुपय/Rupees Fifteen Thousand Forty Five केसर/Only.)

सरकारी सहायता Government Subsidy ₹ 0.00

अस्पताल में भर्ती से संबंधित कवर का विवरण/Details of Hospitalization Cover

फ्लोटर बीमा राशि/Floater Sum Insured : ₹5,00,000.00

क्र.सं/S.No.	बीमित व्यक्ति का नाम Name of the Insured Person	जन्मतिथि/आयु Date of Birth/Age	संबंध/ पेशा Relation
1	Anju Chawla	18/08/1968 50	स्वयं/Self House
2	Ashok Chawla	18/09/1965 53	Husband Busine



IP No : 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA : 10/01/201916:22  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

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

**FILE ARRANGEMENT - CUM - MRD CHECKLIST**

Patient Name:		Date: 18/1/19			Date: 21/1/19
UHID :		IPD No.			
S. No.	CHECK LIST	To be filled by Nursing			To be filled by MRD
		TPA	BILLING	MRD	
1	Relieving slip / Clearance slip	✓	✓	✓	✓
2	Face sheet			✓	✓
3	In patient charge sheet / Details of consultant's visit			✓	✓
4	Emergency/OPD sheet			✓	✓
5	DOR/LAMA form				X
6	Discharge/Death/LAMA/DOR summary			✓	✓
7	History sheet / Neonatal assessment sheet			✓	✓
8	Death Certificate / Birth Certificate			✓	X
9	Doctor's notes			✓	✓
10	Doctor's Handover notes			✓	X
11	Blood sugar record			✓	✓
12	Medication chart/Ventilator flow chart			✓	✓
13	Vital sign chart / Clinical chart			✓	✓
14	Intake output record			✓	✓
15	Consent forms			✓	✓
16	PAC				X
17	Post-operative evaluation				X
18	Pre-operative checklist				X
19	Surgical safety checklist				X
20	Intra-operative anaesthesia record				X
21	Angiography check list				X
22	Cath lab nursing log				X
23	Adult Cardiac Catheterisation Laboratory				X
24	Operation/delivery notes				X
25	Alderete form				X
26	Initial nursing assessment form			✓	✓
27	Nursing care plan			✓	✓
28	Pain assessment score sheet			✓	X
29	Bed sore assessment sheet / Phelebitis grading scale			✓	X
30	Nutritional assessment and Nutritional care plan			✓	✓
31	Checklist of patient handover			✓	X
32	Nurses notes			✓	✓
33	Nurses inter department shifting notes			✓	✓
34	Valuable handover form			✓	✓
35	Blood transfusion record form			✓	✓
36	TPA declaration/Transfer slip			✓	X
37	Pathology/lab reports / Radiology reports / Films			✓	✓
38	ICU observation chart/Coronary care unit chart			✓	✓
39	Others (Intdent, Bill copy, Blood Issue form etc.)			✓	✓
		Sign of Nurse: <i>Manju</i>			Sign of MRD: <i>[Signature]</i>
		Employee ID: <i>2003</i>			Employee ID: <i>[ID]</i>



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

IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua

## DISCHARGE HANDOVER CHECKLIST

Patient Name: ..... Area/Bed No. ....

UHID : ..... IPD No. ....

S. No.	Type of Document	Quantity	TPA	Cash	MLC	Remarks
1	Discharge Summary		✓			
2	Financial clearance form		✓			
3	Implant sticker on discharge summary (if applicable)		X			
4	Immunization Card		X			
5	Reports & Films		✓			
5.1	ECG/ECHO	2	✓			
5.2	EEG		✓			
5.3	MRI		✓			
5.4	CT	3	✓			
5.5	X-Ray	2				
5.6	Ultrasound	1				
5.7	Bronchoscopy					
5.8	Colonoscopy					
5.9	Venous Doppler					
6	Any other					
7	CD and wrapper cover (applicable in patients after cath lab procedure)					
8	Laboratory Investigations					
8.1	Blood Test Report		✓			
8.2	Urine/ Stool Test report		✓			
9	Any pending report					
10	Diet chart (If Applicable)					
11	Pediatric Education Brochure (If Applicable)					

\*\*\*Click on the Discharge Approval icon once patient physically vacates the room.

Time(When clicked on the discharge approval icon) :-

Time (When patient has physically left the room) :-

Sign of Handover Nurse: Mam Sign of Receiving Person: [Signature] Date: .....  
Employee ID: ..... Time: .....

## DISCHARGE NOTIFICATION

<b>IP NO</b>	:	33-19/337	<b>UHID</b>	:	100035035
<b>Patient Name</b>	:	Ashok Chawla	<b>Age / Sex</b>	:	52 Yrs/Male
<b>Address</b>	:	HNO 105 SEC17,			
<b>Nationality</b>	:	Indian	<b>Payer</b>	:	NATIONAL INDIA INSURANCE CO. LTD.
<b>Admission Date</b>	:	10/01/2019 16:22	<b>Ward / Bed No</b>	:	TWIN SHARING WARD 2ND FLOOR(A) / TS1229
<b>Discharge Date</b>	:	18/01/2019 15:21:00	<b>Consultant</b>	:	Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
<b>Bill No.</b>	:	Provisional	<b>Bill Date</b>	:	

### Reason for Discharge

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

Discharge By : Lalit(25472)

Reports Handover

Original

~~Duplicate~~



**Admission Form**

IP NO	33-19/337	UHID No.	10035035	Date of Admission	10/01/2019 16:22
Sponsor	NATIONAL INDIA INSURANCE CO. LTD.				
Payer	PARK MEDICLAIM Credit	Bed Catg:	ICU		
Ward:	MICU 1	Bed No:	MICU002	Bill Catg:	ICU
Speciality1	Neurosurgery	Admitting Consultant	Dr. Vikram Dua		
<b>In case of joint admission:-</b>		Admitting Team:	Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta		
Speciality2		Secondary Consultant			

Patient Name	Mr. Ashok Chawla	Age	52 Yrs	Sex	Male	Marital Status :-	Married
S/O	A R CHAWLA	Religion:	HINDU	Nationality	Indian		
Local Address	HNO 105 SEC7 , FARIDABAD, Haryana, INDIA						
Ph No		Mobile	9999967469	Email			
Permanent Address	HNO 105 SEC7 , FARIDABAD, Haryana, INDIA						
Contact No:	9999967469	KinName	mr pratik				

**Booking Details :-**

Booking Receipt No	Amount
--------------------	--------

Expected Date of Discharge	ICD Code :	I10, E11, N39.0		
Condition of Discharge (Please Circle)	1. Improved	2. LAMA	3. Transferred	4. Absconded
	5. DOPR	6. Expired		

Provisional diagnosis	Final diagnosis	Name of Procedure
Consultant Signature	Acc. HTN / DM	Sponaneous Bleed
Signature	Date:	10/01/2019 16:22
I hereby certify that the above information is correct to my knowledge	in posterior fossa	
Date: 10/01/2019 16:22	UT 9	
PATIENT /GUARDIAN SIGNATURE		
Contact No. 9999967469		

Dr. Vikram Dua

10/1/19

- LAs report CT report ECG report  
photo copy handed to  
relative

Rog  
(BROTHER)

11-01-19 Neethy Original case summary  
handed to the Ashok chawla's  
attendants.

Mus (Mineshwar  
Kachra)  
Son

Beacham B -









## DAILY ACTIVITY RECORD

Primary Consultant:	Admission Date/ Time: 10/11/19 @ 16:29	Discharge Information Date/ Time:	Sl. No:	OTHERS							
<div style="border: 1px solid black; padding: 5px; width: fit-content;">                     IP No: 13-15/177     Unit: 100335335                      Pr. Insur. Category: DCA     IQCI/2019/18,22                      N.T.M. HDU /MCO/13                      Dr. Vikram Datta                 </div>	Activity From Date & Time	Activity To Date & Time	Bed No.	Ambulance	Private Nurse	Equipments	Item	Qty.			
	Bed Transfer Details										
	Date	Time	From Bed No	To Bed No	Pt. Category						
	14/11/19 @ 12:45	15/11/19 @ 14:59	1229	From	MOR <input type="checkbox"/> EVE <input type="checkbox"/>	DVT     Yes <input type="checkbox"/> No <input type="checkbox"/>	ADSID 125 293 175670				
				To	Private GDA MOR <input type="checkbox"/> EVE <input type="checkbox"/>	ALPHA     Yes <input type="checkbox"/> No <input type="checkbox"/> Water Bed     Yes <input type="checkbox"/> No <input type="checkbox"/>					
				From	Room Retainment	Traction     Yes <input type="checkbox"/> No <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	Aast. Surgeon	Anaesthetist	Item	Qty.	Particulars	Covered Time	Discontinued Time			
						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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
CONSULTANT VISIT DETAILS											
				MOR (Initial with time)	EVE (Initial with time)	Emergency Visit					
				done	done						
				INVESTIGATION DETAILS							
				Investigation Name	Request No	Investigation Name	Request No	Radiology Services	Request No		
				CBC	175670			Necrotic head of pharynx	125005		
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"/> DGR <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	Assigning 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**

IP No : 13-14/117  
 W. Asha Chawla  
 12 Yr MCDL I/MCDL002  
 X. Visum Dae

Primary Consultant:		Admission Date/ Time:		Discharge Information Date/ Time:		SI No.		OTHERS			
		Activity From Date & Time	Activity To Date & Time	Bed No.	Ambulance	Private Nurse	Equipments		Item	Qty	
		12/11/15	14/11/15	412-1	From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT	Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Bed Transfer Details			To	Private GOA	ALPHA	Yes <input type="checkbox"/> No <input type="checkbox"/>	RBS - 174565		
		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			
						Particulars		Connected Time	Disconnected Time		

SURGERY/PROCEDURE DETAILS			
Surgery/Procedure with code	Surgeon	Asst. Surgeon	Anaesthetist

CONSUMABLES		DIALYSIS & BLOOD BANK SERVICES	
Item	Qty.	Dialysis with Code	Qty.

CONSULTANT VISIT DETAILS			
Mor (Initial with time)	Eve (Initial with time)	Emergency Visit	
D.V. Dae	(morning)		

INVESTIGATION DETAILS			
Investigation Name	Request No	Investigation Name	Request No
(BG) RFT	174565		

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


PHYSIOTHERAPIST VISIT		
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"/>

## DAILY ACTIVITY RECORD

Primary Consultant:				Admission Date/ Time		Discharge Intimation Date/ Time			St. No.		OTHERS		
IP No : 33-19/337 UHSD 1106/2019 Mr. Ashok Chawla DSA 1000/2019-2020 52 Y/M MCIU 1/MCIU002 Dr. Vikram Das 				Activity From Date & Time		Activity To Date & Time		Bed No.		Equipments		Item	
				12/1/19		12/1/19		1159/11		4150-1		DVT Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surgery/Procedure with code				Surgeon		Asst. Surgeon		Anaesthetist		Particulars		Nebulization & Steam Inhalations	
										Private Nurse Mor <input type="checkbox"/> Eve <input type="checkbox"/>		ABG x 10	
Surgery/Procedure with code				Surgeon		Asst. Surgeon		Anaesthetist		Private GDA Mor <input type="checkbox"/> Eve <input type="checkbox"/>		ALPHA Yes <input type="checkbox"/> No <input type="checkbox"/>	
										Water Bed Yes <input type="checkbox"/> No <input type="checkbox"/>			
Surgery/Procedure with code				Surgeon		Asst. Surgeon		Anaesthetist		Room Retainment Yes <input type="checkbox"/> No <input type="checkbox"/>		Traction Yes <input type="checkbox"/> No <input type="checkbox"/>	
										Syringe Pump Yes <input type="checkbox"/> No <input type="checkbox"/>		RBS x 2 - 174373	
Surgery/Procedure with code				Surgeon		Asst. Surgeon		Anaesthetist		Ventilator / Equipment (C-PAP, BiPAP ETC.)		Nebulization & Steam Inhalations	
Surgery/Procedure with code				Surgeon		Asst. Surgeon		Anaesthetist		Consumables		Dialysis & Blood Bank Services	
										Item		Dialysis with Code Qty Blood service with Code Unit Blood Transfusion Arrangement Unit	
Laser used				Implant used		Special Equipment		Emergency Visit		Discharge Status		Morning Kit	
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Emergency Visit		Normal <input type="checkbox"/> LAMA <input type="checkbox"/> DOR <input type="checkbox"/> Expired <input type="checkbox"/> Abscond <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
CONSULTANT VISIT DETAILS				Mor (Initial with time)		Eve (Initial with time)		Emergency Visit		Investigation Name		Request No	
Dr. Vikram Das				M						CBC, RFT → Done			
DIETICIAN VISIT				Mor (Initial with time)		Eve (Initial with time)		Investigation Name		Request No		Radiology Services	
PHYSIOTHERAPIST VISIT				Mor (Initial with time)		Eve (Initial with time)		Investigation Name		Request No		Radiology Services	
Initials with Employee ID				Assigned Nurse		Nurse Incharge		Billing Executive		Billing receiving Time		Medicine Returned	
Rehali/30308						Sundya						Yes <input type="checkbox"/> No <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												Yes <input type="checkbox"/> No <input type="checkbox"/>	

## DAILY ACTIVITY RECORD

Primary Consultant:		Admission Date/ Time:		Discharge Information Date/ Time:		SI. No.		OTHERS				
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p>IP No: 23-19/217    IHCID: 100025935 Dr. Kalyan Chawla    DOA: 10/01/2019 16:22 SI. Y.M. HICID 19900602 Dr. Vikram Das</p>  </div>		Activity From Date & Time	Activity To Date & Time	Bed No.	Ambulance	Private Nurse		Equipments		Item	Qty	
		12/1/19	12/1/19	11:59 PM		From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT	Yes <input type="checkbox"/> No <input type="checkbox"/>	RBS X 81-7-95-212		
		Bed Transfer Details				To	Private GDA	ALPHA Number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		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			
						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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
CONSULTANT VISIT DETAILS		Mor (Initial with time)	Eve (Initial with time)	Emergency Visit								
Dr. V. Das et al												
Dr. V. Das et al												
INVESTIGATION DETAILS												
Investigation Name				Request No		Investigation Name				Request No		
CBC, KFT, ABG				10/3/19								
						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		
		Nurse		Nurse		Nurse				Yes <input type="checkbox"/> No <input type="checkbox"/>		
										Morning Kit		
										Yes <input type="checkbox"/> No <input type="checkbox"/>		



**DAILY ACTIVITY RECORD**

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		
		10-01-19 12 <sup>pm</sup>	10-01-19 12 <sup>pm</sup>		From	Mor <input type="checkbox"/> Eve <input type="checkbox"/>	DVT Yes <input type="checkbox"/> No <input type="checkbox"/>		
Bed Transfer Details					To	Private GDA	ALPHA Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date	Time	From Bed No.	To Bed No.	Pt. Category	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"/>		
				Cash <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Syringe Pump Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Credit <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	
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"/>	No <input type="checkbox"/>						
CONSULTANT VISIT DETAILS		Mor (Initial with time)	Eve (Initial with time)	Emergency Visit					
					INVESTIGATION DETAILS				
		Investigation Name	Request No.	Investigation Name	Request No.	Radiology Services		Request No.	
		CBC, KFT, LFT	172566	PT INR, APTT		CT head		dm	
						CXR		172566	
						CT Angio		172736	
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 KI
								Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADMISSION SLIP**  
No. 11-28/211  
Date 10-01-19  
Age 60yrs  
Sex Male  
Wt 60kg  
Ht 165cm  
Temp 37.5°C  
Pulse 72bpm  
RR 18rpm  
BP 120/80mmHg  
SpO2 98%  
S/N 1000000000

RBS } done  
ECG }  
RBS x 6



UHID No. :	100035035	IP No. :	33-19/337
Name of patient :	Mr. Ashok Chawla	Age/Gender :	52 Yrs/Male
C/O :	A R CHAWLA	Consultant :	Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
Bed No. :	TS1229	Bed Category :	TWIN SHARING
Admission date/time :	10/01/2019 04:22 PM	Discharge date :	18/01/2019
Company name :	PARK MEDICLAIM Credit	MLC / Non MLC :	Non MLC MLC
Sponsor :	PARK MEDICLAIM Credit		

DEPARTMENT OF NEURO AND SPINE SURGERY

DR. VIKRAM DUA  
DIRECTOR & HOD

DR. RAVI SHANKAR  
SENIOR CONSULTANT

DR. SACHIN GUPTA  
SENIOR CONSULTANT

**DIAGNOSIS:**

Spontaneous bleed in posterior fossa  
Accelerated Hypertension  
Type 2 Diabetes Mellitus  
Urinary tract infection (Pseudomonas aeruginosa)

**BRIEF HISTORY OF ILLNESS:**

Patient was admitted with complaints of vertiginous sensation associated with vomiting, headache and profused sweating.

Known case of HTN /Type 2 DM -

Tab. Ecosprin

**CLINICAL EXAMINATION:**

Vitals:

BP- 160/90 mmHg  
Pulse- 87/min  
RR- 20/min  
SPO2- 93% on room air.

**NEUROLOGICAL EXAMINATION:**

GCS-15/15  
Pupils - Bilateral NSNR,

<b>UHID No.</b> : 100035035	<b>IP No.</b> : 33-19/337
<b>Name of patient</b> : Mr. Ashok Chawla	<b>Age/Gender</b> : 52 Yrs/Male
<b>C/O.</b> : A R CHAWLA	<b>Consultant</b> : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
<b>Bed No</b> : TS1229	<b>Bed Category</b> : TWIN SHARING
<b>Admission date/time</b> : 10/01/2019 04:22 PM	<b>Discharge date</b> : 18/01/2019
<b>Company name</b> : PARK MEDICLAIM Credit	<b>MLC / Non MLC</b> : Non MLC
<b>Sponser</b> : PARK MEDICLAIM Credit	<b>MLC</b>

Cranial Nerves intact  
Motor Examination

Motor Examination	Right	Left
Shoulder	5/5	5/5
Elbow	5/5	5/5
Wrist	5/5	5/5
Hand Grip	100%	100%
Hip	5/5	5/5
Knee	5/5	5/5
Ankle	5/5	5/5
Toe	5/5	5/5

Sensory Examination -No sensory deficit

DTR - Right (++) Planter- Bilateral flexor  
Left (++)

**SYSTEMIC EXAMINATION:**

Conscious, oriented, afebrile  
R/S-Bilateral clear  
P/A-Soft, non tender, BS (+)  
CVS- S1 S2 Normal

**INVESTIGATIONS:**

**CT BRAIN ANGIOGRAPHY (10/01/2019):**

**FINDINGS:**

Bilateral atheromatous changes seen with mural thickening in CCA bulb, eccentric calcified and non-

<b>UHID No.</b> : 100035035	<b>IP No.</b> : 33-19/337
<b>Name of patient</b> : Mr. Ashok Chawla	<b>Age/Gender</b> : 52 Yrs/Male
<b>C/O</b> : A R CHAWLA	<b>Consultant</b> : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
<b>Bed No</b> : TS1229	<b>Bed Category</b> : TWIN SHARING
<b>Admission date/time</b> : 10/01/2019 04:22 PM	<b>Discharge date</b> : 18/01/2019
<b>Company name</b> : PARK MEDICLAIM Credit	<b>MLC / Non MLC</b> : Non MLC
<b>Sponsor</b> : PARK MEDICLAIM Credit	<b>MLC</b>

Calcified plaques in bilateral CCA bulb and osteo-proximal part of ICA. No evidence of significant stenosis. Otherwise both ICAs are normal in caliber and outline at their petrous and cavernous course. No evidence of any ectasia, aneurysm and filling defect is seen. Left vertebral artery is moderate to grossly attenuated in caliber, as compared to right. However contrast opacification is present. Middle Cerebral arteries (MCA): Anterior cerebral arteries (ACA): Both ACA's are normal in course & caliber. Basilar artery (BA): Posterior cerebral arteries (PCA): Mild intraventricular acute hemorrhage is seen in 4th ventricle with mild hydrocephalus. Few discrete subcentimeter foci of hypodensities near CSF attenuation seen in bilateral centrum semiovale / corona radiata and bilateral thalami — ?subacute to old infarct. Bilateral supratentorial deep white matter symmetrical hypoattenuation present — likely s/o non-specific ischemic changes and edema.

**Impression:** Atheromatous changes in bilateral ICA & CCA bulb. No evidence of significant stenosis, aneurysm or ectasia. **Markedly attenuated left vertebral artery caliber — likely hypoplastic.**

**CT Head (15/01/2019):**

**FINDINGS:**

Acute hematoma of size approx. 20 x 18 mm involving right superior as well as middle cerebellar peduncles with adjacent fourth ventricular extension. There is mild prominence of sulci, basal cisterns, Sylvian fissures and ventricular system, s/o mild age related involutational changes. Ill defined hypodensities suggestive of chronic ischemic changes are seen in bilateral periventricular white matter, bilateral thalami and brainstem.

**COURSE IN HOSPITAL WITH TREATMENT GIVEN:**

Patient a known case of Diabetes mellitus, Hypertension, He presented with vertigo and headache. CT head done in ER showed ICH. CT Head showed Acute hematoma of size approx. 20 x 18 mm involving right superior as well as middle cerebellar peduncles with adjacent fourth ventricular extension. There is mild prominence of sulci, basal cisterns, sylvian fissures and ventricular system, s/o mild age related involutational changes. Ill defined hypodensities suggestive of chronic ischemic changes are seen in bilateral periventricular white matter, bilateral thalami and brainstem. Neurosurgery team had seen and he

<b>UHID No.</b>	: 100035035	<b>IP No.</b>	: 33-19/337
<b>Name of patient</b>	: Mr. Ashok Chawla	<b>Age/Gender</b>	: 52 Yrs/Male
<b>C/O</b>	: A R CHAWLA	<b>Consultant</b>	: Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
<b>Bed No</b>	: TS1229	<b>Bed Category</b>	: TWIN SHARING
<b>Admission date/time</b>	: 10/01/2019 04:22 PM	<b>Discharge date</b>	: 18/01/2019
<b>Company name</b>	: PARK MEDICLAIM Credit	<b>MLC / Non MLC</b>	: Non MLC
<b>Sponsor</b>	: PARK MEDICLAIM Credit	<b>MLC</b>	

was started on antiepileptic, mannitol and Inj. Dexa. CT Anglo was advised - report attached . Patient GCS did not deteriorate, He was started on antihypertensive. CT Angiography Brain showed Atheromatous changes in bilateral ICA & CCA bulb.No evidence of significant stenosis, aneurysm or ectasia. Markedly attenuated left vertebral artery caliber – likely hypoplastic. Cardiology consultation was taken in view of accelerated HTN and advice followed. After stabilization patient shifted to ward. In view of recurrent fever urine culture done and showed (*Pseudomonas aeruginosa*) and Inj. Piptaz was added and patient remain stable in ward. Patient responded well to the given treatment and now is being discharged in stable condition with following advice.

**CONDITION AT THE TIME DISCHARGE:**

- Hemodynamically stable
- Accepting orally
- No fresh deficit except disbalance

**DISCHARGE ADVICE:**

1. Inj Piptaz 4.5 gm IV 6th hourly in 100 ml NS for 8 days
2. Tab. Levera 500mg thrice daily
3. Tab. Niftran 100 mg 1 tab thrice daily for 5 days
4. Tab. Amlpress 10mg twice daily
5. Tab. Arkamine 0.1mg thrice daily (if BP more than 140/100mmHg)
6. Tab. Lopez-MD 1mg at bed time
7. Tab. Trajenta 5mg 1 tab once daily
8. Tab. Glimer 2 mg once daily (before meals)
9. Tab. Pantocid 40mg once daily (before breakfast)
10. Tab. PCM 650 mg 1 tab thrice daily
11. Tab. Emeset 4 mg 1 tab SOS (for vomiting)
12. Syp. Looz 30ml once daily
13. Syp. Citralka 10 ml thrice daily

<b>UHID No.</b>	: 100035035	<b>IP No.</b>	: 33-19/337
<b>Name of patient</b>	: Mr. Ashok Chawla	<b>Age/Gender</b>	: 52 Yrs/Male
<b>C/O</b>	: A R CHAWLA	<b>Consultant</b>	: Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
<b>Bed No</b>	: TS1229	<b>Bed Category</b>	: TWIN SHARING
<b>Admission date/time</b>	: 10/01/2019 04:22 PM	<b>Discharge date</b>	: 18/01/2019
<b>Company name</b>	: PARK MEDICLAIM Credit	<b>MLC / Non MLC</b>	: Non MLC
<b>Sponser</b>	: PARK MEDICLAIM Credit	<b>MLC</b>	

**Special Instructions:**

Do not stop any medicine without doctor's advice  
Daily bath with soap  
Review after 1 week in Neurosurgery OPD  
Take precautions as advised

**WHEN & HOW TO OBTAIN URGENT CARE:**

Report in emergency in case of high grade fever, severe headache, weakness or numbness of any limbs, respiratory distress, altered sensorium, any other emergency condition, please contact 0129-4330000 /8506011111 or come to casualty.

In case of Dire Emergency call Dr. Ravi Shankar (9891137956) or Dr. Sachin Gupta (9212629203)

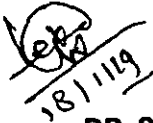
**NEXT APPOINTMENT:**

Review in Neurosurgery OPD Room No-1017 at 10am to 2 pm (Monday to Saturday).  
For appointment call Ms. Barkha (8447628673) from 10:00 A.M. to 5:00 P.M.

The post hospital care instruction set forth above have been explained to me in my language. I understand the importance of following them as specified.

I have received all the copies/original documents.

**DR VIKRAM DUA**  
DIRECTOR & HOD

  
18/1/19

**DR. RAVI SHANKAR**  
SENIOR CONSULTANT

**DR. SACHIN GUPTA**  
SENIOR CONSULTANT



Dr. Vikram Dua  
 IP No: 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA: 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002

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

## TRIAGE SHEET

Name ASHOK CHAWLA Age 54 Sex M Allergy NOT KNOWN

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

BP: 190/110 HR: 106/mt RR: 26/mt SpO2: 99% Temp (F): 98.7F Pain Score: 2/10  
 (0-10)  
 Supine: mmHg Erect: mmHg PRS - 121 mg/dl CEA  
 AX: Oral PR

Date / Time of arrival: 10/1/19 4:19 pm Time of Examination: 4:19 pm Time of Completion: \_\_\_\_\_  
 Father's / Husband's Name: E. K. Chawla Brought by: P. K. Chawla  
 MLC No: \_\_\_\_\_ Date / Time of Occurrence: \_\_\_\_\_  
 Police Station: \_\_\_\_\_ Police Notified: \_\_\_\_\_  Yes  No

**Mode of Arrival**      **Condition at Arrival**

Ambulatory     Wheel Chair     Stretcher       Alert       Verbal Stimuli       Painful Stimuli  
 Other's (Specify)       Unconscious       Other's (Specify)

**Chief Complaints:**

c/o - vertigo  
- sweating  
- vomiting  
- not able to stand

92 chest - Bu Ar en  
PIA - 80+, 85 en  
cus - 65, 20 en  
cus - cause and  
ye - Ar en

**Personal / Family History:**  
H/o any chronic illness

**Medication Reconciliation:**  
H/o HTN, DM2

QRG/HC/EMG/Frm/12.03/ED2017/N/1.0/Rev00.

- missing all items  
- present Bu 2mm  
Reacts to light

Investigations:	PROBLEM LIST / PROVISIONAL DIAGNOSIS / TREATMENT PLAN
<del>Am</del>	2, Pain 4, 7, 12, 15, 18
<del>cell</del>	
<del>PRB</del>	2, GIBSON 4, 7, 12, 15, 18
<del>PRS</del>	Am Admission of neuro surgery
<del>CT head</del>	Dr. Urban Day
<del>crackles</del>	? IC, H700 Plus
<del>crackles</del>	Plus
<del>crackles</del>	Shift to ICU
<del>crackles</del>	C/D/w Dr. Sachin & Dr. Goyal
<del>crackles</del>	(Neuro surgery) (ICU)

Specialty Response: Pt had second episode of vomiting at 0800

Time of call	Doctors Name	Specialty	Time of ER Visit
	2, Manojot	ICU	5 PM
	2, LEVERE	ICU	5:10 PM
	2, Deshpande	ICU	5:15 PM
	2, GIBSON	ICU	5:30 PM

Transfer To:  Day care  Ward  ICU  Mortuary

Admitting Consultant: \_\_\_\_\_

Date of Transfer: 10/11/19 Time of Transfer: 5:30 PM

Nurse's Name & Sign with Employee ID: Vikrant 20546

ER Physician's Name & Sign with Employee ID: Dr. Anil Bishnoi MCI 12-42634



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

MR. ASHOK CHAVLA 52  
 52 Y/M MICU 1/MICU002 Dr.  
 Dr. Vikram Dub  
 IP No : 33-19/337 UHID : 100035035 IP  
 Mr. Ashok Chavla DOA : 10/01/2019 16:22 Mr.



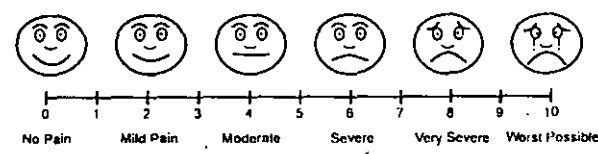
# INITIAL ASSESSMENT SHEET

Patient's Name ..... Age ..... Sex :  Male  Female

IPD No. .... Consultant. ....

Ward / Room ..... Date of Admission .....

### WONG - BAKER Facial Grimace Scale



CHIEF COMPLAINTS WITH DURATION : - Vertiginous Sensation  
 - Vomiting / x 1 day  
 - Headache  
 - Profused sweating

### HISTORY OF PRESENT ILLNESS :

K940 . H92 / 12.0m

### 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
Mimfex 75	5mg	_____	_____
Tablet	80	_____	_____
Roseday A	_____	_____	_____
ISTAM 50	50/50	_____	_____



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) *(N)*
- Cardiovascular Symptoms *(N)*
- Respiratory Symptoms *(N) B/c clear*
- Gastrointestinal Symptoms *(N)*
- Genito Urinary Symptoms *(N)*
- Neurological Symptoms *(N) moving, all 4 limbs*
- Symptoms Pertaining to Eyes, Nose, Throat, Ears, Joints & Skin

PHYSICAL EXAMINATION :

Height \_\_\_\_\_ cm

Weight \_\_\_\_\_ kg

Resp. Rate \_\_\_\_\_ /min

B.P. 160/90 mm/hg

Pulse 87 /min. Regular/Irregular

SPO2 98

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  
: ANI/20m  
ANO ICH

PLAN OF CARE & MANAGEMENT

- ✓ CBe
- ✓ HA
- ✓ LF
- ✓ PT/AM Low
- ✓ ECh
- ✓ EAR/Flu/IC
- ✓ 20 ECHO
- ✓ Neck Head
- ✓ XRAY

- Inj - Mammotol. 1st ml 70,
- Inj Levure. Serum Bid
- Inj - Pantop. 4mg. QD
- Inj - EMSJ. 4mg. TID
- Inj - NS. 1st ml for h
- RBS 1mg
- Arrange SOFF
- Watch pupil size / sensoria
- bolus cat 1hrly

DIET ADVISED: N.Y.O

EXPECTED OUTCOME: guided

Signature of Consultant .....  
Name ..... [Signature]

Signature of Medical Officer ..... [Signature]  
Name .....  
Date & Time ..... 10/1



Mr. Ashok Chawla DOA : 10/01/2019 16:22 Mr.  
 52 Y/M MICU 1/MICU002 52  
 Dr. Vikram Dua  
 IP No : 33-19/337 UHID : 100035035 IP  
 MR

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
10/1/19 6pm	At 6pm Cerebral/colored NO vomit at present
<del>At 10 AM multiple punctate hemorrhages on forehead - A</del>	<del>only Corneal layer STPT 10x 7DS normal 10x 10x 7DS RPA 10x 10x 7DS</del>
or scoping	with vitals Rgs explained to family control of BP/dm only
	Change to BP/PC and transfusion

Expected Out Come .....  
 Plan for CT Angiogram if stable  
 brain  
 N/B  
 Needles

**Plan of Care**

Date / Time	CCM Team	Notes
11.1.19		
10:30 AM	CVA - ICH 3 <sup>rd</sup> / 4 <sup>th</sup> ventricle region	mild to hydrocephalus
	DM <sub>2</sub> HCV	
	Collect CT Angio report	
	PE is Conscious Oriented Afebrile	
	moving all 4 limbs No nausea / vomiting / Seizure	
	P: 90/min BP: 158/80 mmHg SpO <sub>2</sub> : 96% RA	
	RR: 14/min NBM	
	IVF w/ 100ml/hr Cns: 80-100ml/hr motion not pursued	
	Chest: RLL at equal P/A: r/o/b. BS @ flankton BCC / hyper	
	Adv	<ul style="list-style-type: none"> <li>- Digital charting - 1 hily</li> <li>- monitor ACS / vitals</li> <li>- T Anulpress 5mg BD</li> <li>- Discuss about stopping Dexona</li> </ul>

Expected Out Come

my Maximal 100ml IV BD

N.B. kritika 20/32

mesh Agarwal  
JRCML  
D. Kamesh



IP No : 33-19/337 UHID : 100035035  
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 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

QRG Health City  
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 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
<del>11/1/19</del> 11 AM	<p>PT stable            Conscious/oriented            hyper - B/LC NSM            Afebrile            No r/o</p>
<del>Cardio of</del>	<p><del>Asy</del>            &amp; orally sup allowed            Control monitor &amp; BD            Control of BP            High support</p>

Expected Out Come N.B  
Kritika  
27837

Plan of Care

Date / Time	Notes
<u>11/1/19</u>	STB CCM Team
<u>4PM</u>	GCS - E4 V5 M6
	BP 165/100 PR 105/min Sat. 96%
	Chart - Tbc Hxhx IS
	Add
	If Labetalol 10mg <u>10mg</u> iv slow Target: STBP < 150
	T. AMLONG. 5mg stat + then [ 10mg AM 5mg PM
	Monitor GCS <del>ADD</del>

Expected Out Come AB neither



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 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

QRG Health City  
 Plot no. 1, Sector -16, Faridabad, 121002  
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## DOCTOR'S NOTES

Patient's Name ..... Age ..... Sex [ ] Male [ ] Female  
 PU ..... IPD .....  
 Unit ..... Room / Bed No. ....

### Plan of Care

Date / Time	Notes
11/1/19 6 Pm	CCM team Diagnosed case of
	ICH → 3 <sup>rd</sup> / 4 <sup>th</sup> ventricle region, hydrocephalus
	DM type 2
	HTN
	Presently Afebrile conscious obeys Moving limbs Pupils R/L 2mm ⊕ NPO → IV fluid NS @ 100 ml/hr.
	<u>Vital</u> HR - 100/min SpO <sub>2</sub> - 94% RR - 16/90 mm Hg PR - 16/min
	<u>⊕ E</u> Chest - R/L A/E ⊕ clear CVS - S1S2 ⊕ P/A - S/H - R ⊕ NT ND → PTD

Expected Out Come \_\_\_\_\_



# Plan of Care

Date / Time	Notes
	Adv
	1. w/f vitals, Sensory, Pupillary reaction
	2. Keep propped up
	3. Continue NAD status
	IV fluid NS 100 ml/hr to continue
	CRC, KFT, ARF. (4m)
	<del>Manish</del>
	<del>MR. Manish RAY</del>
	<del>NSP</del>
	<del>ALB</del>
	<del>Acetoh</del>

Expected Out Come \_\_\_\_\_



IF No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

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**DOCTOR'S NOTES**

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

PU ..... IPD .....

Unit ..... Room / Bed No. ....

**Plan of Care**

Date / Time	Notes
12/11/19 9 AM	CSIB NIS unit (Dr. V. Dua) Exam
	Patient conscious, oriented
	admission
	shift to HDU

Expected Out Come .....

Plan of Care

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

12/1/19  
9:45 AM

DR. Himanshu / CCN team

Diagnosed case of

- ICH → 3<sup>rd</sup> / 4<sup>th</sup> ventricle region, hydrocephalus
- DM types
- HTN

Presently

Afebrile

conscious obeys  
Moving limbs  
iv fluid: NS @ 100 ml/hr  
?? Delirium

Vitals

HR - 106/min

RR - 14/80 mm Hg

SpO<sub>2</sub> - 96%

P/R - 16/min

AB

Chest - R/L APB (+) Occ - conducted sounds  
CVS - S1S2 (+)  
P/A - soft - R (+) NTND

Adv

1. WPI - vitals, resp distress, sensorium
2. Keep propped up
3. Shift to IMCU
4. Tab Amlopres 10 mg 12 hly
5. R/R series from Lunch
6. soft Diet

Expected Out Come

7. Inj Lebetalol 10 mg iv stat
8. TAB Aricamine 0.1 mg Po 8 hly

W. Manish  
DR. Manish  
20M  
45/2017

Related Jasahri



IP No : 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M MICU I/MICU002  
 Dr. Vikram Dua

(5)

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 Plot no. 1, Sector -16, Faridabad, 121002  
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## DOCTOR'S NOTES

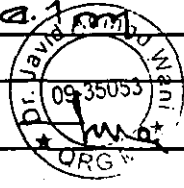
Patient's Name ..... Age ..... Sex [ ] Male [ ] Female

PU ..... IPD .....

Unit ..... Room / Bed No. ....

### Plan of Care

Date / Time	Notes
12/1 4pm	ds by com from
	Ich. Trom H7m.
	. 972 Gcs 15/16
	By . 16u 7d
	. P12 . 99
	. 802 . 97 on RA
	A
	Jan Arkanin a. 7



Expected Out Come \_\_\_\_\_

Plan of Care

Date / Time	Notes
12/11/19 4:15 pm	CSIB N/S with (Dr V-Due Eds)
	Patient Conscious oriented
	adv
	to continue treatment advised
12/11/19	↓
	LVH (IVS d ~ 1.4cm)
	LA Dilated (4.2cm)
	Normal sized LV, RA, RV
	No RVH. EF ~ 60%
	① LV filling pressure
	② Mild TR. INC 1.8cm > 50% of vent
	No clot / Mass / veg / DS
	↓
	↓
Expected Out Come	



52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua  
 IP No: 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA: 10/01/2019 16:22

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QRG Health City  
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 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
12/1/19 9 PM	<p>CCM team            Mr. Ashok Chawla            - T2DM            - HTN            - ICH - 3<sup>rd</sup>/4<sup>th</sup> ventricle &amp; hydrocephalus</p>
	<p>yp            confusion / oriented morning all over            mobile            BP - 128/80            HR - 92            Chest R/L A/P            ACS - 5/5</p>
	<p>kel            - aspirate abscess            - water for ACS / Pupil check hourly            - rest</p>

Expected Out Come

W/B  
 Reali  
 30/01

*[Signature]*

Plan of Care

Date / Time	Notes
13/1/19 <u>10:30AM</u>	. E/s by com team
	. <u>R/E</u> . HTN T20m
	. <u>Alw</u> . ICA. in 3rd, 4th ventricle
	. O/E
	. Complete / oriented
	. P/P . 140 90
	. P/R . 94
	. S/P . 92
	. <u>Alw</u>
	. <u>CSF</u> . <u>Alw</u>
	. stop . IV fluid

Expected Out Come \_\_\_\_\_



10/07/2019 16:22  
 /M MICU 1/MICU002  
 /ikram Dua  
 : 33-19/337 UHID : 100035035  
 shok Chawla DDA : 10/01/2019 16:22

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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. ....

**History of Care**

Date / Time	Notes
<del>11 AM 13/1/19</del>	<p>At 11 AM            Consent / provided            No complaint</p>
<del>13/1/19</del>	<p>Ady            Tab Leva 500mg + P<del>RO</del> DS            Inj. manitol OD &amp; stop            syp looz 20ml P BD            wfe wtdh            Plan to shift to ward 4m            Pgm explained</p>

Expected Out Come

*Signature*  
 M.B.  
 12/19  
 1950/



Plan of Care

Date / Time	Notes
<u>13/01/19</u>	
<u>10 AM</u>	. 4m
	CRP
	KEP
	<u>Long</u>
	P/B
	Kenti
	<u>30/07</u>

Expected Out Come \_\_\_\_\_



IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/20 14:16:12  
 52 Y/M HDU /IMCU010  
 Dr. Vikram Dua

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QRG Health City  
 Plot no. 1, Sector -16, Faridabad, 121002  
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**DOCTOR'S NOTES**

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

PU ..... IPD .....

Unit ..... Room / Bed No. ....

**History of Care**

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

14/1/19

DR. Himanshu / CCM team

9:30 Am

- AM type
- HTN
- ICH - 3<sup>rd</sup> / 4<sup>th</sup> ventricle, hydrocephalus.

Presently

Afebrile

Awake & amiable

obeys verbal commands

Moving limbs

Accepting Diet orally

Vital

HR - 72/min

BP - 148/70 mm Hg

SpO<sub>2</sub> - 98%

RR - 14/min

PE

Chest - R/L APB (+) Clear

CVS - S<sub>1</sub>S<sub>2</sub> (+)

P/A - Soft - R/S (+) NT ND

Adv

Expected Out Come

1. w/IC vitals, sensorium

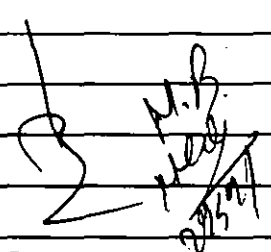
2. Rest as per drug chart

3. Plan to hold Mucina

DR. Manish Roy  
 4/5/19

DR. Manish Roy  
 4/5/19

Plan of Care

Date / Time	Notes
<u>14/1/19</u> <u>9:40 AM</u>	USIB NIS unit (Obs. Due)
	Patient conscious, oriented
	adv. - Swift to ward.
	
<u>14/1/19</u> <u>2:45 PM</u>	Patient complains of shivering Temperature 100.2 F
	<u>Advice</u> - Trig. Paracetamol 1 gm - Monitor vitals - <u>Empiric SO5</u> Rachas Sam

Expected Out Come \_\_\_\_\_



IP No : 33-19/337 UHID : 10003503  
 Mr. Ashck Chawla DOA : 10/01/2019 16:22  
 52 Y/M HDU /IMCU010  
 Dr. Vikram Dua

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 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
<del>14/1/19</del> 3 pm	US/B N/S with (Dr. V. Dua etc)
	R - Concious oriented
	adu
	- NCCT Head cm
	urine ← R ← M ← CLS
<del>14/1/19</del> 11:15 P.M.	US/B DDD
	40° - febrile T° = 100.2° F 2. no pain no vomiting
	Vital B.P. 140/80 mmHg Pulse 98 bpm
Noted by Dr. Vikram Dua 12/1/19	O/E: C.N.S. / wr. C.V.S. A.R. R.A.
Expected Out Come	- Hy Perfalgan 1 gm qd stat - Vitals steady - Rest COT

Plan of Care

Date / Time	Notes
	<u>10/11/19</u> <u>10:00</u>
	<u>CLB 13 DOD</u>
	Ajebale
	CR - 85%
	R.P. - 130/80mm
	PR - 80/min
	RR - 18/min
	Energy
	Plan 20% work
	RIS Bilder
	<u>Adu</u>
	Vitals study
	Rest list
	<u>8/1</u>

Expected Out Come \_\_\_\_\_



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 Mr. Ashok Chavla DOA : 10/01/2019 16:22  
 52 Y/M HDU /IMCU010  
 Dr. Vibram Dua

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 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
<del>11 AM</del>	<del>PT stable</del>
<del>15/1/19</del>	<del>605-1575</del>
	Insulin (r)
	<ul style="list-style-type: none"> <li>• sel</li> <li>• Tab Pantocid 40 mg + BD</li> <li>• stop manitol</li> <li>• Prepr D/S → Planned 4m</li> <li>• Rgnr explained</li> </ul>
<del>2:30 pm</del>	Febrile Aseptic 1

Expected Out Come

✓ 2g Duponez  
 2mg + D/S + IV  
 2g Pam 1gm + D/S  
 Tab Lopez - MD 1mg + ODHS

Plan of Care

Date / Time	Notes
<u>15/11/19</u> <u>3pm</u>	<u>cls LB DoD</u>
	clo Power en fair stob le
	contous
	PIA - soft non terah
	PLS - BIL Amersy (P)
	<u>Adv</u>
	Inj Perjalgan lgn 11/1/19
	<u>13-1</u>

Expected Out Come



IP No : 33-19/337

UHID: 100035035

Mr. Ashok Chavla

DOA : 10/01/2019 16:22

52 Y/M HDU /IMCU010

Dr. Vikram Dua



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### DOCTOR'S NOTES

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

PU ..... IPD .....

Unit ..... Room / Bed No. ....

#### Plan of Care

Date / Time	Notes
<del>11 Am</del>	Pt has low grade fever despite fever conservative treated
<del>16/1/19</del>	No fresh deficit Aspirin orally
	<ul style="list-style-type: none"> <li>• medical x for oral and hypoglycemia and fever</li> </ul>
	<ul style="list-style-type: none"> <li>• CBC / KFT / UCR / UCC / xray chest / Pw</li> </ul>
	<ul style="list-style-type: none"> <li>• Polysint</li> </ul>
	<ul style="list-style-type: none"> <li>• Analgesic by physiotherapist</li> </ul>
	<ul style="list-style-type: none"> <li>• wheelchair mounted if unable to walk</li> </ul>

Expected Out Come

Pt stable

Follow medical advice

*[Signature]*

*[Signature]*



Plan of Care

Date / Time	Notes
16/1/19	S/B Dept of Physiotherapy
4:30 pm	- v/lc ax's
	- L/c ax's
	- standing
	- bed side sitting

~~Dr Sander~~

Expected Out Come \_\_\_\_\_



IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

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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. ....

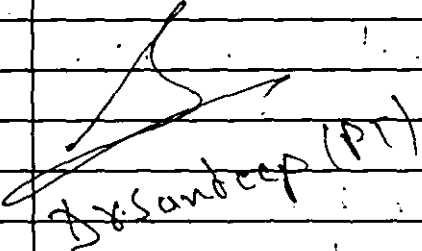
### Plan of Care

Date / Time	Notes
17/1/19 9 AM	GSIB NIS unit (Dr. V. Dua)
	Patient conscious, oriented
	adu.
	- stop DEXONA
	- sy <sup>n</sup> PIPTAZ 4.5g $\rightarrow$ (5) hrs
	- T. NIFIRAN 100mg $\rightarrow$ 1 tab twice daily
	- syp. CITRALFA 1 tsp $\rightarrow$ thrice daily
	- syp. LOOZ 10ml $\rightarrow$ thrice daily
	- physiotherapy by
	- medicine review for DM & HTN

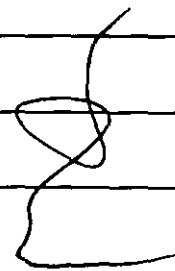
NIB  
 Preeti  
 28/03

Expected Out Come .....

Plan of Care

Date / Time	Notes
<u>17/1/19</u>	S/B Dept of Physiotherapy.
<u>11:10pm</u>	- Active ex of Both UL / LL
	- Balance training
	- Co-ordination training
	- Standing with support
	 Dr. Santdeep (PT)
<u>17/1/19</u> 4pm	C/S/B N/S with (Arvi Dya)
	Also for compliance and
	to continue treatment advised

Expected Out Come





IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

QRG Health City  
 Plot no. 1, Sector -16, Faridabad, 121002  
 Tel: 0129-4330900

*(Handwritten signature)*

**DOCTOR'S NOTE**

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

PU ..... IPD .....

Unit ..... Room / Bed No. ....

**Plan of Care**

Date / Time	Notes
	<p><u>18/1/19</u>          C/S by Team NS &amp; Dr. Vikram</p>
	<p>Neurologically Stable</p>
	<p>No fever complaint</p>
	<p>BP 130/80          PR 78</p>
	<p>RRs - 12/m (tid) Temp - 98.4°F</p>
	<p>Chest / CVS (with circled 'C')</p>
	<p>Adv: Continue same Rx</p>
	<p>D/S <span style="float: right;"><u>Dr. Vikram</u></span></p>

Expected Out Come \_\_\_\_\_





IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/20191  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

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

**DOCTOR'S REFERRAL NOTE**

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

Reason for Referral

Doctor's Name & Signature:

Date:

16/1/19  
3:00 Pm

45/B Dr Sundari  
 D- ICH - 3rd/4th ventricle  
 Hydrocephalus  
 Aced HTN  
Type 2 Diabetes mellitus (Newly Detected)  
 on OHA x 1 month.  
on Inj. Dexona

Recommendation by Referring Consultant

16/1/19  
 HbA1c - 7.5%  
 S. Creatinine - 1.62  
 urea - 94  
 T: Istamet 50/500 x BD

Plan  
 → T. Trajenta 5mg x OD  
 → T. Glimer 2mg x OD

*[Signature]*

Doctor's Name & Signature:

Date:

12/1/2019

Deionna stopped

Plan

tab. Zayenta 5mg qd

Glomer 2mg bd

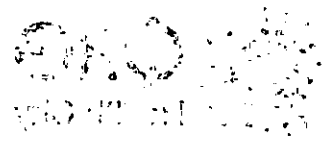
Adv

S. c. entine

S. M  
K

Dr. S. S.

Dr. S. S.



Rpt

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



IP No : 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

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

**DOCTOR'S REFERRAL NOTE**

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

**Reason for Referral**

**Doctor's Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommendation by Referring Consultant**

*11/1/2019*  
*11:30 AM*

*Ad E*

*Hold*

*2 Acc HTN*  
*ICH*

*R*

*Amlodiprus 5 - BID ✓*

*Tab OLMIN E 20 - BID*

*Tab CTD 6.25 - 10<sup>th</sup>*

**Doctor's Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Dr. Gayendra*





33-19/337 UHID : 100035035  
 Ashok Chavla DOA : 10/01/2019 16:22  
 //M MICU 1/MICU002  
 Vikram Dua  
 33-19/337 UHID : 100035035

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QRG Health City  
 Plot no. 1, Sector -16, Faridabad, 121006  
 Tel: 0129 - 4330000

## BLOOD SUGAR RECORD

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

Diagnosis ..... Doctor Incharge .....

Date	Time	Blood Sugar	Hypoglycemia Agents	Signature	Remarks
10/11/19	5:30 PM	154 mg/dl	—	Neha	
	7:30 PM	152 mg/dl	—	Neha	
	8 PM	200 mg/dl	—	Neha	
	9 PM	182 mg/dl	DNSE 6 <sup>U</sup> HIR @ 30mg	Neha	29001
	10 PM	190 mg/dl	—	Neha	29805
	11 PM	181 mg/dl	—	Neha	
11-01-19	12 AM	179 mg/dl	—	Neha	
	1 AM	168 mg/dl	—	Neha	
	2 AM	170 mg/dl	—	Neha	
	3 AM	161 mg/dl	—	Neha	
	4 AM	155 mg/dl	—	Neha	
	5 AM	158 mg/dl	—	Neha	
	6 AM	176 mg/dl	—	Neha	
	7 AM	170 mg/dl	—	Neha	
	8 AM	162 mg/dl	—	Neha	
	9 AM	167 mg/dl	—	Neha	
	10 AM	161 mg/dl	—	Neha	
	11 AM	157 mg/dl	—	Neha	
	12 PM	146 mg/dl	—	Neha	
	1 PM	152 mg/dl	—	Neha	
	2 PM	156 mg/dl	—	Neha	

Date	Time	Blood Sugar	Hypoglycemia Agents	Signature	Remarks
	3 PM	162 mg/dl	—	<del>Neha</del>	
	4 PM	165 mg/dl	—	<del>Neha</del>	
	5 PM	192 mg/dl	—	<del>Neha</del>	
	6 PM	200 mg/dl	—	<del>Neha</del>	
	7 PM	222 mg/dl	—	<del>Neha</del>	
	8 PM	256 mg/dl	ins. HIR @ 3ml / u	Neha	Alog J
	9 PM	234 mg/dl	ins. HIR 2ml / u	Neha	
	10 PM	203 mg/dl	ins. HIR @ 2ml / u	Neha	
	11 PM	199 mg/dl	ins. HIR @ 2ml / u	Neha	
2-01-19	12 AM	182 mg/dl	ins. HIR @ 2ml / u	Neha	
	1 AM	174 mg/dl	ins. HIR @ 1.5ml / u	Neha	
	2 AM	168 mg/dl	ins. HIR @ 1.5ml / u	Neha	
	3 AM	182 mg/dl	" 2ml / u	Neha	
	4 AM	176 mg/dl	" 1.5ml / u	Neha	
	5 AM	170 mg/dl	" 1.5ml / u	Neha	
	6 AM	180 mg/dl	" 2ml / u	Neha	
	7 AM	186 mg/dl	" 2ml / u	Neha	
	8 AM	180 mg/dl	" 2ml / u	Neha	
	9 AM	160 mg/dl	ins. HIR @ 1.5ml / u	Neha	
	10 AM	154 mg/dl	"	Neha	
	11 AM	150 mg/dl	—	Neha	
	12 PM	161 mg/dl	—	Neha	
	1 PM	174 mg/dl	—	Neha	
	2 PM	191 mg/dl	—	Neha	



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



IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla DOA : 10/01/201916:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dixit



DR. Sandeep

## DIABETIC CHART

Duration of DM ..... Other Concomitant illness .....

HbA1C ..... MAU ..... DPN/DN/DR ..... Lipid .....

Current Drugs Oral .....

Insulin .....

Date	FBS	Insulin/OHA Dose	PP (BF)	BL	Insulin/OHA Dose	PP (Lunch)	BL	Insulin/OHA Dose	PP (Dinner)	BL	Any Averse Effect
18/1/19	124	T. Trojentab 5mg T. Glimecl 2mg									

DR. Suresh

**DIABETIC CHART**

Duration of DM ..... Other Concomitant illness .....

HbA1C ..... MAU ..... DPN/DN/DR ..... Lipid .....

Current Drugs

Oral .....

Insulin .....

was on istamet 50/500mg bd

Date	FBS	Insulin/OHA Dose	PP (BF)	BL	Insulin/OHA Dose	PP (Lunch)	ED	Insulin/OHA Dose	PP (Dinner)	BL	Any Averse Effect
12/1/19				194	8unit gm surr.	200 mg/dl	198 mg/dl	10 unit H1P gm surr.	202 mg/dl		-
13/1/19	169 mg/dl	4U HIR given	255mg/dl	206mg/dl	12 unit HIR H1P gm surr.	140 mg/dl	166 mg/dl	10 unit given	196 mg/dl		-
14/1/19	136 mg/dl	4U HIR	287mg/dl	186mg/dl	10 unit HIR HIR	117 mg/dl	170 mg/dl	HER 10 USC	187mg/dl		
15/1/19	233 mg/dl	HER 10 USC given	300 mg/dl	227 mg/dl	HIR 10 unit s/c given	177 mg/dl	160 mg/dl	HIR 12 s/c given	249 mg/dl		
16/1/19	192 mg/dl	HIR 12U	307 mg/dl	279 mg/dl	HIR 14 USC given	150 mg/dl	249 mg/dl	Tab Trajenta 5mg	300 mg/dl		
17/1/19	282 mg/dl	Tab Trajenta 5mg + Tab Glimer 2mg	278 mg/dl	209 mg/dl	HIR 8 s/c	164 mg/dl	305 mg/dl	Tab Trajenta 5mg	200 mg/dl		

HbA1c 7.5, S. Cr 1.82  
steroids stopped on 12/1/2019

IC 17  
on steroids con 2mg 1 tab

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Drug Allergies

Not known

Diet

Low salt @ diet

Diagnosis

Intracerebral bleed

**MEDICATION PRESCRIPTION AND ADMINISTRATION CHART**

Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date	17/1/19						18/1/19											
							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					
14/1/19	Zij PAN	40mg	IV	BD	Dr. Vikram Das	17/1/19		6am				6pm												
	T. LEVERA	500mg	PO	TDS		17/1/19				9am	3pm		10pm				9am	3pm		10pm				
	Syr LOOL	30ml	PO	OD/HS		17/1/19							10pm											
	Zij Emeset	4mg	IV	TDS		17/1/19		6am			1pm	7pm					6am			1pm	7pm			
	Tab AMLOPRESS	10mg	PO	BD		17/1/19				7am			10pm				7am			7pm				
	Tab ARKAMINE (if SBP > 140/90)	0.1mg	PO	TDS		17/1/19				9am	3pm		10pm				9am			3pm		10pm		
	Zij DEXONA	2mg	IV	TDS		17/1/19		6am			3pm		10pm											
	Zij PCM	1gm	IV	TDS		17/1/19		6am			2pm		10pm				6am			2pm		10pm		
	T. LOPEZ - MD	1mg	PO	HS		17/1/19							10pm									10pm		
17/1/19	INT. PIPITAZ (TARACEP) + 100ml	4.5g	IV	Ghrly		Dr. Vikram Das	17/1/19				12pm	6pm	12pm				6am			12pm	6pm	12pm		
	T. NIFTRAN	100mg	PO	TDS	17/1/19								10pm				9am			3pm		10pm		
	Syr. CITRALKA	1tsf	PO	TDS	17/1/19								10pm				9am			3pm		10pm		
	Syr LOOL	10ml	PO	TDS	17/1/19								10pm				9am			3pm		10pm		
	Tab Pantoprazol	40mg	PO	BD	17/1/19																			

Instructions: Tab Emeset 4mg TDS  
Tab PCM 1gm TDS

Reviewed by Treating Team: [Signature]  
Reviewed by Clinical Pharmacologist: [Signature]

**STAT MEDICATIONS**

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse
01/19	INS TALACT	AST	I/D	DR RAVE	Radhika/2502
12/19/2019	INS TALACT	4.5g	I/V	DR RAVE	Radhika/2902

**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	

GR04CIPDRM05/Ver 0.2

OD - Once a day    BID - Twice a day    TID - Three times a day    QID - Four times a day    IV - Intravenous    IM - Intramuscular    SC - Subcutaneous



Plot no. 1, Sector -16, Faridabad, Haryana - 121002, Tel: 0129 - 4330000

IP No: 33-18/037  
 M. Adish Dandia  
 Sr. Yr. MDU/DMC/D.O  
 Dr. Vikram Dandia

UPID: 110623575  
 DOA: 1001/219/1/22

Barcode

3

Drug Allergies: NOT KNOWN

Diet: DM ~~SOPH~~ N DIET

Diagnosis: INTRACRANIAL BLEED

# MEDICATION PRESCRIPTION AND ADMINISTRATION CHART

Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date	14/09/19			15/09/19			16/09/19												
							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						
4/1/19	Inj. PAN	40mg	IV	BD	Bhuhay						6pm														
	T. LEVERA	500mg	PO	TDS								2pm													
	Syb. LOOZ	30ml	PO	OD																					
	Inj. EMSET	4mg	IV	TDS								2pm													
	Tab. AMLOPRESS	<del>10mg</del>	PO	<del>BD</del>																					
	Tab. ARKAMINE	0.1mg	PO	TDS																					
	Inj. MANTOL	20/100	IV	<del>BD</del>		STOP																			
	Inj. DEXONA	4mg	IV	TDS		<del>STOP</del>																			
	INF DEXONA	2mg	IV	TDS																					
	2.5 PLM	1gm	IV	TDS																					
	T. LOPEL-MD	1mg	PO	HS																					

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
14/7/17	Insulin PERALAN	1gm	IV	Bushan	M. Gaur
15/7/17	Insulin PERALAN	1gm	IV	Bushan	292
30/7/17	Insulin PERALAN	1gm	IV	Bushan	292

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	First Monitoring					Second Monitoring									
									Temp	RR	BP	Pulse	Any ADR	Temp	RR	BP	Pulse	Any ADR					

OD - Once a day    BID - Twice a day    TID - Three times a day    QID - Four times a day    IV - Intravenous    IM - Intramuscular    SC - Subcutaneous





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

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REGISTRATION NO. 100029225  
ISSUE DATE: 20/02/2019  
VALIDITY: 05/02/2019-03/02/2022

**MEDICATION ADMINISTRATION RECORD - ICU**

Pt. Name \_\_\_\_\_ Drug Hyper sensitivities / Allergies Not known  
Age / Sex \_\_\_\_\_  
UHID No. \_\_\_\_\_ STAT / Once Only / Premedication Drugs

Date	Time	Drug (Approved Name)	Dose	Time	Route	Doctor's Signature	Given by	Checked by ICU
10/1/19	10:00 AM	inj. Mucinae	600mg	10:00 AM	IV	[Signature]	Neha Balbeer	
11/1/19	11:00 AM	inj. Pexfalgan		11:00 AM	IV	[Signature]	Neha Balbeer	
11/1/19	4:00 PM	T. Labetalol	20mg	4:00 PM	IV	[Signature]	Neha Balbeer	
11/1/19	4:00 PM	T. Amoxic	5mg	4:00 PM	PO	[Signature]	Neha Balbeer	
11/1/19	4:30 PM	T. Labetalol	20mg	4:30 PM	IV	[Signature]	Neha Balbeer	
11/1/19	4:45 PM	T. Labetalol	10mg	4:45 PM	IV	[Signature]	Neha Balbeer	
11/1/19	6:00 PM	by LOBATE	10mg	6:00 PM	IV	[Signature]	Neha Balbeer	
11/1/19	10:00 AM	inj. Labetalol	10mg		IV	[Signature]	Neha Balbeer	
11/1/19	4:00 PM	TAS Arkamiz	10mg		PO	[Signature]	Neha Balbeer	

(SOS) Medication Variable (Sliding Scale) Prescriptions

ALGORITHM-1		ALGORITHM-2		ALGORITHM-3		ALGORITHM-4	
BG	UNIT / HR	BG	UNIT / HR	BG	UNIT / HR	BG	UNIT / HR
<120	Off	<120	Off	<120	Off	<120	Off
120-149	1	120-149	2	120-149	3	120-149	5
150-179	1.5	150-179	3	150-179	4	150-179	7
180-209	2	180-209	3	180-209	5	180-209	9
210-239	2	210-239	4	210-239	6	210-239	12
240-269	3	240-269	5	240-269	8	240-269	16
270-299	3	270-299	6	270-299	10	270-299	20
300-329	4	300-329	7	300-329	12	300-329	24
330-359	4	330-359	8	330-359	14	330-359	28
>360	6	>360	12	>360	16	>360	32

Epidural Infusions			
Drug	Conc/Dose	Diluent	Date
Drug	Conc/Dose	Volume	Time
Infusion Rate	Start Date	Stop Date	Sign
Drug	Conc/Dose	Diluent	Date
Drug	Conc/Dose	Volume	Time
Infusion Rate	Start Date	Stop Date	Sign

Clinical Pharmacist Sign. Date \_\_\_\_\_  
Clinical Pharmacist Sign. Date \_\_\_\_\_  
Clinical Pharmacist Sign. Date \_\_\_\_\_  
Clinical Pharmacist Sign. Date \_\_\_\_\_  
Clinical Pharmacist Sign. Date \_\_\_\_\_

**IV FLUIDS & INTRAVENOUS INFUSIONS**

Start Date	Infusion Fluid		Additions To Infusion		Route	Rate (ml/Reg) or Duration (hours)	Prescriber Sign	Start Time	Stop Time	Given by
	Type / strength	Volume	Medicine (Approved Name)	Dose						
10/1/19	NS	500	NS	20mg/10ml	IV	3am	[Signature]	8:30 AM		Neha Balbeer
11/1/19	NS	500	NS	20mg/10ml	IV	3am	[Signature]	8:30 AM		Neha Balbeer

Time	Date	Date	Date	Date	Date
	10/1/19	11-01-19	12-01-19	13/1/19	14/1/19
Drug	Pain				
Dose	40mg				
Special Instructions	12hly				
Route	IV				
Signature	[Signature]				
Start Date	10/1				
Stop Date					
Drug	Heparin				
Dose					
Special Instructions					
Route					
Signature					
Start Date					
Stop Date					
Drug	LEVERA				
Dose	50mg				
Special Instructions	8hly				
Route	PO				
Signature	[Signature]				
Start Date	12-1-19				
Stop Date					
Drug	Sildenafil				
Dose	20mg				
Special Instructions	OD				
Route	PO				
Signature	[Signature]				
Start Date	11-1-19				
Stop Date					
Drug	Antibiotic				
Dose					
Special Instructions					
Route					
Signature					
Start Date					
Stop Date					
Drug	Antibiotic				
Dose					
Special Instructions					
Route					
Signature					
Start Date					
Stop Date					
Drug	Antibiotic				
Dose					
Special Instructions					
Route					
Signature					
Start Date					
Stop Date					

Time	Date	Date	Date	Date	Date
	10/1/19	11-01-19	12-01-19	13/1/19	14/1/19
Drug	Mannitol				
Dose	100ml				
Special Instructions					
Route	IV				
Signature	[Signature]				
Start Date	10/1				
Stop Date	11/1				
Drug	LEVERA				
Dose	50mg				
Special Instructions	8hly				
Route	IV				
Signature	[Signature]				
Start Date	10/1				
Stop Date	12/1				
Drug	Esmolol				
Dose	4mg				
Special Instructions	TID				
Route	IV				
Signature	[Signature]				
Start Date	10/1				
Stop Date					
Drug	Doxycycline				
Dose	4mg				
Special Instructions	TID				
Route	IV				
Signature	[Signature]				
Start Date	10/1				
Stop Date					
Drug	Mucosa				
Dose	600mg				
Special Instructions	12hly				
Route	IV				
Signature	[Signature]				
Start Date	1-1-19				
Stop Date	14/1/19				
Drug	Amlodipine				
Dose	5mg				
Special Instructions	BD				
Route	PO				
Signature	[Signature]				
Start Date	11/1				
Stop Date	11/1				

Time	Date	Date	Date	Date	Date
	11/1/19	12-01-19	13/1/19		
Drug	Lansoprazole				
Dose	30mg				
Special Instructions					
Route	IV				
Signature	[Signature]				
Start Date	11-1-19				
Stop Date	13-1				
Drug	Mannitol				
Dose	100ml				
Special Instructions	BD				
Route	IV				
Signature	[Signature]				
Start Date	11-1-19				
Stop Date	13-1				
Drug	Amlodipine				
Dose	10mg				
Special Instructions	OD				
Route	PO				
Signature	[Signature]				
Start Date	11-1-19				
Stop Date	12/1/19				
Drug	Amlodipine				
Dose	5mg				
Special Instructions	OD				
Route	PO				
Signature	[Signature]				
Start Date	11-1-19				
Stop Date	12/1/19				
Drug	Amlodipine				
Dose	10mg				
Special Instructions	12hly				
Route	PO				
Signature	[Signature]				
Start Date	12/1				
Stop Date					
Drug	Amlodipine				
Dose	0.1mg				
Special Instructions	2hly				
Route	PO				
Signature	[Signature]				
Start Date	12/1				
Stop Date					
Drug	Amlodipine				
Dose	100ml				
Special Instructions	OD				
Route	IV				
Signature	[Signature]				
Start Date	13/1/19				
Stop Date					



Plot no. 1, Sector -16, Faridabad, Haryana - 121002, Tel: 0129 - 4330000

XXXXXXXXXXXX

IP No: 25-11-2022    UPGD: 10000000    P  
 Mr. Anshu Chandra    DOB: 10/01/2019    M  
 SU 1011 - KBCU - LINC0000    S  
 Dr. Vikram Dutt    D

XXXXXXXXXXXX

Drug Allergies \_\_\_\_\_  
 Diet \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

## MEDICATION PRESCRIPTION AND ADMINISTRATION CHART

Date & Time	Name of the Drugs	Dose	Route	Frequency	Name & Sign of Doctors	Date																	
						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
						Time																	
						Signature																	
						ID Check																	
						Time																	
						Signature																	
						ID Check																	
						Time																	
						Signature																	
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						ID Check																	
						Time																	
						Signature																	
						ID Check																	
						Time																	
						Signature																	
						ID Check																	

Instructions:	Reviewed by Treating Team:	Reviewed by Treating Team:	Reviewed by Treating Team:
	Reviewed by Clinical Pharmacologist:	Reviewed by Clinical Pharmacologist:	Reviewed by Clinical Pharmacologist:

STAT MEDICATIONS

Date & Time	Name of the Drugs	Dose	Route	Name & Sign of Doctors	Name & Sign of Nurse
10/11/19	Levitra	40	IV	[Signature]	Syl
"	Amoxicillin	400	IV		Syl
"	Doxa	800	IV		Syl

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
10/11/19	Levitra	40	IV	PRN			Syl	[Signature]	98.17	20/h	150/80	52	-Nil										
"	Morphine	10mg	IV	PRN			Syl	[Signature]	98.2	20/h	140/80	50	-Nil										

ORIG/HC/SPD/Frm/05/Ver.0.2

OD - Once a day    BID - Twice a day    TID - Three times a day    QID - Four times a day    IV - Intravenous    IM - Intramuscular    SC - Subcutaneous



IP No : 33-19/337      UHID: 100035035  
 Mr. Ashok Chawla      DOA : 10/01/2019 16:22  
 S2 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

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

## VITAL SIGN CHART

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Ward \_\_\_\_\_ UHID No. \_\_\_\_\_ Bed No. \_\_\_\_\_

Date	Time	Pulse	BP	Resp. Rate	SPO <sub>2</sub>	Temp	Signature
16/11/19	10:30 PM	90 bpm	120/80	20 bpm	95%	100°F	[Signature]
16/11/19	8:20 AM					100.3°F	[Signature]



## CLINICAL CHART

Day of Hospitalisation		14/01/19			15/01/19			16/01/19			17/01/19			18/01/19									
Temperature		AM		PM	AM		PM	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	
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		91	97	72	88	82	86	95	94	69	86	80	82	80	86	88	94	89	95	90	88	87	90
Respiration		22	22	20	20	20	20	20	20	20	20	20	20	20	22	22	20	20	22	22	20	22	
Blood Pressure		130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	130/140	
Pain Score		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urine		F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
Bowels		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Diet		OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D	OM S D
Blood Transfusion		6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP	6 RDP
Total Intake		1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml	1600 ml
Total Output		1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml	1000 ml
Antibiotics																							
Allergy		Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known	Not known
Miscellaneous																							



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



IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua

## INTAKE AND OUTPUT RECORD

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date 10/01/2019

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	By Pipette 100ml			100ml	Water					
2	By Hospital 100ml			100ml	Water					
3										
4										
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										





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

(Handwritten mark)

Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua  
IP No : 33-19/337 UHID: 100035035

## INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date 17/11

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM				200ml	B.Pant					
9				100ml	tbl					
10	Ty Tazact 4.5g + NS		100ml	100ml	tbl	✓				
11										
12 N										
1 PM	Ty Hespinal 100ml									
2										
3				200ml	tbl	✓				
4										
5										
6	Yes	tbl	100ml	100ml	tbl	✓				
7										
8				100ml	tbl					
9										
10	Ty Pen 100ml			200ml	150ml	✓				
11				100ml	50ml	✓				
12 MN	Ty Tazact 100ml									✓
1 AM						✓				
2										
3										
4										
5										
6	Ty Pen 100ml			100ml	50ml	✓				
7	Ty Tazact 100ml			100ml	100ml					
Total				700ml	1150ml					
Total INTAKE in 24 Hours				1850ml		Total OUTPUT in 24 Hours				6 times
BALANCE										



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

3

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua



## INTAKE AND OUTPUT RECORD

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date 16/1/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM				100ml	Breakfast					
9										
10				100ml	H <sub>2</sub> O	400ml				
11										
12 N										
1 PM				100ml	Tea	✓				
2				100ml	H <sub>2</sub> O					
3										
4						✓				
5										
6				100ml	Tea					
7										
8				70ml	150ml					
9				100ml	100ml	✓				
10				<del>100ml</del>						
11										
12 MN										
1 AM										
2										
3										
4										
5										
6				100ml	100ml	✓				
7										
Total				200ml	850ml					
Total INTAKE in 24 Hours				1050ml		Total OUTPUT in 24 Hours				400ml

BALANCE

Nurse Signature  
*Ashok*



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

(2)

IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
S2 Y/M HDU /IMCU010  
Dr. Vikram Dua

## INTAKE AND OUTPUT RECORD

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date 15/10/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Stool / Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM				200ml	Tea					
9						100ml				
10				100ml	H <sub>2</sub> O					
11										
12 N				100ml	GOD	600ml				
1 PM										
2				100ml	H <sub>2</sub> O					
3				100ml	pcm					
4										
5						400ml				
6				100	pcm					
7										
8										
9				100ml	Dinner					
10				100ml	milk					
11				100ml	log. pcm	200ml				
12 MN										
1 AM										
2										
3										
4										
5						300ml				
6				100ml	log. pcm					
7				100ml	Tea					
Total										
Total INTAKE in 24 Hours						1200ml				
Total OUTPUT in 24 Hours						1600ml				
BALANCE										

Nurse Signature \_\_\_\_\_



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

(1)

IP No : 33-19/537 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/14 HDU /IMCU010  
Dr. Vikram Dua

## INTAKE AND OUTPUT RECORD

Patient Name

Age

Sex

Date

24/01/19

Hour	Intravenous Infusions			Oral		Urine	Vomit	Drainage	Aspirate	Others
	Volume Started	Volume Remaining	Volume Infused	Volume	Type					
8 AM										
9										
10										
11										
12 N				50ml						
1 PM										
2				100 ml	hd					
3				200 ml	hd					
4										
5										
6										
7				200 ml	hd					
8										
9										
10				100 ml	hd					
11										
12 MN										
1 AM										
2										
3				100 ml	hd					
4										
5										
6				100 ml	hd					
7										
Total										
Total INTAKE in 24 Hours						Total OUTPUT in 24 Hours				
BALANCE										



QRG Medicare

Plot no. 1, Sector -16, Faridabad, Haryana - 121002  
Tel: 0129 - 4330000 Fax: 0129 - 4330033

Licence No.787-B(H)



Department Of Transfusion Medicine (Blood Bank)

**BLOOD COMPATIBILITY REPORT**

S. No. 2793

Date 10/01/19

The Blood Bank is hereby Issuing (Component (s)) RDP for the use of

Patient Name ASHOK CHAWLA Age / Sex 52/m IPD / Reg. No 100035035

Blood Group O<sup>+</sup> / O<sup>+</sup> Ward / Bed No. MICU In O.R.G. Health City Hospital

Tested-HIV, HBsAg, Syphilis Non-Reactive & MP Negative ID-NAT TESTED

S. No.	Issue No.	Unit No.	Blood / Blood Component	ABO & Rh	D.O.C	D.O.E	Vol.	Cross Match Result	Cross Match Done by	Date & Time of Issue	Received by Date & Time
01	67	1910026	RDP	O <sup>+</sup>	5/01/19	10/01/19	81ml				
02		1910028	RDP	O <sup>+</sup>	05/01/19	10/01/19	83ml				
03		1910032	RDP	O <sup>+</sup>	05/01/19	10/01/19	88ml	Comp	2/2/19	10/01/19	7/19/2
04		1910034	RDP	O <sup>+</sup>	05/01/19	10/01/19	74ml				
05		1910036	RDP	O <sup>+</sup>	06/01/19	11/01/19	78ml				
06		1910046	RDP	O <sup>+</sup>	07/01/19	12/01/19	79ml				

Blood & Blood Products once issued will not be taken back blood bank.

Issued By  
Blood Bank Technologist  
Name 2/2/19



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

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 16/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua



## BLOOD TRANSFUSION NOTES

Date of transfusion 10-01-19 Time: Start 10:15 pm End 10:30pm  
Component (Red cell / Platelet concentrate / FFP / SDPC / Cryo)  
ABO - B /  A / AB Rh -  +  -  
Blood Unit No. 19/0026  
Date of Collection 05-01-19 Date of Expiry 10-01-19  
Consent Taken  Yes  No

### Transfusion Details

Before transfusion, Checked by: Nurse's Signature Meha Name Meha Emp. ID 24805  
Counter Checked by: Doctor's Signature Dr. Javed Name Dr. Javed Emp. ID \_\_\_\_\_  
Transfusion finished by: Nurse's Signature Meha Name Meha Emp. ID 24805  
Blood Received at 10:10pm (Time) Blood Started at 10:15pm (Time)

### Blood Compatibility Sticker

Dept. of Transfusion Medicine (BLOOD BANK)  
**PLATELET CONCENTRATE / PRP (USP)**  
Instructions **D-NAT TESTED** No. 787-B(H)  
1. Do not Refrigerate  
2. Store at 20-24°C under Constant Agitation  
3. Volume : 50-70ml Approx.  
Patient Name ASHOK CHAWLA Regd. No. 100035035  
Unit No. 19/0026 Blood Group O+  
Date of Collection 05/01/19 Date of Expiry 10/01/19  
QRG Health City Plot No. 1, Sector -16, Faridabad-121002

Dept. of Transfusion Medicine (BLOOD BANK)  
**PLATELET CONCENTRATE / PRP (USP)**  
Instructions **D-NAT TESTED** No. 787-B(H)  
1. Do not Refrigerate  
2. Store at 20-24°C under Constant Agitation  
3. Volume : 50-70ml Approx.  
Patient Name ASHOK CHAWLA Regd. No. 100035035  
Unit No. 19/0026 Blood Group O+  
Date of Collection 05/01/19 Date of Expiry 10/01/19  
QRG Health City Plot No. 1, Sector -16, Faridabad-121002

### Vital Sign Charting

Date	Time	Temp (°F)	Pulse (beats/min)	Resp (breath/min)	BP (mmHg)	SpO <sub>2</sub> %	Sign.	Remarks
10-01-19	10:15Pm	98.4°	133b/m	32b/m	160/70	96+	Neha	
	10:20Pm	98°	130b/m	30b/m	150/70	98+	Neha	
	10:25Pm	98.6°	120b/m	33b/m	168/72	96+	Neha	

Please note that signs & symptoms that may occur due to impending or established transfusion reaction include :

- Temperature rise >1° with or without chills.
- Shaking chills (Rigors) with or without temperature rise.
- Pain at infusion site or in chest or back (Flanks)
- Blood pressure changes.
- Respiratory distress, including tachypnea or hypoxemia..
- Oozing from I.V. line site.
- In anaesthetised patient during surgery there is diffuse oozing from surgical site, Hypotension, Haemoglobinuria, Pink or Red color urine may be seen when the patient has indwelling urinary catheters.

**Note :**

Transfusion should ideally finish within specified time (usually 4 hrs.)  
 In case of any signs / symptoms suggestive of Blood Transfusion Reaction, Nursing should immediately stop Blood Transfusion & inform Duty Doctor. The duty doctor should send the filled Adverse Transfusion Report accompanied by remaining blood product and BT set (Without needle) to the Blood Bank. A fresh Blood sample of the patient (EDTA & Plain) and first urine sample will also need to be sent to Blood Bank to proceed for Adverse Transfusion Reaction Protocol.

**Blood Bag Handover Details:**

Blood Bag Handover at ..... 11Pm ..... (Time)

Handed over by Staff Nurse ..... Neha ..... (Name) ..... 27805 ..... (Emp. ID)



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

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chzvla DCIA : 10/01/201916:24  
52 Y/M HDU /IMCU010  
Dr. Vikram Dua



### PATIENT TRANSFER SUMMARY

Patient Name ..... Age ..... Sex :  Male  Female

IPD No. .... Date of Transfer .....

Time of Transfer ..... Shifting From ..... Shifting To .....

Mode of transfer  Bed  Stretcher  Wheelchair  Ambulatory Informed attendant  Yes  No

Diagnosis:  
*ICTS  
DM / HTN*

Course of treatment (significant findings & investigations)  
*CT Chest - Lungs clear*

Medication reconciliation & other treatment (to be continued)  
*as Per Chart.*

Pending investigations (to be collected)  
\_\_\_\_\_

Pending referrals / follow up consultations  
*Monitor BP + vitals Medication  
as Per BP*

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

Patient Condition at Transfer:  
Vitals: BP: *140/90* HR: *90/min* SpO2: \_\_\_\_\_ Temp: \_\_\_\_\_ Pain Score: \_\_\_\_\_ (1-10)

Level of Consciousness:  Lethargic/Sleepy  Stuporous  Comatose/Unresponsive



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: ① Lab Report file

2. Old reports: \_\_\_\_\_

3. Radiological films: CT/MRI/USG/X-RAY/Doppler Studies/Others: ① ABCD X-ray ② EEG ③ Bone Density  
④ MRI film

Pending Medication/ Investigation reports: \_\_\_\_\_

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

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

1. ZV Amelco    RT Hand

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

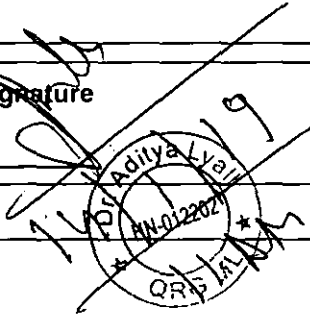
Transferring Nurse Name & ID No. <u>Neelima</u>	Receiving Nurse Name & ID No. <u>Am</u>
Date / Time : <u>10/1/19 3pm</u>	Date / Time : <u>2pm</u>

**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 : _____





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

IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua



## BLOOD TRANSFUSION NOTES

Date of transfusion 10-01-19 Time: Start 10:30pm End: 10:40pm

Component (Red cell / Platelet concentrate / FFP / SDPC / Cryo)

ABO - B / O / A / AB Rh -  +  -

Blood Unit No. 19/0034

Date of Collection 05-01-19 Date of Expiry 10-06-19

Consent Taken  Yes  No

### Transfusion Details

Before transfusion, Checked by: Nurse's Signature neha Name neha Emp. ID 27805

Counter Checked by: Doctor's Signature [Signature] Name Maw Emp. ID [ID]

Transfusion finished by: Nurse's Signature neha Name neha Emp. ID 27805

Blood Received at 10:10pm (Time) Blood Started at 10:30pm (Time)

### Blood Compatibility Sticker

Dept. of Transfusion Medicine (BLOOD BANK)

**PLATELET CONCENTRATE / PRP (USP)**

Instructions **ID-NAT TESTED** 787-B(H)

- Do not Refrigerate
- Store at 20-24°C under Constant Agitation
- Volume : 50-70ml Approx.

Patient Name ASHOK CHAWLA Regd. No. 100035035

Unit No. 19/0034 Blood Group O

Date of Collection 05/01/19 Date of Expiry 10/01/19

QRG Health City Plot No. 1, Sector -16, Faridabad-121002

Dept. of Transfusion Medicine (BLOOD BANK)

**PLATELET CONCENTRATE / PRP (USP)**

Instructions **ID-NAT TESTED** 787-B(H)

- Do not Refrigerate
- Store at 20-24°C under Constant Agitation
- Volume : 50-70ml Approx.

Patient Name ASHOK CHAWLA Regd. No. 100035035

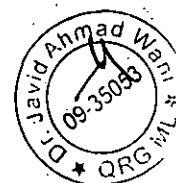
Unit No. 19/0028 Blood Group O

Date of Collection 5/1/19 Date of Expiry 10/01/19

QRG Health City Plot No. 1, Sector -16, Faridabad-121002

QRG/HC/BB/LB/5.03/ED2017/V1.0/Rev00

QRG/HC/BB/LB/5.03/ED2017/V1.0/Rev00



### Vital Sign Charting

Date	Time	Temp (°F)	Pulse (beats/min)	Resp (breath/min)	BP (mmHg)	SpO <sub>2</sub> %	Sign.	Remarks
10-01-19	10:30pm	98.6°	130b/m	30b/m	150/60	96%	neha	
	10:35pm	98.2°	133b/m	33b/m	160/70	98%	neha	
	10:40pm	98°	132b/m	36b/m	168/70	98%	neha	

**Please note that signs & symptoms that may occur due to impending or established transfusion reaction include :**

- Temperature rise >1° with or without chills.
- Shaking chills (Rigors) with or without temperature rise.
- Pain at infusion site or in chest or back (Flanks)
- Blood pressure changes.
- Respiratory distress, including tachypnea or hypoxemia.
- Oozing from I.V. line site.
- In anaesthetised patient during surgery there is diffuse oozing from surgical site, Hypotension, Haemoglobinuria, Pink or Red color urine may be seen when the patient has indwelling urinary catheters.

**Note :**  
 Transfusion should ideally finish within specified time (usually 4 hrs.)  
 In case of any signs / symptoms suggestive of Blood Transfusion Reaction, Nursing should immediately stop Blood Transfusion & inform Duty Doctor. The duty doctor should send the filled Adverse Transfusion Report accompanied by remaining blood product and BT set (Without needle) to the Blood Bank. A fresh Blood sample of the patient (EDTA & Plain) and first urine sample will also need to be sent to Blood Bank to proceed for Adverse Transfusion Reaction Protocol.

**Blood Bag Handover Details:**

Blood Bag Handover at ..... 11pm ..... (Time)

Handed over by Staff Nurse ..... neha ..... (Name) ..... 27805 ..... (Emp. ID)



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

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua

## BLOOD TRANSFUSION NOTES

Date of transfusion.....10-01-19..... Time: Start.....10:40pm..... End.....10:50pm

Component (Red cell / Platelet concentrate / FFP / SDPC / Cryo)

ABO - B / O / A / AB Rh -  +  -

Blood Unit No. 19/0036, 19/0046

Date of Collection 06-01-19, 07-01-19 Date of Expiry 11-01-19, 13-01-19

Consent Taken  Yes  No

### Transfusion Details

Before transfusion, Checked by: Nurse's Signature neha Name neha Emp. ID 27805

Counter Checked by: Doctor's Signature Manu Name Manu Emp. ID 4480

Transfusion finished by: Nurse's Signature neha Name neha Emp. ID 27805

Blood Received at 10:10pm (Time) Blood Started at 10:40pm (Time)

### Blood Compatibility Sticker

Dept. of Transfusion Medicine (BLOOD BANK)

**PLATELET CONCENTRATE / PRP (USP)**

Instructions: **NOT TESTED** Licence No. 787-B(H)

1. Do not Refrigerate
2. Store at 20-24°C under Constant Agitation
3. Volume : 50-70ml Approx.

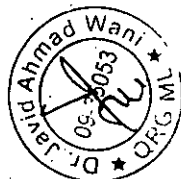
Patient Name ASHOK CHAWLA Regd. No. 10035035

Unit No. 19/0036 Blood Group O

Date of Collection 6/1/19 Date of Expiry 11/1/19

QRG Health City Plot No. 1, Sector -16, Faridabad-121002

QRGHC/BB/LWS.03/ED2917V1.0/Rev00



Dept. of Transfusion Medicine (BLOOD BANK)

**PLATELET CONCENTRATE / PRP (USP)**

Instructions: **NOT TESTED** Licence No. 787-B(H)

1. Do not Refrigerate
2. Store at 20-24°C under Constant Agitation
3. Volume : 50-70ml Approx.

Patient Name ASHOK CHAWLA Regd. No. 10035035

Unit No. 19/0046 Blood Group O

Date of Collection 7/1/19 Date of Expiry 12/1/19

QRG Health City Plot No. 1, Sector -16, Faridabad-121002

QRGHC/BB/LWS.03/ED2917V1.0/Rev00



### Vital Sign Charting

Date	Time	Temp (°F)	Pulse (beats/min)	Resp (breath/min)	BP (mmHg)	SpO <sub>2</sub> %	Sign.	Remarks
10-01-19	10:40pm	98.2	128b/m	30b/m	140/80	98%	nebs	
	10:45pm	98.2	130b/m	28b/m	140/70	96%	nebs	
	10:50pm	98.2	120b/m	32b/m	140/80	98%	nebs	

Please note that signs & symptoms that may occur due to impending or established transfusion reaction include :

- Temperature rise >1° with or without chills.
- Shaking chills (Rigors) with or without temperature rise.
- Pain at infusion site or in chest or back (Flanks)
- Blood pressure changes.
- Respiratory distress, including tachypnea or hypoxemia.
- Oozing from I.V. line site.
- In anaesthetised patient during surgery there is diffuse oozing from surgical site, Hypotension, Haemoglobinuria, Pink or Red color urine may seen when the patient has indwelling urinary catheters.

**Note :**  
 Transfusion should ideally finish within specified time (usually 4 hrs.)  
 In case of any signs / symptoms suggestive of Blood Transfusion Reaction, Nursing should immediately stop Blood Transfusion & inform Duty Doctor. The duty doctor should send the filled Adverse Transfusion Report accompanied by remaining blood product and BT set (Without needle) to the Blood Bank. A fresh Blood sample of the patient (EDTA & Plain) and first urine sample will also need to be sent to Blood Bank to proceed for Adverse Transfusion Reaction Protocol.

**Blood Bag Handover Details:**

Blood Bag Handover at ..... 11pm ..... (Time)  
 Handed over by Staff Nurse ..... neho ..... (Name) ..... 27805 ..... (Emp. ID)



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# BLOOD TRANSFUSION CONSENT

Patient Name ..... IPD No ..... Date 10/1/19

Dr. .... has explained to me that I need or may

need during treatment a transfusion of Blood and or one of its products for the following reason(s):

The Blood / Blood products have been arranged from Blood Bank. The Doctor has explained to me in general what a transfusion is, the procedure that will be used & the benefits of receiving a transfusion. Possible risks involving this blood transfusion have been explained to me by my physician. These risks include Hepatitis, Allergic reaction, volume overload. Other risks include exposure to the AIDS virus but that is very remote. No guarantees has been made to me by QRG Health City about the outcome of the transfusion

60 RDPc

The doctor has also explained to me the alternatives to transfusion, including the risks and consequences of not receiving this therapy

I have the Opportunity to ask the doctors any questions I might have, Therefore

I give my informed and voluntary consent to the transfusion and permit the doctor or any person as may be authorized by the doctor to give me transfusion. I also agree this Informed consent may serve consent to give additional necessary blood products during and till the end of this hospitalization.

I have been informed that the blood bank works on the policy of replacement

Patient's Signature.....

Witness Signature.....

\* The Patient is unable to consent because .....

I therefore consent for the patient .....

Signature [Handwritten Signature]

Relationship to Patient (son)

I declare that I have personally explained the above information to the patient or the patient's representative.

Doctor's Signature [Handwritten Signature]

## रक्ताधान (ट्रांसफ्यूजन) सहमति प्रपत्र

मरीज का नाम ..... आई.पी.डी.संख्या..... दिनांक.....

डा० ..... ने मुझे बताया कि उपचार के दौरान निम्नलिखित कारणों से रक्त प्रवेश

या इससे सम्बन्धित रक्त उत्पाद की मुझे जरूरत है/या हो सकती है .....

रक्त/रक्त उत्पाद ब्लड बैंक से उपलब्ध करवाया जाएगा। डा० ने मुझे बताया कि कैसे रक्ताधान विधि का प्रयोग किया जाएगा और प्रवेशित रक्त प्राप्त करने के क्या लाभ हैं। इस रक्ताधान विधि में निहित संभावित जोखिम से भी मेरे डा० ने मुझे अवगत कराया। इसमें हेपेटाइटिस, एलर्जी से सम्बन्धित प्रतिक्रिया, बुखार जैसे खतरे शामिल हैं, परन्तु ये अत्यन्त न्यून हैं। रक्ताधान से प्राप्त लाभ के बारे में गारंटी का आश्वासन मुझे क्यू.आर.जी. हेल्थ सिटी की तरफ से नहीं दिया गया।

डा० ने रक्ताधान (ट्रांसफ्यूजन) विकल्प और इस का उपचार ना मिलने से सम्बन्धित खतरे और परिणामों से भी मुझे अवगत कराया है।

मुझे डा० से सभी प्रश्न पूछने का अवसर मिला, इसलिए:-

मैं अपनी जानकारी और स्वेच्छिक सहमति से डा० या व्यक्ति जो डा० द्वारा अधिकृत हो को रक्ताधान (ट्रांसफ्यूजन) करने की अनुमति देता हूँ। इस चिकित्सीय सेवा के दौरान या इस सेवा के अंत तक आवश्यक अतिरिक्त रक्त उत्पाद देने की भी मैं अपनी स्वीकृति प्रदान करता हूँ।

★ मुझे बता दिया गया है कि ब्लड बैंक प्रतिस्थापन (Replacement) की नीति पर काम करता है।

रोगी के हस्ताक्षर ..... गवाह के हस्ताक्षर .....

• मरीज सहमति देने में असमर्थ है क्योंकि.....  
इसलिए मैं मरीज की तरफ से स्वीकृति देता हूँ.....

सम्बन्धी के हस्ताक्षर ..... मरीज से सम्बन्ध.....

मैं एतद् घोषणा करता हूँ कि मैंने व्यक्तिगत रूप से मरीज या मरीज के प्रतिनिधि को उपरोक्त बातें विस्तार से समझा दी।

**INITIAL NURSING ASSESSMENT – EMERGENCY**

Patient Name: <u>Ashok</u>	Age: <u>52</u>	Sex: <u>M</u>
Brought by:	Contact No:	
Date / Time of Arrival: <u>10/11/19 4:15</u>	Time of Completion of assessment: <u>4:30 PM</u>	
Mode of Arrival: Wheel chair ( ) Stretcher ( <input checked="" type="checkbox"/> ) Ambulatory ( <input checked="" type="checkbox"/> )		
Languages Known: Hindi ( <input checked="" type="checkbox"/> ) English ( <input checked="" type="checkbox"/> ) Others ( <input checked="" type="checkbox"/> ) Specify:		
Source of Information: Self ( ) Family ( <input checked="" type="checkbox"/> ) Friend ( <input checked="" type="checkbox"/> ) Others ( <input checked="" type="checkbox"/> )		
MLC: Yes ( ) No ( <input checked="" type="checkbox"/> )		

**Triage Category**  I  II  III  IV  V

**Vital Signs** on arrival

BP: <u>140/80</u> mmhg	HR: <u>98</u> /min	RR: <u>20</u> /min	Temp: <u>98.6</u> F
SpO2: <u>99%</u>	RBS: _____ mg/dL		
Pain Score (0 - 10): <u>2</u> /10			

**Neurological Status** on arrival

Conscious/oriented () Disoriented () Unconscious () Stuporous () Confused / Anxious ()

GCS: \_\_\_\_\_

**Allergies**

Any Allergies - Yes/  No / Not Known. If Yes, Details:

**Skin Integrity**

Any signs of Hematoma (  ) Pressure Ulcers / Wounds (  ) Edema (  )

Details: Intact

**Past History** Yes (  ) No ( ) Last Visit:

If yes, Hypertension () Diabetes () Bronchial Asthma () Seizure Disorder () Thyroid Disorder (  )  
Heart Disease () Kidney Disorder ( ) GI Disorder (  ) Others:

Medication Status: nil NPO Status: \_\_\_\_\_

**Chief Complaints**

Vertigo  
Swearing



Risk Assessment	
Vulnerability Status: Yes ( <input checked="" type="checkbox"/> ) No ( <input type="checkbox"/> ) Category:	
Fall Risk Assessment Score (Reference - Morse Fall Risk Assessment Tool) ( )	
Morse Fall Risk Score:..... 0 - 24: No Risk ( <input checked="" type="checkbox"/> ) 25 - 44 : Low Risk ( ) Above 45: High Risk ( )	
Pressure Ulcer Risk Assessment (Reference - Braden Scale)	
Braden Score:..... 15 - 18: At Risk ( <input checked="" type="checkbox"/> ) 13-14: Moderate Risk ( )	
10-12: High Risk ( ) 9 or Less: Very High Risk ( )	

Investigations Sent	
Lab	Radiology
Nil	CT head ECG, ABG

Continuous Monitoring									
Time	Temp	Pulse	RR	B.P	SpO2	Intake (Oral / IV/ RT/ others)	Amount	Output (Urine/ Drain/ RT Aspiration / others)	Amount
5M	98.64	80sh	20bh	160/90m	99%	200ml	—	—	—
5.30P	98.64	78	20	140/90m	99%	—	—	—	—

Diet

Any Lines & Tubes	
IV Cannula ( <input checked="" type="checkbox"/> ) Ryles Tube ( <input checked="" type="checkbox"/> ) Central Line ( <input checked="" type="checkbox"/> ) Tracheostomy ( <input checked="" type="checkbox"/> ) ET Tube ( <input checked="" type="checkbox"/> )	Foleys Catheter ( <input checked="" type="checkbox"/> ) Any drain ( <input checked="" type="checkbox"/> )

Transfer to	Department: MICU	Mode of transfer: Stretcher	Time: 5P
-------------	------------------	-----------------------------	----------

Assessment Done By: Name: Syll	Sign: [Signature]	Emp. ID No: 29516
Verified By (TL / Incharge) : Name: Sajidha	Sign: [Signature]	Emp. ID No: 29887



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Tel: 0129 - 4330000 Fax: 0129 - 4330033

IP No : 33-19/337 UHID : 100035035 IP No  
Mr. Ashok Chawla DOA : 10/01/2019 16:22 Mr. A  
52 Y/M MICU 1/MICU002 52 Y  
Dr. Vikram Dua Dr.

## INITIAL NURSING ASSESSMENT FORM

Admission date <u>10/1/19</u>		Time <u>16:22 pm</u>	
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"/> 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 checked="" 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): <u>98.4°F</u>	Height(cm):	<input checked="" type="checkbox"/> Bed control	<input checked="" type="checkbox"/> Washroom
Pulse(/min): <u>87 b/min</u>	Weight(kg): <u>not able to stand</u>	<input checked="" type="checkbox"/> Call bell	<input checked="" type="checkbox"/> Visitation rules
Respiration(/min): <u>20 b/min</u>		<input checked="" type="checkbox"/> Television	<input checked="" type="checkbox"/> Meal timings
BP(mm of Hg): <u>160/90 mmHg</u>		<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> No smoking

<b>ALLERGIES</b>	<input checked="" type="checkbox"/> No known allergies <input type="checkbox"/> Yes	Allergic to:
------------------	---	--------------

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 type="checkbox"/> No
Artificial prosthesis	<input 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			

<b>NEUROLOGIC STATUS</b>	<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

<b>1. Current Complaint/ Reason for hospitalization:</b>	<u>no vertigo, sweating, vomiting</u>
<b>2. Past Surgical History:</b>	<u>no past surgical history</u>

<b>3. Past Medical History:</b>	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Resp. disorder	<input 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 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 type="checkbox"/> GI disorder	<input checked="" type="checkbox"/> Hepatitis	
	<input checked="" type="checkbox"/> Tuberculosis	<input 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 ..... Normal.  
 If Weight Loss/Gain is < 3Kg or > 3 Kg ..... Nil  
 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
( ) Yes								
( ) No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Activities of Daily Living (ADL's)**

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

**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	<b>At risk to Moderate risk</b>
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	<b>High to very high risk</b>
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 ..... 13 .....

**Location of bed sore** ..... NA .....    **Grade** ..... NA .....

**MORSE FALL RISK ASSESSMENT**

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

**SCORE FALL RISK ASSESSMENT**

Low risk 0-24	Medium risk 25 - 44	High risk Above 45 <span style="float:right">65</span>
Total score <span style="float:right">65</span>		

**PATIENT & ATTENDANT INFORMATION EDUCATION (ON UFPF & OUTSIDE PRESSURE SORE)**

Preventive measures and risk explained	YES	NO
Outside bed sore shown and grade explained	YES	NO

Sign/Name of witness ..... Relationship with patient .....

**ACTUAL PROBLEMS**

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

Name of admitting Nurse Neethu Employee ID 28023 Sign Neethu  
 Name of Ward Supervisor pawan Employee ID 24984 Sign pawan



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Tel: 0129 - 4330000 Fax: 0129 - 4330033

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IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua

Date 18/1/19

**DAILY NURSING ASSESSMENT SHEET**

SHIFT/TIME	Morning	Evening	Night
Neurological status	A		
GCS	Ey 4 V 6 M 6		
Mode of oxygen	RA		
Cough	N		
Dressing	NA		
Skin status	I		
Vulnerable status	NO		
VIP score	0		
Braden Score	13		
1. stage of pressure ulcer	NO		
2. location of pressure ulcer	NO		
Morse Fall Score	50		
EWS score	0		
Pain score	0/10		
Signature of Nurse	Rachita		
Emp. ID	29033		

**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
<b>Eye opening</b>	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
<b>Verbal Response</b>	Oriented to time, place & person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
<b>Motor response</b>	No response	1
	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion	3
<b>Total Score</b>	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

**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

**Vulnerable patient- any of the below considered as vulnerability**

CATEGORIES			<input checked="" type="checkbox"/> NA
Age <16 or >65	Communication barrier	Immunosuppressed 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 BF		>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.)**

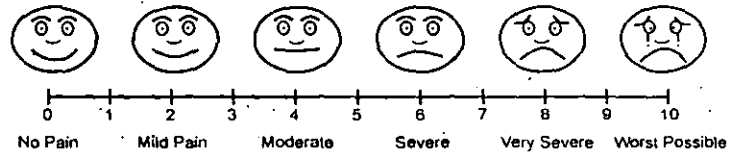
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-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	<b>At risk to Moderate risk</b>
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	<b>High to very high risk</b>
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		1. <b>Include all above mentioned points</b> 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

### 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		present		
<b>HYGIENE</b>	Self/bed bath	bed bath		
	Skin care .....hourly	yes		
	Back Care .....hourly	yes		
	Mouth Care .....hourly	yes		
	Eye Care .....hourly	yes		
	Hair Care .....hourly	yes		
	Perineal care (for Female)	NA		
	Any special care	No		
<b>RESPIRATORY THERAPY</b>	Foley's cath care	No		
	NGT care	No		
	Chest physiotherapy	No		
	Incentive Spirometry	No		
	Steam inhalation	No		
	Nebulization ..... hourly	No		
	Suctioning ..... hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No		
	Tracheostomy care	No		
	Chest tube care	No		
<b>REHABILITATION</b>	Ambulation	yes		
	Physiotherapy	yes		
	ROM exercises	No		
	Repositioning ..... hourly	No		
<b>GI &amp; GENITO URINARY</b>	Enteral feeding ..... hourly (NGT/PEG/J tubes)	No		
	Enteral tube site care	No		
	NG aspiration ..... hourly	No		
	NPO status	No		
	Type of diet	Dmls + No		
	Ostomy care	No		
	Enema	No		
	Catheterization	No		
	Catheter care	No		
	Sitz bath	No		
<b>OTHERS</b>	Drain site care (JP/Penrose/Hemovac)	No		
	Compress (hot/ cold)	No		
	Barrier/ Reverse barrier Nursing	No		
	Blood Transfusion	No		
	Care of all lines (IV/Central/Arterial/PICC)	yes		
	Care of HD catheter	No		
	Flushing Intermittent infusion lock	yes		
	Site care	No		
	Specimen collection	No		
	End of life care	No		
<b>SURGICAL</b>	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		
<b>HEALTH EDUCATION</b>	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		
<b>PENDING</b>	Investigation/procedure (Mention if any)	No		
	Consultation (Mention if any)	No		
	Medications (Mention if any)	No		
<b>Event</b>	(Any special events)			

Signature of Departmental Incharge.....

*T. Chandra*

Emp. ID.....

*20015*





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



**QRG**  
**Health City**

QRG MEDICARE LTD.

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

Phone: 91-129-4330000 Fax: 0129-4330033 Email: info@qrgmedicare.com

www.qrghealthcity.com

1229

Date - 10/01/2019 4:22PM	UHID - 100035035
Patient name - Mr. Ashok Chawla	Age/Gender - Male/52 Yr
Address - HNO 105 SEC17	Mobile no. - 9999967469
Department name - Neuro & Spine Surgery	Consultant - Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta

### NUTRITIONAL ASSESSMENT

#### NUTRITIONAL ASSESMENT

Admitting diagnosis : ICH, DM, HTN

Height (m) : NA

Weight (kg) : NA

IBW (kg) : 70

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) : 70

Carbohydrate (gm) : 250

Fat (gm) : 25

Diet note :

Date & Time	Dietary notes
11/1/2019@11:14AM	NPO
12/1/2019@10:00AM	DM LIQUID DIET
13/01/2019@ 10 AM	DM SOFT DIET
14/1/2019@10AM	DM SOFT DIET
15/01/2019@10 am	DM SOFT DIET
16/01/2019@ 9:59am	DM SOFT DIET



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Date - 10/01/2019 4:22PM	UHID - 100035035
Patient name - Mr. Ashok Chawla	Age/Gender - Male/52 Yr
Address - HNO 105 SEC17	Mobile no. - 9999967469
Department name - Neuro & Spine Surgery	Consultant - Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta
17/01/2019@ 10:12am	DM NORMAL DIET
18/01/2018@ 10:29 am	DM NORMAL DIET

Diet Consultation Yes

Done



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

Mr. Ashok Chawla  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua

DOA : 10/01/2019 16:22

IP No : 33-19/337

UHID: 100035035

Date 17/1/19

## DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4V5M6	E4V5M6	E4V5M6
Mode of oxygen	RA	RA	RA
Cough	NA	NA	NA
Dressing	NO	NO	NO
Skin status	I	I	I
Vulnerable status	NO	NO	NO
VIP score	0	0	0
Braden Score	13	13	13
1. stage of pressure ulcer	NA	NA	NA
2. location of pressure ulcer	ND	ND	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Radhika	Manu	Shel
Emp. ID	29533	25310	28042

### 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 withdrawl from pain	4
	Abnormal flexion	3
	Abnormal extension	2
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	Communication barrier	Immunosuppressed 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

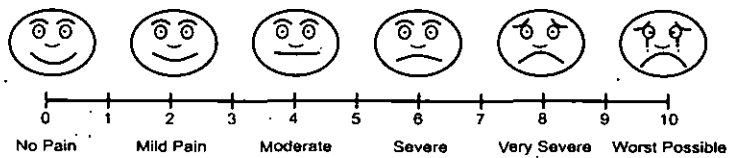
## BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

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

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





# HOURLY ROUND LOG

IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/20191  
 S2 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

DATE: 17/1/19

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	Sharma	7 Am	N	Y	N	Y	Y	
8AM	Sharma	8 Am	N	N	N	Y	Y	
9AM	Radhika	9:30 Am	N	Y	N	N	N	
10AM	Radhika	10 Am	N	N	N	N	N	
11AM	Radhika	11 Am	N	N	N	N	N	
12N	Radhika	12 Am	N	N	N	N	N	
1PM	Radhika	1 Pm	N	N	N	N	N	
2PM	Radhika	2 Pm	N	N	N	N	N	
3PM	Manu	3 Pm	N	N	N	N	N	
4PM	Manu	4 Pm	N	N	N	N	N	
5PM	Manu	5 Pm	N	N	N	N	N	
6PM	Manu	6 Pm	N	N	N	N	N	
7PM								
8PM	Sharma	8 Pm	N	N	N	N	Y	
9PM	Sharma	9 Pm	N	Y	N	Y	N	
EVERY 2 HOUR ROUNDS (10PM - 6AM)								
10PM	Sharma	10 pm	N	N	N	N	Y	
12AM	Sharma	12 Am	N	Y	Y	Y	Y	
2AM	Sharma	2 Am	N	N	N	N	N	patient is sleeping
4AM	Sharma	4 Am	N	N	N	N	N	
6AM	Sharma	6 Am	N	Y	N	N	N	
CHECKED BY:						VERIFIED BY:		
STAFF NURSE NAME(MORNING): Radhika			SIGN: Ry			NURSING INCHARGE (Name & Emp I.D.)  B 25047		
EMP I.D.: 29533			SIGN: [Signature]					
STAFF NURSE NAME(EVENING): Manu			SIGN: [Signature]					
EMP I.D.: 25047			SIGN: Sharma					
STAFF NURSE NAME(NIGHT): Sharmila Sharma			SIGN: [Signature]					
EMP I.D.: 25047								
QRGHC/Nurs/CKLT/03/Ver0.1								



**QRG**  
Health City

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua

IP No : 33-19/337 UHID : 100035035

Mr. Ashok Chawla DOA : 10/01/2019 16:22

52 Y/M Twin Sharing 2/TS1229

**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
15/11/19 at 9Am	weakness	Generalized weakness related to disease condition.	To improve the patient conditions.	Assessed the patient condition. Advised to take rest & sleep.	yes yes	patient condition is improve	<i>Pallab</i> 28/11/19
				encourage to take diet at time.	yes		

Q

Q

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



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



IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M Twin Sharing 2/TS1229  
Dr. Vikram Dua



Date ..... 16/1/19

## DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4V5M6	E4V5M6	E4V5M6
Mode of oxygen	RA	RA	RA
Cough	NA	NA	NA
Dressing	NA	NA	NA
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
VIP score	0	0	0
Braden Score	13	13	13
1. stage of pressure ulcer	NA	NA	NA
2. location of pressure ulcer	NA	NA	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	<i>Daya</i>	<i>Daya</i>	<i>Daya</i>
Emp. ID	29965	29965	29965

### 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	
<b>Eye opening</b>	Spontaneously	4	
	To speech	3	
	To pain	2	
	No response	1	
<b>Verbal Response</b>	Oriented to time, place & person	5	
	Confused	4	
	Inappropriate words	3	
	Incomprehensible sounds	2	
<b>Motor response</b>	No response	1	
	Obeys commands	6	
	Moves to localized pain	5	
	Flexion withdrawl from pain	4	
<b>Total Score</b>	Abnormal flexion	3	
	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

**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

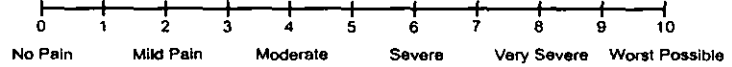
## BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

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	<b>At risk to Moderate risk</b>	
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 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	3. Use elbow and heel protectors.	4. Reposition every 2 hourly
4 No impairment	4 Dry	4 Walks without assistance	4 Full mobility	4 Eats everything		5. Provide routine care and moisturize skin daily.	6. Document individualized care plan.
						<b>High to very high risk</b>	
						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		<i>Checked</i>	<i>Checked</i>	<i>Checked</i>
<b>HYGIENE</b>	Self/bed bath	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Skin care .....hourly	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Back Care .....hourly	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Mouth Care .....hourly	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Eye Care .....hourly	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Hair Care .....hourly	<i>Self</i>	<i>Self</i>	<i>Self</i>
	Perineal care (for Female)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Vaginal Pack	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Any special care	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>RESPIRATORY THERAPY</b>	NGT care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Chest physiotherapy	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Incentive Spirometry	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Steam inhalation	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Nebulization .....hourly	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Suctioning .....hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Tracheostomy care	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>REHABILITATION</b>	Chest tube care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Ambulation	<i>Yes</i>	<i>NA</i>	<i>NA</i>
	Physiotherapy	<i>NA</i>	<i>NA</i>	<i>NA</i>
	ROM exercises	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>GI &amp; GENITO URINARY</b>	Repositioning .....hourly	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Enteral feeding .....hourly (NGT/PEG/J tubes)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Enteral tube site care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	NG aspiration .....hourly	<i>NA</i>	<i>NA</i>	<i>NA</i>
	NPO status	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Type of diet	<i>DM &amp; Salt self diet</i>	<i>DM &amp; Salt self diet</i>	<i>DM &amp; Salt self diet</i>
	Ostomy care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Enema	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Catheterization	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Catheter care / Foley's Catheter care	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>OTHERS</b>	Sitz bath	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Drain site care (JP/Penrose/Hemovac)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Compress (hot/ cold)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Barrier/ Reverse barrier Nursing	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Blood Transfusion	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Care of all lines(IV/Central/Arterial/PICC)	<i>IV lines</i>	<i>IV lines</i>	<i>44</i>
	Care of HD catheter	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Flushing Intermittent infusion lock	<i>Yes</i>	<i>Yes</i>	<i>44</i>
	Site care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Specimen collection	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>SURGICAL</b>	End of life care	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Any surgery planned	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Part preparation	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Skin preparation	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Pre-operative checklist complete	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Bill clearance(for surgery or Procedure)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Abnormal reports/Critical lab values	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>HEALTH EDUCATION</b>	Medications(Action/side effects/Special Instructions)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Diet (Type/ restrictions)	<i>Yes</i>	<i>Yes</i>	<i>44</i>
	Infection prevention	<i>Yes</i>	<i>Yes</i>	<i>44</i>
	Post procedure care	<i>NA</i>	<i>NA</i>	<i>44</i>
	Postnatal education (for mothers)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Injury/ Fall prevention	<i>Yes</i>	<i>Yes</i>	<i>NA</i>
	Symptoms to seek medical help	<i>NA</i>	<i>NA</i>	<i>44</i>
	Discharge education & follow up	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>PENDING</b>	Investigation/procedure (Mention if any)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Consultation (Mention if any)	<i>NA</i>	<i>NA</i>	<i>NA</i>
	Medications (Mention if any)	<i>NA</i>	<i>NA</i>	<i>NA</i>
<b>Event</b>	(Any special events)			

Signature of Departmental Incharge.....

Emp. ID.....



# HOURLY ROUND LOG

IP No : 33-19/337      UHID: 100035035  
 Mr. Ashok Chawla      DOA : 10/01/201916:22  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua



DATE: 16/1/19      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)
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**EVERY 1 HOUR ROUNDS (7AM - 10PM)**

7AM	<i>Ashara</i>	7am	N	N	N	N	N	
8AM	<i>Ashara</i>	8am	N	N	N	N	N	
9AM	<i>Dayaram</i>	9AM	N	N	N	N	N	
10AM	<i>Dayaram</i>	10 AM	N	N	N	N	N	
11AM	<i>Dayaram</i>	11 AM	N	N	N	N	N	
12N	<i>Dayara</i>	12 noon	N	N	N	N	N	
1PM	<i>Dayara</i>	1 PM	N	N	N	N	N	
2PM	<i>Dayara</i>	2 PM	N	N	N	N	N	
3PM	<i>Dayara</i>	3 PM	N	N	N	N	N	
4PM	<i>Dayara</i>	4 PM	N	N	N	N	N	
5PM	<i>Dayara</i>	5 PM	N	N	N	N	N	
6PM	<i>Dayara</i>	6 PM	N	N	N	N	N	
7PM	<i>Dayara</i>	7 PM	N	N	N	N	N	
8PM	<i>Dayara</i>	8 PM	N	N	N	N	N	
9PM	<i>Shakti</i>	9 PM	N	N	N	N	N	

**EVERY 2 HOUR ROUNDS (10PM - 6AM)**

10PM	<i>Shakti</i>	10 PM	N	N	N	N	N	
12AM	<i>Shakti</i>	12 AM	N	N	N	N	N	
2AM	<i>Shakti</i>	2 AM	N	N	N	N	N	] Patient is sleeping.
4AM	<i>Shakti</i>	4 AM	N	N	N	N	N	
6AM	<i>SI</i>	6 AM	N	N	N	N	N	

CHECKED BY:		VERIFIED BY:
STAFF NURSE NAME(MORNING): <i>Dayara</i>	SIGN:	 NURSING INCHARGE (Name & Emp I.D.)
EMP I.D.: <i>2296</i>		
STAFF NURSE NAME(EVENING):	SIGN:	
EMP I.D.:		
STAFF NURSE NAME(NIGHT): <i>Shweta Mishra</i>	SIGN: <i>Shweta</i>	
EMP I.D.: <i>2292</i>		





IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M Twin Sharing 2/TS1229  
 Dr. Vikram Dua

16/1/19

QRG Health City

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

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
16/1/19 9AM	Activity intolerance	Activity intolerance related to disease condition	To maintain normal activity.	- Assess the condition of the patient. - Mobilize the patient.	Yes  Yes	Normal activity was maintained	
				- Explain about medication as per by drug chart. - Provide psy-	Yes  Yes		
				chological support.			Daya 29/6/19

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



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

6

IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chavla DOA : 10/01/2019 16:22  
52 Y/M HDU /IMCU010  
Dr. Vikram Dua

Date 15/1/19

**DAILY NURSING ASSESSMENT SHEET**

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4V5M6	E4V5M6	E4V5M6
Mode of oxygen	RA	RA	RA
Cough	NA	NA	NA
Dressing	NA	NA	NA
Skin status	I	I	I
Vulnerable status	Y/B	Y/B	Y/B
WIP score	6	6	6
Braden Score	13	13	13
1.stage of pressure ulcer	NA	NA	NA
2.location of pressure ulcer	NA	NA	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Seema	Ma	Asham
Emp. ID	29274	2312	2873

**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 withdrawl from pain	4
Total Score	Abnormal flexion	3
	Abnormal extension	2
	No response	1
	Best response	15
Cough	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: 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
-----------------	---------------------	--------------------

**Vulnerable patient- any of the below considered as vulnerability.**

CATEGORIES				<input checked="" type="checkbox"/> NA
Age <16 or >65		Communication barrier		Immunosuppressed 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.)**

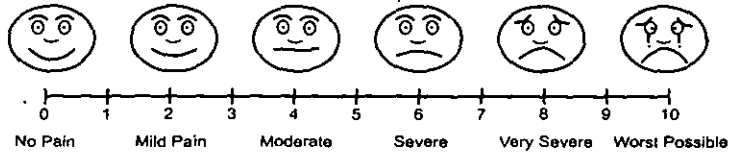
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Two of the following is evident :-Pain at IV site, erythema, induration - 2	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord, pyrexia - 5

## BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

Sensory Mental	Moisture	Activity	Mobility	Nutrition	Friction / Shear	Interventions
1 Total limited	1 Constantly moist	1 Bed fast	1 100% immobile	1 Very poor	1 frequent Sliding	<b>At risk to Moderate risk</b>
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.
						<b>High to very high risk</b>
						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

### 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 HANOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
Patient name & ID band		Chocolat	Chen	Yes
HYGIENE	Self/bed bath	Yes	Yes	Yes
	Skin care .....	Yes	Yes	Yes
	Back Care .....	Yes	Yes	Yes
	Mouth Care .....	Yes	Yes	Yes
	Eye Care .....	No	No	Yes
	Hair Care .....	No	No	Yes
	Perineal care (for Female)	No	No	No
Any special care		Yes	No	No
RESPIRATORY THERAPY	Foley's cath care	No	No	Yes
	NGT care	No	No	No
	Chest physiotherapy	No	No	No
	Incentive Spirometry	No	No	No
	Steam inhalation	No	No	No
	Nebulization hourly	No	No	No
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	No	No	No
	Tracheostomy care	No	No	No
	Chest tube care	No	No	No
REHABILITATION	Ambulation	Yes	Yes	Yes
	Physiotherapy	No	No	No
	ROM exercises	No	No	No
	Repositioning hourly	No	No	No
GI & GENITO URINARY	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	Solid	Solid	Dor'salt diet
	Ostomy care	No	No	No
	Enema	No	No	No
	Catheterization	No	No	No
	Catheter care	No	No	No
	Sitz bath	No	No	No
OTHERS	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)	In line	2.0 u	Yes
	Care of HD catheter	No	No	No
	Flushing Intermittent infusion lock	No	No	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
	Abnormal reports/Critical lab values	No	No	No
HEALTH EDUCATION	Medications (Action/side effects/Special Instructions)	No	No	Yes
	Diet (Type/ restrictions)	Yes	Yes	Yes
	Infection prevention	Yes	Yes	Yes
	Post procedure care	No	No	No
	Postnatal education (for mothers)	Yes	Yes	No
	Injury/ Fall prevention	No	No	Yes
	Symptoms to seek medical help	No	No	Yes
PEND-ING	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.....

*[Handwritten Signature]*

Emp. ID.....

*[Handwritten ID]*



P No : 33-19/337 UHID : 100035035  
 Dr. Ashok Chawla DOA : 10/01/2019  
 2 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

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
15/11/19 9am	Weakness	Weakness related to disease condition	To reduce weakness	Assess the patient provide psychological support	yes	Ordered weakness	SDS
15/11/19 10 PM	Weakness	Activity intolerance related to disease condition	To reduce weakness	Assess the patient condition - give comfortable position to the patient	yes	activity level improved	Sharma
				- assist the patient while doing activities			







# HOURLY ROUND LOG

33-19/337

UHID: 100035035

Mr. Ashok Chawla

DOA : 10/01/2019 16:22

52 Y/M HDU /IMCU010

Dr. Vikram Dua

[Barcode]

DATE: 15/01/19

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

TIME PERIOD	STAFF INITIALS	TIME OF ROUND	PAIN	POSITION	POTTY	POSSESSIONS	PERSONAL NEEDS	COMMENTS (* If patient is sleeping)	
<b>EVERY 1 HOUR ROUNDS (7AM - 10PM)</b>									
7AM	Singh	7AM	N	Y	N	Y	Y		
8AM	Singh	8AM	N	Y	N	Y	Y		
9AM	Singh	9AM	N	Y	N	Y	Y		
10AM	Singh	10AM	N	Y	N	Y	Y		
11AM	Singh	11AM	N	Y	N	Y	Y		
12N	Singh	12N	N	Y	N	Y	Y		
1PM	Singh	1PM	N	Y	N	Y	Y		
2PM	Singh	2P.	N	Y	N	Y	Y		
3PM	Manisam	3PM	N	Y	N	N	Y		
4PM	Manisam	4PM	N	N	N	N	Y		
5PM	Manisam	5PM	N	N	N	N	Y		
6PM	Manisam	6PM	N	Y	N	N	Y		
7PM	Manisam	7PM	N	N	N	N	Y		
8PM	Manisam	8PM	N	N	N	N	Y		
9PM	Ashana	9PM	N	Y	N	N	Y		
<b>EVERY 2 HOUR ROUNDS (10PM - 6AM)</b>									
10PM	Ashana	10PM	N	N	N	N	Y		
12AM	Ashana	12AM	N	N	N	N	Y		
2AM	Ashana	2AM	N	N	N	N	Y		
4AM	Ashana	4AM	N	Y	N	N	Y		
6AM	Ashana	6AM	N	N	N	N	Y		
CHECKED BY:								VERIFIED BY:	
STAFF NURSE NAME(MORNING): Singh		SIGN: Singh				NURSING INCHARGE (Name & Emp I.D.):			
EMP I.D.: 2922						Singh			
STAFF NURSE NAME(EVENING): Manisam		SIGN: Manisam							
EMP I.D.:									
STAFF NURSE NAME(NIGHT): Ashana		SIGN: Ashana							
EMP I.D.: 28MB									



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

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IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua

Date 14/1/19

**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	RA	RA	RA
Cough	NP	NP	NP
Dressing	NA	NA	NA
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
VIP score	0	0	0
Braden Score	13	13	13
1. stage of pressure ulcer	NA	NA	NA
2. location of pressure ulcer	NA	NA	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0	0/10	0/10
Signature of Nurse	Neha	M	S
Emp. ID		23516	23516

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
			Confused	4
			Inappropriate words	3
			Incomprehensible sounds	2
Intact	I	Motor response	No response	1
Dry	D		Obeys commands	6
Soaked	S		Moves to localized pain	5
SKIN STATUS			Flexion withdrawal from pain	4
			Abnormal flexion	3
		Abnormal extension	2	
Intact	I	No response	1	
Non-Intact	NC	Total Score	Best response	15
MODE OF OXYGEN			Comatose client	8 or less
			Totally unresponsive	3
		Cough		None
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		Immunosuppressed 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	<b>At risk to Moderate risk</b>
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	<b>High to very high risk</b>
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

0 1 2 3 4 5 6 7 8 9 10

No Pain Mild Pain Moderate Severe Very Severe Worst Possible

### 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
11/19	10 AM	0/10	—	—	—

### COMFORT MEASURES

### LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	1	IV analgesic	Right	D3	✓
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	(Hand)	Checked
<b>HYGIENE</b>	Self/bed bath	Yes	us	Yes
	Skin care ..... hourly	Yes	us	Yes
	Back Care ..... hourly	Yes	us	Yes
	Mouth Care ..... hourly	Yes	us	Yes
	Eye Care ..... hourly	Yes	us	No
	Hair Care ..... hourly	Yes	us	No
	Perineal care (for Female)	NA	us	No
	Any special care	NO	us	No
<b>RESPIRATORY THERAPY</b>	Foley's cath care	NO	us	No
	NGT care	NO	us	No
	Chest physiotherapy	NO	us	No
	Incentive Spirometry	NO	us	No
	Steam inhalation	NO	us	No
	Nebulization ..... hourly	NO	us	No
	Suctioning ..... hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	NO	us	No
	Tracheostomy care	NO	us	No
<b>REHABILITATION</b>	Chest tube care	NO	us	No
	Ambulation	NO	us	No
	Physiotherapy	NO	us	No
	ROM exercises	NO	us	No
<b>GI &amp; GENITO URINARY</b>	Repositioning ..... hourly	NO	us	No
	Enteral feeding ..... hourly (NGT/PEG/J tubes)	NO	us	No
	Enteral tube site care	NO	us	No
	NG aspiration ..... hourly	NO	us	No
	NPO status	NO	us	No
	Type of diet	DMSD	DMS	PM SID
	Ostomy care	NO	us	No
	Enema	NO	us	No
	Catheterization	NO	us	No
	Catheter care	NO	us	No
<b>OTHERS</b>	Sitz bath	NO	us	No
	Drain site care (JP/Penrose/Hemovac)	NO	us	No
	Compress (hot/ cold)	NO	us	No
	Barrier/ Reverse barrier Nursing	Yes	us	No Hb
	Blood Transfusion	NO	us	No
	Care of all lines(IV/Central/Arterial/PICC)	Yes	us	No
	Care of HD catheter	Yes	us	No
	Flushing Intermittent infusion lock	Yes	us	No
<b>SURGICAL</b>	Site care	Yes	us	No
	Specimen collection	NO	us	No
	End of life care	NO	us	No
	Any surgery planned	NO	us	No
	Part preparation	NO	us	No
	Skin preparation	NO	us	No
	Pre-operative checklist complete	NO	us	No
<b>HEALTH EDUCATION</b>	Bill clearance(for surgery or Procedure)	NO	us	No
	Abnormal reports/Critical lab values	NO	us	No
	Medications(Action/side effects/Special Instructions)	NO	us	No
	Diet (Type/ restrictions)	NO	us	No
	Infection prevention	Yes	us	No
	Post procedure care	NO	us	No
	Postnatal education (for mothers)	NO	us	No
<b>PENDING</b>	Injury/ Fall prevention	Yes	us	No
	Symptoms to seek medical help	NO	us	No
	Discharge education & follow up	NO	us	No
<b>Event</b>	Investigation/procedure (Mention if any)	NO	us	No
	Consultation (Mention if any)	NO	us	No
	Medications (Mention if any)	NO	us	No
<b>Event</b>	(Any special events)	NO		

Signature of Departmental Incharge.....

*[Handwritten Signature]*

Emp. ID.....

*[Handwritten ID]*



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

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IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram. Dua

Date 13/1/19

**DAILY NURSING ASSESSMENT SHEET**

SHIFT/TIME	Morning	Evening	Night
Neurological status	A	A	A
GCS	E4 V6 M6	E4 V5 M6	E4 M6 V5
Mode of oxygen	RA	RA	RA
Cough	NP	NP	NP
Dressing	HA	HA	HA
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
VIP score	0	0	0
Braden Score	13	13	13
1.stage of pressure ulcer	HA	NA	NA
2.location of pressure ulcer	HA	NA	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Heig	20/1/19	Rbat
Emp. ID	20591	2059	30102

**NEUROLOGICAL STATUS**

**GLASSGOW COMA SCALE**

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

Behaviour	Response	Score
<b>Eye opening</b>	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
<b>Verbal Response</b>	Oriented to time, place & person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
	No response	1
<b>Motor response</b>	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
	Abnormal flexion	3
	Abnormal extension	2
<b>Total Score</b>	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: 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	Communication barrier	Immunosuppressed 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

- Place safety first Signage to patient side       Ensure call bell within reach of patient  
 Bed side rails always up       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.)**

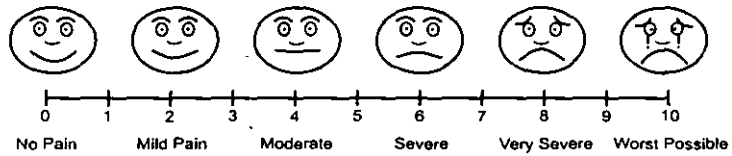
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-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	<b>At risk to Moderate risk</b> 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	
3 Slightly limited	3 Occasionally moist	3 Walks with assistance	3 Slightly limited	3 Most of portion	3 Independent Corrections	<b>High to very high risk</b> 1. Include all above mentioned points 2. Protect sacral/perineal wounds from feaces & infected urine. 3. Reposition every 1-2 hourly incorporate frequent small shifts in position between turns.
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
15/10	PM 9:00	0/10			

#### COMFORT MEASURES

#### LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	10	IV Cannula	Rt Hand	Day	—
C	Crushing	ED	Education pain management	20	Analys	Urinary	Day	—
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
<b>Patient name &amp; ID band</b>		checked	checked	checked
<b>HYGIENE</b>	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)	no	no	no
Any special care		no	no	no
<b>RESPIRATORY THERAPY</b>	Foley's cath care	yes	yes	no
	NGT care	no	no	no
	Chest physiotherapy	no	no	no
	Incentive Spirometry	no	no	no
	Steam inhalation	no	no	no
	Nebulization hourly	no	no	no
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	no	no	no
	Tracheostomy care	no	no	no
Chest tube care		no	no	no
<b>REHABILITATION</b>	Ambulation	no	no	no
	Physiotherapy	no	no	no
	ROM exercises	no	no	no
	Repositioning hourly	no	no	no
<b>GI &amp; GENITO URINARY</b>	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	no	no	DHS
	Ostomy care	no	no	no
	Enema	no	no	no
	Catheterization	yes	yes	no
	Catheter care	yes	yes	no
	Sitz bath	no	no	no
Drain site care (JP/Penrose/Hemovac)		no	no	no
<b>OTHERS</b>	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	no	no	no
	Site care	no	no	no
	Specimen collection	no	no	no
	End of life care		no	no
<b>SURGICAL</b>	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
	Abnormal reports/Critical lab values	no	no	no
<b>HEALTH EDUCATION</b>	Medications(Action/side effects/Special Instructions)	yes	yes	no
	Diet (Type/ restrictions)	DM 504/NI 97	DM 504/NI 97	DHS
	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
Discharge education & follow up		no	no	no
<b>PENDING</b>	Investigation/procedure (Mention if any)	no	no	no
	Consultation (Mention if any)	no	no	no
	Medications (Mention if any)	no	no	no
<b>Event</b>	(Any special events)			

Signature of Departmental Incharge.....  
 QRGHC/IPD/Frm/47/Ver.0.2

*M. S. / 20*

Emp. ID.....  
 2372



# HOURLY ROUND LOG

IP No : 33-19/337 UHID: 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua



DATE: 4/01/19

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								
10AM								
11AM								
12N								
1PM								
2PM								
3PM								
4PM								
5PM								
6PM								
7PM								
8PM								
9PM	<u>Siney</u>	<u>9pm</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	

EVERY 2 HOUR ROUNDS (10PM - 6AM)

10PM	<u>Siney</u>	<u>10pm</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	<u>pt is sleeping</u>
12AM	<u>Siney</u>	<u>12AM</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	
2AM	<u>Siney</u>	<u>2AM</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	
4AM	<u>Siney</u>	<u>4AM</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	
6AM	<u>Siney</u>	<u>6AM</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>Y</u>	

CHECKED BY:		VERIFIED BY:	
STAFF NURSE NAME(MORNING):		NURSING INCHARGE (Name & Emp I.D.)	
EMP I.D.:	SIGN:		
STAFF NURSE NAME(EVENING):	SIGN:		
EMP I.D.:			
STAFF NURSE NAME(NIGHT):	<u>Siney</u>		
EMP I.D.:	SIGN:		



IP No : 33-19/337 UHID : 10003503  
 Mr. Ashok Chawla DOA : 10/01/2019  
 52 Y/M HDU /IMCU010  
 Dr. Vikram Dua

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

DAILY NURSING

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
10/1/19	Patient is having risk of infection	Patient having Risk of infection due to IV line	Reduced Risk of Infection	Assess the condition of the patient → check the site of IV cannula	Done	Reduced Risk of Infection	Med 2/1/19
				→ Use aseptic technique			
14/1/19 11 PM	Hyperthermia	Hyperthermia related to infection	to reduce fever	→ assess the patient's condition → Vitals signs check → 5ml PCM 100ml gives	Yes	Yes	
					Yes	Reduced	Dr. Vikram Dua





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

No : 33-19/337 UHID : 100035035  
Dr. Ashok Chawla DOA : 10/01/2019 16:22  
2 Y/M MICU 1/MICU002  
Dr. Vikram Dua

3



Date 12/11/19

## DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	L	A	A
GCS	E4 V5 M6	E4 V5 M6	E4 V5 M6
Mode of oxygen	RA	RA	RO
Cough	NP	NP	NP
Dressing	NA	NO	NO
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
IP score	0	0	0
Braden Score	13	13	13
1. stage of pressure ulcer	NA	NO	NO
2. location of pressure ulcer	NA	NO	NO
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Emp. ID	29951	30206	30207

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

**Vulnerable patient- any of the below considered as vulnerability**

CATEGORIES			<input type="checkbox"/> NA
Age <16 or >65	Communication barrier		Immunosuppressed patients
Any mental or neurological disability	Un attended unconscious patient		Victim of abuse & neglect
Limited physical mobility	<input checked="" 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 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.)**

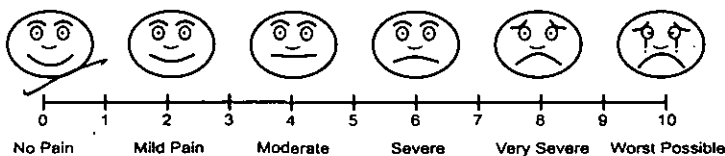
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-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 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 < 1/2 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, distractible	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
12/1/19	8:00	0/10					

### COMFORT MEASURES

A	Aching	P	Positioning
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

### LINES & DRAINS

S. No.	Type	Site / Location	Day	Remarks
1.	IV cannula	Rt hand	D3	
2.	Foley's	Urethra	D3	

### PAIN ASSESSMENT TOOL BEING USED

FLACC:

WB

NRS

## NURSES HANDEOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
Patient name & ID band		<i>Checked</i>	<i>Checked</i>	<i>Checked</i>
<b>HYGIENE</b>	Self/bed bath	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Skin care ..... <i>24</i> .....hourly	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Back Care ..... <i>24</i> .....hourly	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Mouth Care ..... <i>24</i> .....hourly	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Eye Care ..... <i>24</i> .....hourly	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Hair Care ..... <i>24</i> .....hourly	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>
	Perineal care (for Female)	<i>NA</i>	<i>NO</i>	<i>NO</i>
	Vaginal Pack	<i>NO</i>	<i>NO</i>	<i>NO</i>
<b>RESPIRATORY THERAPY</b>	Any special 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>Yes</i>
	Incentive Spirometry	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Steam inhalation	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Nebulization hourly	<i>NO</i>	<i>NO</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>
<b>REHABILITATION</b>	Chest tube care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Ambulation	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Physiotherapy	<i>NO</i>	<i>NO</i>	<i>NO</i>
	ROM exercises	<i>NO</i>	<i>NO</i>	<i>NO</i>
<b>GI &amp; GENITO URINARY</b>	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>Liquid diet</i>	<i>Soft diet</i>	<i>Dr S. diet</i>
	Ostomy care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Enema	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Catheterization	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Catheter care / Foley's Catheter care	<i>Yes</i>	<i>NO</i>	<i>NO</i>
<b>OTHERS</b>	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>
	Site care	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Specimen collection	<i>NO</i>	<i>NO</i>	<i>NO</i>
<b>SURGICAL</b>	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>
<b>HEALTH EDUCATION</b>	Medications (Action/side effects/Special Instructions)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Diet (Type/ restrictions)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	Infection prevention	<i>Yes</i>	<i>Yes</i>	<i>Yes</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>Yes</i>	<i>NO</i>	<i>NO</i>
	Symptoms to seek medical help	<i>NO</i>	<i>NO</i>	<i>NO</i>
<b>PENDING</b>	Discharge education & follow up	<i>NO</i>	<i>NO</i>	<i>NO</i>
	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>
<b>Event</b>	Medications (Mention if any)	<i>NO</i>	<i>NO</i>	<i>NO</i>
	(Any special events)	<i>NO</i>	<i>NO</i>	<i>NO</i>

Signature of Departmental Incharge.....

QRGHC/IPD/Frm/47/Ver.0.3

Emp. ID.....

*Handwritten signature*

*Handwritten signature*





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

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chawla DOA : 10/01/2019 15:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua

2

Date 11-01-19

## DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status	L	L	A
GCS	E4M6V5	E4M6V5	E4M6V5
Mode of oxygen	RA	RA	RA
Cough	NP	NP	NP
Dressing	NA	NA	NA
Skin status	I	I	I
Vulnerable status	Yes	Yes	Yes
VIP score	0	0	0
Braden Score	13	13	13
1. stage of pressure ulcer	NA	NA	NA
2. location of pressure ulcer	NA	NA	NA
Morse Fall Score	50	50	50
EWS score	0	0	0
Pain score	0/10	0/10	0/10
Signature of Nurse	Kritika	Neelam	Neelam
Emp. ID	27632	28023	27805

NEUROLOGICAL STATUS		GLASSGOW COMA SCALE		
Alert	A	Behaviour	Response	Score
Lethargic, Sleepy, easily aroused falls asleep without stimulation	L	Eye opening	Spontaneously	4
Obtunded- 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
		Total Score	No response	1
			Best response	15
			Comatose client	8 or less
		Cough	Totally unresponsive	3
			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: 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

**Vulnerable patient- any of the below considered as vulnerability**

CATEGORIES			<input type="checkbox"/> NA
Age <16 or >65	Communication barrier		Immunosuppressed patients
Any mental or neurological disability	Unattended unconscious patient		Victim of abuse & neglect
Limited physical mobility	<input checked="" 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 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.)**

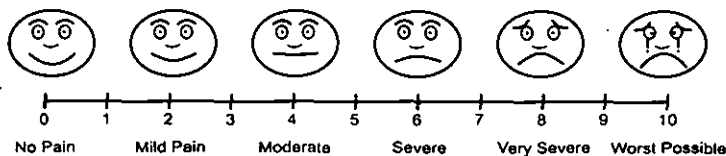
IV site appears healthy - 0	All present:- pain at IV site, Erythema, induration - 3
One of the following is evident:- slight pain/redness at or near IV site - 1	All are evident and excessive:- pain along the path of canula, Erythema, Induration, palpable venous cord - 4
Two of the following is evident :-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	<b>At risk to Moderate risk</b>
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	<b>High to very high risk</b>
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	Medicine	Time/Sign

### COMFORT MEASURES

### LINES & DRAINS

A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	①	IV cannula	UPG	D2	
C	Crushing	ED	Education pain management	②	Foley's	1UF	D2	
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:

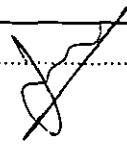
WB

NRS

## NURSES HANDOVER CHECKLIST

ELEMENTS		Morning	Evening	Night
	Patient name & ID band	checked	checked	checked
<b>HYGIENE</b>	Self/bed bath	bed bath	bed bath	bed bath
	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)	no	no	no
	Vaginal Pack	no	no	no
Any special care	no	no	no	
<b>RESPIRATORY THERAPY</b>	NGT care	no	no	no
	Chest physiotherapy	no	no	no
	Incentive Spirometry	no	no	no
	Steam inhalation	no	no	no
	Nebulization hourly	no	no	no
	Suctioning hourly (Oral/Nasopharyngeal/ Tracheal/ Endotracheal)	no	no	no
	Tracheostomy care	no	no	no
<b>REHABILITATION</b>	Chest tube care	no	no	no
	Ambulation	no	no	no
	Physiotherapy	no	no	no
	ROM exercises	no	no	no
<b>GI &amp; GENITO URINARY</b>	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	no	no	liquid diet
	Ostomy care	no	no	no
	Enema	no	no	no
	Catheterization	no	no	no
	Catheter care / Foley's Catheter care	yes	yes	yes
<b>OTHERS</b>	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
<b>SURGICAL</b>	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
<b>HEALTH EDUCATION</b>	Pre-operative checklist complete	no	no	no
	Bill clearance(for surgery or Procedure)	no	no	no
	Abnormal reports/Critical lab values	yes	yes	yes
	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
<b>PENDING</b>	Injury/ Fall prevention	no	no	no
	Symptoms to seek medical help	no	no	no
	Discharge education & follow up	no	no	no
<b>Event</b>	Investigation/procedure (Mention if any)	no	no	no
	Consultation (Mention if any)	no	no	no
	Medications (Mention if any)	no	no	no
(Any special events)				

Signature of Departmental Incharge.....  
QRGHC/IPD/Frm/47/Ver.0.3



Emp. ID..... 24



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

IP No : 33-19/337 UHID : 100035035 IP No  
Mr. Ashok Chawla DOA : 10/01/2019 16:22 Mr.  
52 Y/M MICU 1/MICU002 52  
Dr. Vikram Dua Dr.

IP No : 33-19/337 UHID : 100035035 IP No

Date 10-01-19

## DAILY NURSING ASSESSMENT SHEET

SHIFT/TIME	Morning	Evening	Night
Neurological status		L	L
GCS		E <sub>3</sub> V <sub>5</sub> M <sub>6</sub>	E <sub>3</sub> V <sub>5</sub> M <sub>6</sub>
Mode of oxygen		RA	RA
Cough		N	N
Dressing		I	I
Skin status		I	I
Vulnerable status		Yes	Yes
VIP score		0	0
Braden Score		13	13
1. stage of pressure ulcer		NA	NA
2. location of pressure ulcer		NA	NA
Morse Fall Score		50	50
EWS score		0	0
Pain score		0	0/10
Signature of Nurse		<i>[Signature]</i>	<i>[Signature]</i>
Emp. ID		1805	27805

### 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
<b>Eye opening</b>	Spontaneously	4
	To speech	3
	To pain	2
	No response	1
<b>Verbal Response</b>	Oriented to time, place & person	5
	Confused	4
	Inappropriate words	3
	Incomprehensible sounds	2
<b>Motor response</b>	No response	1
	Obeys commands	6
	Moves to localized pain	5
	Flexion withdrawal from pain	4
<b>Motor response</b>	Abnormal flexion	3
	Abnormal extension	2
	No response	1
<b>Total Score</b>	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	Immunosuppressed 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 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

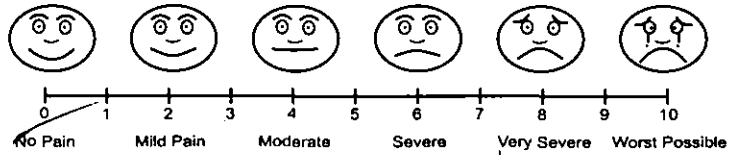
## BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK

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	<b>At risk to Moderate risk</b>
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.
						<b>High to very high risk</b>
						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
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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
10/11/19	Evening	0	-	e	-	-	NRS

COMFORT MEASURES				LINES & DRAINS				
A	Aching	P	Positioning	S. No.	Type	Site / Location	Day	Remarks
B	Burning	B	Breathing	1.	20 Connected to	At hand	TD1	
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		
<input type="checkbox"/> FLACC:	CBWB	<input type="checkbox"/> NRS

## NURSES HANDOVER CHECKLIST

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

Signature of Departmental Incharge.....  
QRGHC/IPD/Frm/47/Ver.0.3

Emp. ID.....






IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019  
 52 Y/M HDU /IMCU010  
 Dr. Vikram Dua

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
13/1/18	Anxiety	Patient having Anxiety & fear Related to disease condition	Reduced Anxiety to the patient	<ul style="list-style-type: none"> <li>→ Assess to the condition to the patient</li> <li>→ check the vital sign</li> </ul>	Done	Reduced Anxiety during my shift	Meha Baser
				<ul style="list-style-type: none"> <li>→ Provide Psychological support to the patient</li> <li>→ Provide Health Education to the patient</li> </ul>			
13/1/19 (N)	See weakness						

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
12/1/19. 10pm	→ weakness → loss of appetite	→ Generalised weakness. Related to disease condition	→ pt feel better	→ Assess the pt condition. → Give comfortable position to the pt.	Yes	→ pt feel better.	
				→ education about proper intake of nutritious diet			
				→ monitor proper intake & output.			

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
12/1/19 8:30	Vital signs as ordered	Impaired physical activity related to	Plan to improve	-> Check vital signs as ordered	Done	Vital signs and	<del>Summit</del> 3/20/19
		General assessment		-> 11/8 band done -> vital signs ordered			

**DAILY NURSING CARE PLAN**

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
10-01-19 10pm	Altered sensation	Altered sensation related to disease condition	→ to improve sensation.	→ Assess general condition of pt. → check pt's sensation fully. → provide medicines as per order.	Implement all the nursing interventions.	patient is under observation.	Neha 27805
10-01-19 10Am.	Altered nutrition	Altered nutrition less than body requirement related to the NPO status.	→ to improve nutritional status.	→ keep prop-up → Assess general condition of pt. → provide fluid balance adequately → check & KtN + urea	Implement all the nursing care.	patient is under observation.	Dua
11/01/19 2pm	Risk presence of invasive line.	Risk for infection related to invasive line	→ to reduce the chance of infection.	→ Assess the general condition → maintain proper handling of lines. → aseptic technique while insertion.	don don don	patient have no symptoms of infection	Neha 28023

Date/Time	Nursing Assessment	Nursing Diagnosis	Expected Outcome	Intervention / Planned care	Implementation	Evaluation	Signature
11-01-19 10pm	Altered Auscultation	Impair physical activity related to generalised weakness	→ to improve physical activity	→ provide auscultation on client's activity → check Auscultation Hound status	Implement the mg. inven- tion	if patient is under observation	Mehg Zi Por





IP No : 33-19/337      UHID : 100035035  
Mr. Ashok Chawla      DCA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua

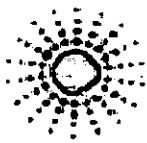
**QRG Health City**  
Plot no. 1, Sector -16, Faridabad, Haryana  
Tel: 0129 - 4330000



**DAILY NURSING CARE**

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



**QRG**  
**Health City**

QRG MEDICARE LTD.

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

Phone:91-129-4330000 Fax:0129-4330033 Email:info@qrgmedicare.com

www.qrghealthcity.com

1229

Date - 10/01/2019 4:22PM	UHID - 100035035
Patient name - Mr. Ashok Chawla	Age/Gender - Male/52 Yr
Address - HNO 105 SEC7	Mobile no. - 9999967469
Department name - Neuro & Spine Surgery	Consultant - Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta

**NUTRITIONAL ASSESSMENT**

**NUTRITIONAL ASSESMENT**

Admitting diagnosis : ICH, DM, HTN

Height (m) : NA

Weight (kg) : NA

IBW (kg) : 70

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) : 70

Carbohydrate (gm) : 250

Fat (gm) : 25

Diet note :

Date & Time	Dietary notes
11/1/2019@11:14AM	NPO
12/1/2019@10:00AM	DM LIQUID DIET
13/01/2019@ 10 AM	DM SOFT DIET
14/1/2019@10AM	DM SOFT DIET
15/01/2019@10 am	DM SOFT DIET
16/01/2019@ 9:59am	DM SOFT DIET



**QRG**  
**Health City**

QRG MEDICARE LTD.

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

Phone: 91-129-4330000 Fax: 0129-4330033 Email: info@qrgmedicare.com

www.qrghealthcity.com

Date - 10/01/2019 4:22PM

UHID - 100035035

Patient name - Mr. Ashok Chawla

Age/Gender - Male/52 Yr

Address - HNO 105 SEC7

Mobile no. - 9999967469

Department name - Neuro & Spine Surgery

Consultant - Dr. Vikram Dua/ Dr Ravi Shankar/Dr  
Sachin Gupta

Diet Consultation Yes

Done



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

No : 33-19/337 UHID : 100035035  
1. Ashok Chawla DOA : 10/01/2019 16:22  
2 Y/M MICU 1/MICU007  
1. Vikram Dua

## NURSES NOTES

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time \_\_\_\_\_ Notes \_\_\_\_\_

10/11/19  
4:19 PM

patient came to ER with complaints of  
Vertigo, Swallowing & Vomiting.  
→ Received patient & checked vitals  
→ IV cannulation done  
→ Dr Anil has seen the case  
→ ECG done  
→ RBS checked  
→ patient went for CT head  
→ Advised to do Cardiology opinion  
→ All advised investigation medication given  
and recorded in medication chart  
→ CT head done  
→ Cardiology consultation Dr Virender  
has seen the case  
→ Advised admission in micu  
→ patient shifted to micu  
→ Handled over query to ICU staff  
→ All valuable handed over to all block  
staff name Neetu, at 5:35 PM

Virender  
10596

10/11/19  
5:30 PM

### Receiving Note

→ Receive the patient from emergency  
at 5:30 PM  
→ patient conscious and oriented.  
→ 18u w cannula present on the

Date / Time	Notes
	<p>right hand.</p> <p>→ patient have black discoloration on the abdomen.</p> <p>→ WBC NS is on the onflow.</p> <p>→ All the investigations send to lab.</p> <p>- Dr. cardiology consultation done</p> <p>- Neurology team seen the patient and he advised to arrange for BPPC and to be administered.</p> <p>→ Blood arrangement send.</p> <p>8 PM → Hand over given to night duty staff with all documents.</p> <p style="text-align: right;">Needs 28525</p>

10-01-19

Night Duty Notes

8 PM Patient reviewed from the morning  
= duty staff

- Patient is conscious & oriented
- Patient GCS is E4 M6 V5
- skin & skin is intact
- jr cannula (R) and 18 (G) present
- jr fluid NS @ 20 meq KCl @ 100 ml/hr onflow

→ RBS x 1 huly checked and recorded

→ vitals checked and recorded

10 PM → Medications given to patient as per drug chart

11:30 PM → 100 SDF arranged and transfusion

11 PM → SDF not arranged but 600 RPPC arranged and transfused to pt. as per surgeon's order.

→ CT angiography of patient done

→ vitals checked and recorded

②

**NURSES NOTES**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time	Notes
→	Morning samples send to Lab.
→	sponge of patient done.
6am →	Medications given to patient as per drug chart
8am →	handover given to the morning duty staff
	Nehtg 27805

11/01/19

MORNING DUTY NOTES

8AM	<p>Patient handover received from night-duty staff patient is semi conscious.</p> <p>SKIN - intact.</p> <p>IV Cannula @ on Right Hand.</p> <p>IV fluid NS @ 100ml/hr inflow.</p> <p>RBS checked &amp; heldy.</p> <p>Vitals checked &amp; recorded.</p> <p>Medication given as per drug chart.</p> <p>Lasix given stat as advised by dr. Sachin.</p> <p>Medication given as per drug chart.</p> <p>Vitals are stable.</p> <p>Position changed back prone given.</p> <p>Hand over given to next staff</p>
	<p>Reidhik 27882</p>

Date / Time	Notes
11/1/19	<u>Evening Duty Note</u>
2pm	<ul style="list-style-type: none"> <li>→ Hand over taken from morning duty staff with all patient documents.</li> <li>→ patient conscious.</li> <li>→ patient have Foley's catheter</li> <li>→ monitor eyes and pupil reaction every hourly.</li> <li>→ As per the BP monitoring patient BP was high 176/100 and inform to doctor. Doctor advised to administer by: labet. and Tab. Omtas also.</li> <li>→ After medication patient BP came down to normal level.</li> </ul>
7pm	<ul style="list-style-type: none"> <li>→ Handing over given to night duty staff with all documents.</li> </ul>
Nabeel 28023	

Date / Time	Notes
11-01-19	<u>Night duty notes</u>
8pm	<ul style="list-style-type: none"> <li>→ Patient received from the evening duty staff. Meethu.</li> </ul>
=	<ul style="list-style-type: none"> <li>→ Patient is conscious and oriented</li> </ul>
→	<ul style="list-style-type: none"> <li>skin :- skin is intact.</li> </ul>
	<ul style="list-style-type: none"> <li>lines:-</li> </ul>
→	<ul style="list-style-type: none"> <li>IV cannula (R) hand is present</li> </ul>
→	<ul style="list-style-type: none"> <li>Foley's cath present</li> </ul>
→	<ul style="list-style-type: none"> <li>IV fluid NS @ 100ml/hr on flow</li> </ul>
→	<ul style="list-style-type: none"> <li>RBS x 1 hourly checked and recorded</li> </ul>
→	<ul style="list-style-type: none"> <li>vitals checked and recorded</li> </ul>
→	<ul style="list-style-type: none"> <li>Infusion MIR on Alog-I</li> </ul>
10pm	<ul style="list-style-type: none"> <li>Medications given to the patient as per drug chart</li> </ul>
=	<ul style="list-style-type: none"> <li>→ Morning samples send to lab.</li> </ul>





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

IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

(B)

(3)

## NURSES NOTES

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time	Notes
6 AM →	Sponge of the patient done
6 AM →	Medication given to patient as per drug chart
8 AM →	Handovers given to the morning duty staff.
	 Neha 27801

12/01/19 MORNING DUTY NOTES

8 AM	Patient handover received from night-duty staff with report and patient information. Mr. Ashok Chawla, 52 yr old male patient under Dr. Vikram Dua. Patient is on room air. GCS E4 V4 M6 and pupils are equal bilaterally and power is 4/5 in all limbs. Patient is having IV cannula, Foley's catheter. Patient is getting liquid diet. RBS hourly. Infused HIR is on hold at 100%. Dr. Vikram Dua visited the patient.
9:30 AM	Dr. Vikram Dua visited the patient.
10 AM	Dr. Vikram Dua visited the patient.
10:15 AM	Dr. Vikram Dua visited the patient.
10:30 AM	Dr. Vikram Dua visited the patient.
10:45 AM	Dr. Vikram Dua visited the patient.
11 AM	Dr. Vikram Dua visited the patient.
12 PM	Dr. Vikram Dua visited the patient.

Date / Time	Notes
	series from lunch.
2pm	<p>Due injection and medications given.</p> <p>Patient shifted from right to left as per Dr. Thomas's advice. CT Angio brain - 4 films, CT head (plain) - 1 film, CXR - ①, ABG - 2, ECG - 1. with skin intact. Patient has IV cannula and Foley's catheter present.</p>
1st/19 3pm	<p>Patient hand over hand from nurse at 2pm</p> <p>RBS checked and sent result</p> <p>vital signs checked</p>
4pm	<p>PP RBS checked</p> <p>2 Dubs will be done</p> <p>to onca doctor</p>
6pm	<p>Due medicine given and vital signs checked recorded to file</p> <p>at 6.30pm 2 dubs done</p>
8pm	RBS checked and recorded to file
8pm	Patient hand over care to night duty staff

Sumit  
9/20/18

## NURSES NOTES

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time \_\_\_\_\_ Notes \_\_\_\_\_

8pm  
12/1/19

### Night duty notes S/N Jaman

→ patient Received from evening duty staff  
Suneti.

→ pt. is conscious & oriented  
→ pt. General condition is fair  
→ V/Lines & Drains:-

IV cannula present on Right

had 20g

→ IV fluid NS @ 50ml/hr on going  
→ No Drain @

→ Diet:- DM u salt soft diet

→ Background:- pt is admit under. Vikram  
dua with complaint of  
vertiginous sensation & headache,  
profuse sweating.

→ pt having history of DM, HTA.

→ pt on RBB Secord.  
→ pt skin is intact.

10pm → Give medication to the pt  
→ pt is sleeping.

→ Pupils checked / bil.

→ W/F NS @ 50ml/hr as advised by  
Dr. Sunil.

Date / Time	Notes
12 AM	<ul style="list-style-type: none"> <li>→ Provided comfortable position</li> <li>→ Maintain calm and quiet environment.</li> </ul>
2 AM	<ul style="list-style-type: none"> <li>→ BCS monitoring done</li> <li>→ U &amp; Output chart maintained</li> <li>→ No specific fresh complaints.</li> </ul>
4 AM	<ul style="list-style-type: none"> <li>→ All night care given.</li> </ul>
5 AM	<ul style="list-style-type: none"> <li>→ Investigations sent as per orders.</li> </ul>
6 AM	<ul style="list-style-type: none"> <li>→ Meds given as per drug chart</li> </ul>
8 AM	<ul style="list-style-type: none"> <li>→ Hand over given to incoming staff.</li> </ul>
	<p>Libert 30207</p>

12/1/15

Morning Duty Notes.

<p>8 AM</p>	<ul style="list-style-type: none"> <li>→ Hand Over taken by Night staff</li> <li>→ Patient is conscious &amp; oriented</li> <li>→ Patient is on VM Soft diet</li> <li>→ P.B.S. Satisfactory.</li> <li>→ Patient having IV Comedia @ G. Rt Hand.</li> <li>→ Indwelling Cath present.</li> <li>→ ECG Monitoring Active</li> <li>→ Patient Refused checked Pupil Excess</li> <li>→ Vital are checked &amp; recorded.</li> <li>→ Introduced my self to the patient</li> <li>→ Medication Given to the Patient</li> <li>→ P.B.S. checked &amp; informed.</li> <li>→ Insulin Given to the Patient</li> <li>→ Medication Given to the Patient</li> <li>→ Hand Over Given Next staff with all documents</li> </ul> <p style="text-align: right;">Mena 29/1/15</p>
-------------	---

**NURSES NOTES**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time \_\_\_\_\_ Notes \_\_\_\_\_

EVENING DUTY NOTE ON 13/1/19 at 2-8PM

8pm  
13/1/19 => Hand over taken from morning staff SN - Neta with all documents.

=> Patient conscious & oriented  
LINES - IV Canal Present in Right Arm  
SKIN - Skin is intact at the time of admission.

DIET - DH Soft diet allowed  
PRR - None

=> No any fresh complaint  
=> Foley's Present

- B.C. & V.S.M.S  
=> Foley's DH Urine not passed now with aseptic technique.

8pm => Hand over given to next staff.

APR 2019

NIGHT DUTY NOTES

8pm -> Hand over taken from evening staff.  
GCS - E4 M6 V5 Dil - D/H S.D.

10pm -> Med. gm as per dry chart  
=> Urine not passed after running catheter informed to Dr. Manish.

=> Pt refused to take food.

P.C.

Date / Time	Notes
11 p.c.	→ It give dinner. Provides comfortable position
	→ Informed to DOD again per not passing urine, but ask to try again after 1 hour
12 AM	→ Provided comfortable position → Informed about urine not passed.
4 AM	→ Many cause given, Spung dia.
SA	→ Investigation sent as per duty check
SA	→ Med <sup>n</sup> give as per duty check.
SA	→ Hand on give to morning staff.
	<p style="text-align: right;">Best 3001</p>

Morning Duty Notes

- Hand Over taken by staff
- Patient is conscious & oriented
- Patient having IV Cannula Rt Hand
- RBS Series.
- Patient is on DM Soft diet
- vital signs checked & recorded
- medication given to the patient
- Patient having no any fever & complaint
- Hand Over given next staff
- Patient shifted to ward.

Merg  
29/11

## NURSES NOTES

Patient Name	Age	Sex	Date
Name of Consultant			Bed No.
Date / Time	Notes		
	<u>Evening Reentry Note</u>		
<u>14/01/19</u> <u>2PM</u>	Receiving the patient from <del>ICU</del> ER on dry CHIP Mehty		
	Patient conscious & oriented Past history admitts C/O of heart burn all over the chest as follows		
<u>3PM</u>	pt has chest pain at 3PM in per m over R/C and chest sent for <u>(10)</u> as Rib's series		
	HECCT Heart to be done c/m done dr. Anu		
	No fresh aspirate Condom catheterization done at 8PM One u. whip of Ray		
<u>8PM</u>	6 H2PC transfusion done on Ray kept on low flow near on dry still		
	Man <u>203</u>		

Date / Time	Notes
	Night duty notes on 12/11/19.
8pm	Received the patient from evening duty staff - patient identification done ID band, IV cannula present. No UOF from se-Manikani. Background: Patient was admitted with complaints of intracranial bleed, DM, HTN. RBS normal, patient is on DM soft diet. Assessment: Patient has fever of 100°F. 6 RBC transfused. Patient is on CT head to be done. Cfm. Cather. Urine, BUN, creatinine report to be collected etc report due. Others = CT Angiogram → (B) CT head → (B) ECG → (B) ABG → (B)
10pm	All due medicines given as per chart meet the needs of the pt. Vitals signs checked & recorded. RBS checked & normal
10:40pm	Patient has fever of 100°F. Informed to Dr. Deepika RMO on duty. In 30 min given as per doctor's order. If patient is sleeping - no fresh complaints RBS checked & recorded
12:00am	All due medicines given as per chart Vitals signs checked & recorded CT head to be done. Sponge bath & bed sheet not changed. Patient is on sleeping. Handover given to next staff.

*Deepika*  
2019





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

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IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chavla DOA : 10/01/2019 5:22  
52 Y/M HDU /IMCU010  
Dr. Vikram Dua

**NURSES NOTES**

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time \_\_\_\_\_ Notes \_\_\_\_\_

15/11/19 MORNING DUTY NOTES BY SEENA  
8am

- kind care received from night duty staff
- pt is conscious, oriented
- vitals stable
- RBS series
- NGCT done
- hbm collected Report due
- ha. Scabi seen The pt
- advised to Planned hb 15 cm
- by. Expiral in hospital STOP.
- no fresh complaints

2pm kind care given Evening duty staff  
Seena/29294

Evening duty note by MANU

15/11/19  
2pm Received the patient from Morning duty staff.

patient consent & order  
check vital & Ream  
as per medicine given as follow up  
NGCT had by due firm care  
to be taken care

Date / Time	Notes
	Plan discharge c/mg
	CBC to be sent down no fresh comp on per other 0/2
	R.B.S series Q room soft Recumbent CBC sample sent
5:30 PM	Prob. Lopez mo not able to in pharmacy try in for informed or safety on my not receiving any info
8 PM	No fresh comp on check our given next on duty shift 1941 2931
15/1/19 8 PM	<u>Night Duty notes</u>
10 PM	Hand Over taken from evening duty staff. Patient is conscious and oriented. ID band and IV cannula present. Patient is on Res level. Patient is having Foley catheter Patient is getting Don Jell dual. Due medications given as per medication chart.
16/1/19 6 AM	Due medications given as per chart. Bath given to the patient
8 AM	Hand Over given to morning duty staff.

*[Signature]*  
2/1/19

8

IP No : 33-19/337	UHID: 100035035
Jhawla	DOA : 10/01/201916:22
52 Y/M HDU /IMCU010	
Dr. Vibram Dua	

**NURSES NOTES**

Patient Name	Age	Sex	Date
Name of Consultant	Bed No.		

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

MORNING DUTY NOTES BY DAYARANI

16/1/19

8 AM - Patient is received from night duty staff.  
 - Patient is conscious & oriented.  
 - ID band & IV cannula present.  
 - vital checked & recorded.

DM @ diet.

- Patient is taking DM & salt soft diet.  
 - Oral medication is given as per by drug chart.  
 - The round is done & advise Foley's out & taking  
 • Foley's out & Medication is given as per by drug chart  
 - CBC, KFT, Ureni  $\left\{ \begin{matrix} R \\ E \end{matrix} \right.$  are send. Chest Xray done  
 - Physiotherapy done

6 PM

- ~~The Sundari~~ Sundari Round is done & advise plan Tab. Trajenta & T. Glimer.  
 - Medication is given as per by drug chart.  
 - No any fresh complaint.  
 - RRS checked & recorded  
 - Hand over given to next duty staff

Daya  
2985

NGT duty Notes by Shabana

16/1/19 8 PM

patient handover received from evening duty staff & all documents patient & examine @, RRS 50%, this shift @ diet patient are stable & no any fresh complaint

Date / Time	Notes
16/1/19 10 Am	Patient touchment given as per Acc to medication chart.
2 Am 17/1/19 6 Am	Patient well stable, no any fresh complaints. Patient touchment given as per Acc to medication chart.
8 Am	Patient handover given to my duty staff: all documents.

*Julia  
28/01*

MORNING DUTY NOTES BY RADHIKA

17/01/19  
8 Am

- Received the patient from night duty staff
- patient conscious & stable
- IV cannula on IP band present
- no any IV fluid
- patient on diet DM ASD
- no any fresh complaints from patient side
- when seen the patient advised to by the staff of its given to the patient at 12pm
- T. Nifedipine given to the patient & eye citric acid given to the patient at 12pm
- medicine list is done
- physiotherapy done

10 Am → Hand over given to the next duty staff

*Radhika  
19/01*

Evening duty note

17/01/19  
2 pm

Received the patient from morning duty staff  
 patient conscious & oral  
 check vitals & Record



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

1

IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla DOA : 10/01/201916:22  
52 Y/M HDU /IMCU010  
Dr. Vikram Dua  
REGISTRATION NO: 100035035

## NURSES NOTES

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Name of Consultant \_\_\_\_\_ Bed No. \_\_\_\_\_

Date / Time \_\_\_\_\_ Notes \_\_\_\_\_

NGT. Kt screening done sent (R) done  
Physiotherapy consent done for 2000

NO fresh complaint  
all the medicine given as follow and  
check vitals came. Daily Nurse for 1st m intake  
for 1st m given as 7 PM  
check vitals & Rx

~~8 PM~~ Halon given next on duty staff  
Mr  
23/11

NGT duty notes by shalby

17/11/19 8 PM patient handling received from evening duty  
staff & all documents. patient with family @  
Rm 2000, 20m 1st shift @ duty, patient  
was stable, no any fresh complaint

10 PM patient prominent given as per A/c  
to medication chart.

2 AM patient all stable, no any fresh complaint

1 AM patient prominent given as per A/c to  
medication chart.

8 AM patient handling given to night duty staff  
& all documents.

Shalby  
2000

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

12/01/19 Morning duty Notes by Paolito

8am -> Reviewed the patient from night duty staff  
 -> patient conscious & stable  
 -> IV cannula or ID Band present  
 -> no IV fluid  
 -> patient doesn't DM NO  
 -> patient discharge today  
 -> summary ready  
 -> waiting for discharge

2pm -> Hand over given to the next duty staff

Paolito  
29/12

Evening duty note

18/11/19  
 7pm  
 Received the patient from morning duty staff  
 patient once & only  
 patient disysa hwy  
 patient for Cpruned  
 all all measure for as follow can  
 pt disysa on im lock he hwy

9  
 patient disysa with DR corner  
 disysa cany paper  
 patient out to ward all 9pm

~~PH~~

Pa  
29/12



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

Mr. Ashok Chawla DOA : 10/01/2019 16:22  
52 Y/M MICU 1/MICU002  
Dr. Vikram Dua  
IP No : 33-19/337 UHID: 100035035  
Mr. Ashok Chawla

(2)



### PATIENT/FAMILY COUNSELING RECORD

Name Ashok Chawla UHID.....  
IPD No..... Date 11-1-19 Time.....  
Diagnosis Intra cranial bleed DMH / HCN  
Consultant Dr. V. Dua

#### Issues Discussed/Counselling Done & Plan/Action Taken

We have been Explained about the current condition of our patient. He has bleeding in the brain with elevated BP recordings. He has been started on BP lowering medicines & antiepileptic & Swelling Reducing medicines. His General Condition Remains sick, he is being kept nil per os for close monitoring in semi-conscious level & may require ventilatory support in case of any worsening in Conscious level.

Prognosis guarded

Condition of the patient: - Very Critical / Critical / Improving / Stable / Good / Satisfactory / Deteriorating

Doctor Sign [Signature] Name Dr. ADITYA

Counsellor's/Nurse's/MSW's Sign [Signature] Name.....

Interpreter's Sign..... Name.....

I hereby understood completely the issues/plan explain to me by above signed person.

Patient's/Relative's sign [Signature] Name.....

Relationship.....



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

Dr. Vikram Dua

VICRAM DUA

IP No : 33-19/337 UHID : 100035035  
Mr. Ashok Chavla DOA : 10/01/2019 16:22  
S2 Y/M MICU 1/MICU002  
Dr. Vikram Dua

IP  
Mr  
S2  
Dr

## VALUABLE HANDOVER FORM

Patient Name ..... Age ..... Sex ..... Date .....

DOA No. .... IPD No. ....

Diagnosis ..... Unit .....

Money	Y/N <input checked="" type="radio"/> N	500/-	Old Medical Record	Y/N
Wallet	Y/N <input checked="" type="radio"/> N		Old X-Rays / CT Scan / MRI Film	Y/N
ID Card	Y/N <input checked="" type="radio"/> N		Clothing	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Mobile Phone	Y/N <input checked="" type="radio"/> N		Shoes	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Nackless / Chain	Y/N <input checked="" type="radio"/> N		Hearing Adis	Y <input checked="" type="radio"/> N
Bangles	Y/N <input checked="" type="radio"/> N		Spectacles	Y <input checked="" type="radio"/> N
Finger Ring	Y/N <input checked="" type="radio"/> N	Yes silver	Keys	Y <input checked="" type="radio"/> N
Watch	Y/N <input checked="" type="radio"/> N		Ladies Purse	Y <input checked="" type="radio"/> N
Cosmetic	Y/N <input checked="" type="radio"/> N		Any Other Thing	Y <input checked="" type="radio"/> N

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

**Handed Over By :**

Name of Assigned Staff SJI ID 29576 Sign [Signature]

**Received By :**

Name of Patient ..... Date ..... Sign .....  
Name of Attendant [Signature] Relationship ..... Sign .....

Date 10/1/19 Time 4:30 PM



Patient: First Name  
 Patient: Last Name  
 Department (Pat.)  
 Sample type  
 T  
 FO<sub>2</sub>(I)

ASAP

RA

Arterial  
 37.0 °C  
 21.0 %

Blood Gas Values

↑ pH	7.460		7.350 - 7.450
pCO <sub>2</sub>	38.2	mmHg	35.0 - 45.0
↓ pO <sub>2</sub>	75.8	mmHg	83.0 - 108

Temperature Corrected Values

pH(T)	7.460	
pCO <sub>2</sub> (T)	38.2	mmHg
pO <sub>2</sub> (T)	75.8	mmHg

Electrolyte Values

cNa <sup>+</sup>	143	mmol/L	135 - 145
cK <sup>+</sup>	3.5	mmol/L	3.5 - 4.5
cCa <sup>2+</sup>	1.18	mmol/L	1.15 - 1.29
↑ cCl <sup>-</sup>	111	mmol/L	98 - 106

Metabolite Values

↑ cGlu	195	mg/dL	70 - 105
cLac	1.1	mmol/L	0.5 - 1.5

Oximetry Values

ctHb	14.5	g/dL	12.0 - 16.0
sO <sub>2</sub>	96.2	%	95.0 - 99.0
FO <sub>2</sub> Hb	94.3	%	
FMetHb	0.8	%	
FCOHB	1.2	%	
FHHb	3.7	%	

Acid Base Status

cHCO <sub>3</sub> <sup>-</sup> (P) <sub>c</sub>	26.7	mmol/L
cHCO <sub>3</sub> <sup>-</sup> (P.st) <sub>c</sub>	27.3	mmol/L
cBase(B) <sub>c</sub>	3.3	mmol/L
cBase(Ecf) <sub>c</sub>	3.1	mmol/L

Calculated Values

Anion Gap <sub>c</sub>	5.3	mmol/L
AnionGap.K <sup>+</sup> <sub>c</sub>	8.9	mmol/L
ctCO <sub>2</sub> (P) <sub>c</sub>	62.6	Vol%
ctO <sub>2</sub> <sub>c</sub>	19.2	Vol%
Hct <sub>c</sub>	44.4	%
p50 <sub>c</sub>	23.21	mmHg
pO <sub>2</sub> (A-a) <sub>e</sub>	28.0	mmHg
pO <sub>2</sub> (a/A) <sub>e</sub>	73.0	%
RI <sub>e</sub>	37	%
mOsm <sub>c</sub>	297.2	mmol/kg
ABE <sub>c</sub>	3.3	mmol/L
SBE <sub>c</sub>	3.1	mmol/L
pO <sub>2</sub> (a)/FO <sub>2</sub> (I) <sub>c</sub>	361	mmHg

Notes

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

Identifications

Patient ID  
 Patient First Name  
 Patient Last Name ashok chwa  
 Department (Pat.)  
 Sample type Arterial  
 T 37.0 °C  
 PO<sub>2</sub>(I) 21.0 %

Blood Gas Values

↑ pH 7.487 [ 7.350 - 7.450 ]  
 pCO<sub>2</sub> 37.2 mmHg [ 35.0 - 45.0 ]  
 ↓ pO<sub>2</sub> 65.4 mmHg [ 83.0 - 108 ]

Temperature Corrected Values

pH(T) 7.487  
 pCO<sub>2</sub>(T) 37.2 mmHg  
 pO<sub>2</sub>(T) 65.4 mmHg

Electrolyte Values

cNa<sup>+</sup> 141 mmol/L [ 135 - 145 ]  
 ↓ cK<sup>+</sup> 3.2 mmol/L [ 3.5 - 4.5 ]  
 ↓ cCa<sup>2+</sup> 1.12 mmol/L [ 1.15 - 1.29 ]  
 ↑ cCl<sup>-</sup> 108 mmol/L [ 98 - 106 ]

Metabolite Values

↑ cGlu 202 mg/dL [ 70 - 105 ]  
 cLac 1.2 mmol/L [ 0.5 - 1.5 ]

Oximetry Values

ctHb 14.7 g/dL [ 12.0 - 16.0 ]  
 ↓ sO<sub>2</sub> 94.4 % [ 95.0 - 99.0 ]  
 FO<sub>2</sub>Hb 92.6 %  
 FMethb 0.7 %  
 FCOHb 1.2 %  
 FHHb 5.5 %

Acid Base Status

cHCO<sub>3</sub><sup>-</sup>(P)<sub>C</sub> 27.9 mmol/L  
 cHCO<sub>3</sub><sup>-</sup>(P.st)<sub>C</sub> 28.6 mmol/L  
 cBase(B)<sub>C</sub> 4.8 mmol/L  
 cBase(Ecl)<sub>C</sub> 4.5 mmol/L

Calculated Values

Anion Gap<sub>C</sub> 4.9 mmol/L  
 AnionGap.K<sup>+</sup><sub>C</sub> 8.1 mmol/L  
 ctCO<sub>2</sub>(P)<sub>C</sub> 65.1 Vol%  
 ctO<sub>2</sub><sub>C</sub> 19.1 Vol%  
 Hct<sub>C</sub> 45.1 %  
 c50<sub>C</sub> 23.28 mmHg

RA

Dr. Vikram Dua



IP No : 33-19/337

UHID: 100035035

Mr. Ashok Chawla

DOA : 10/01/201916:22

52 Y/M MICU 1/MICU002

Dr. Vikram Dua

Sample type Arterial

Patient ID: ASHOK

MEASURED VALUES

Blood Gas (37°C)

pH ↑ 7.47 [7.35 - 7.45]
pCO2 ↓ 25.2 mmHg [35.0 - 48.0]
PO2 ↓ 63 mmHg [82 - 108]

Hemoglobin

Hct 50 % [35 - 50]

Electrolyte Metabolites

Na+ ↓ 134 mmol/L [135 - 145]
K+ ↓ 2.56 mmol/L [3.50 - 4.50]
Ca2+ ↓ 1.10 mmol/L [1.15 - 1.29]
Cl- ↓ 95 mmol/L [98 - 106]
Lac 1.6 mmol/L [0.5 - 2.0]

DERIVED VALUES

Hb 16.3 g/dL
HCO3-(P) 25.3 mmol/L
HCO3-(P.st) 26.4 mmol/L
Base(B) 2.4 mmol/L
Base(E) 1.8 mmol/L
Base(B.ox) 2.2 mmol/L
Base(E.ox) 2.4 mmol/L
ctCO2(B) 21.2 mmol/L
ctCO2(P) 26.3 mmol/L
Ca2+(c) 1.14 mmol/L
Anion Gap(K) 16.6 mmol/L
Anion Gap 14.9 mmol/L
pO2(A) N/D mmHg
pO2(a/a) N/D mmHg
pO2(L/A) N/D %
sO2 93.2 %
tO2 21.2 Vol%
tO2 N/D %

MESSAGES

N/D: not detected

PATIENT INFORMATION

Gender: Male
FO2(i): 100 %

User: ANONYMOUS

Analyzer no: 315030

Sequence: 7003

Sample#: 554

Software version: 3.15 (BASIC)

Printed: 10 Jan 19 5:16:27 PM

Identifications

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

Blood Gas Values

pH 7.478 [7.350 - 7.450]
pCO2 38.7 mmHg [35.0 - 45.0]
pO2 58.1 mmHg [83.0 - 108]

Temperature Corrected Values

pH(T) 7.478
pCO2(T) 38.7 mmHg
pO2(T) 58.1 mmHg

Electrolyte Values

cNa+ 136 mmol/L [135 - 145]
cK+ 3.0 mmol/L [3.5 - 4.5]
cCa2+ 1.14 mmol/L [1.15 - 1.29]
cCl- 105 mmol/L [98 - 106]

Metabolite Values

cGlu 212 mg/dL [70 - 105]
cLac 1.1 mmol/L [0.5 - 1.5]

Oximetry Values

ctHb 14.9 g/dL [12.0 - 16.0]
sO2 92.0 % [95.0 - 99.0]
FO2Hb 90.3 %
FMetHb 0.7 %
FCOHb 1.2 %
FHhb 7.8 %

Acid Base Status

cHCO3-(P)c 28.3 mmol/L
cHCO3-(P.st)c 28.7 mmol/L
cBase(B)c 4.9 mmol/L
cBase(E)c 4.8 mmol/L

Calculated Values

Anion Gapc 2.1 mmol/L
AnionGap.K+c 5.1 mmol/L
ctCO2(P)c 66.1 Vol%
ctO2c 18.8 Vol%
Hctc 45.6 %
p50c 23.83 mmHg
pO2(A-a)θ 45.1 mmHg
pO2(a/A)θ 56.3 %
Riθ 78 %
mOsmc 283.2 mmol/kg
ABEc 4.9 mmol/L
SBEc 4.8 mmol/L
pO2(a)/FO2(i)c 277 mmHg

Notes

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

10-Jan-19 4:22:23 PM

Ashok

Rate 84 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation  
 PR 164 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 QRS 109 . Borderline right axis deviation.....QRS axis ( 90, 99)  
 QT 393 . Borderline T abnormalities, inferior leads.....T flat/neg, II III aVF  
 QTc 465

Dr. Vikram Dua

IP No : 33-19/337 UHID : 100035035

Mr. Ashok Chawla

DOB : 1W01/2019 16:22

52 Y/M MICU 1/MICU002

Dr.

IP

Mr

52

Dr

--AXIS--

P 45

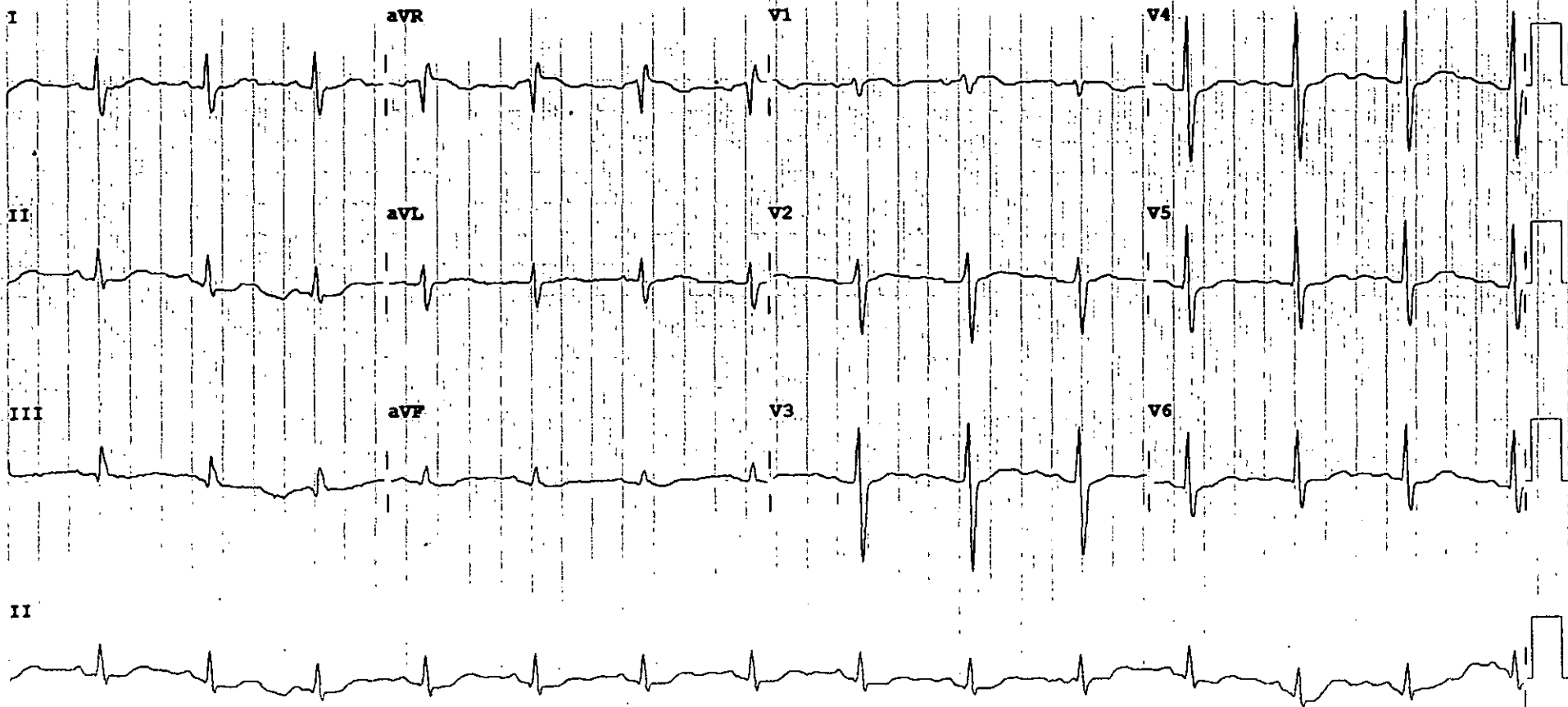
QRS 94

T -14

- BORDERLINE ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





		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.)									
<b>C</b>	<b>VAP (ventilator associated pneumonia)</b>									
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.)									
<b>Name of the Staff</b>										
<b>Emp.ID</b>										
<b>Signature</b>										



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

**PREVENTION OF HOSPITAL ACQUIRED INFECTIONS - CARE BUNDLE CHECKLIST**

Patient Name ... IP No : 33-19/337 UHID: 100035035 UHID/IPID Number .....  
 Mr. Ashok Chawla DOA : 10/01/2019 16:22  
 Uni/ Bed No ... 52 Y/M MICU 1/MICU002 on ..... Date of CL insertion ..... Date of intubation .....  
 Dr. Vikram Dua  
 UC inserted by ..... Intubated by .....

Date		10-01-19			11-01-19			12/1/19		
		M	E	N	M	E	N	M	E	N
<b>A</b>	<b>CAUTI (catheter associated urinary tract infection)</b>			✓	✓				✓	44
1	Hand hygiene done before every access			✓	✓	✓	✓	✓	✓	✓
2	Collecting bag kept below level of bladder			✓	✓	✓	✓	✓	✓	✓
3	No kinks in catheter and collecting tube			✓	✓	✓	✓	✓	✓	✓
4	Securing device used to prevent movement of catheter			✓	✓	✓	✓	✓	✓	✓
5	Meatal cleaning done (Catheter care)			✓	✓	✓	✓	✓	✓	✓
6	Urinary bag is less than 2/3rd full			✓	✓	✓	✓	✓	✓	✓
7	Urinary bag kept above the floor level			✓	✓	✓	✓	✓	✓	✓
<b>B</b>	<b>CLABSI (central line associated blood stream infection)</b>			NA	NA	NA	NA	NA	NA	NA
1	Hand hygiene before every access									
2	Catheter is properly anchored after insertion									
3	Entry site covered with sterile gauze or sterile transparent dressing and changed on.....									
4	Wrap the port site with sterile sheet and change it daily/soiled/wet									
5	Daily review of line necessity undertaken and documented									

	M	E	T	M	E	N	M	E	N
6									
7									
8									
9									
10									
11									
12									
13									
C			NA	NA	NA	NA	NA	NA	NA
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
Name of the Staff			Neha	Chs	Neha	Neha			
Emp.ID			27707		28027	27807			
Signature			Neha		Neha	Neha			



### ADMISSION FORM

Name of Patient Shuk. Chawla

Age 54 Sex M Regd. No. 100035035

Provisional Diagnosis ? HTN. Bleed. ? B.G. Bleed

Treatment / Procedure Advised (Code) Conservative

Special Investigations Required None

Implant / High Consumables Required (if any) None

Referred From:  OPD  Casualty  Referral from Outside

Panel:  Cash  ESI  CGHS  TPA  PSU  Corporate  Others

Date & Time of Admission 10/1/19 @ 5pm ICU Required  Yes  No

Estimated Days of Stay 3-4 days Days of ICU Stay 2-3 days

Vulnerable Patient:  >65Years  <12 Years  Comatose  Pregnant

Physically Challenged  Special Need (if any) 1

Allergic to (Drugs / Food / Others) Not Known

Name & Signature of Physician Dr. Vikram Dua

Speciality Neurology

#### Surgery Patient to please note

1. Please confirm the bed status for your Admission before arrival to the Institute on the scheduled date.
2. Please contact admission desk for admission formalities at the earliest.
3. Please bring all your reports / Angio CD / Cassette (if Applicable) at the time of admission.
4. Consult Doctors regarding on-going medication one week before surgery.
5. Please follow pre-admission / Procedure Instructions & Clarity in case of any doubt from admission desk / Consultant

10/01/19

IP No : 33-19/337 UHID : 100035035  
 Mr. Ashok Chavla DCA : 10/01/2019 16:22  
 52 Y/M MICU 1/MICU002  
 Dr. Vikram Dua



Indent

used

Remaining

1) Sij. Emeset	17-3 =14	9+1	1
2) Sij. Levera	20-4 =16	10	10
3) Sij. Pansee	10-2 =8	6	0
4) <del>Tab</del> Mannitol	17-5 =12	7	0
5) Sij. Kel 10ml	2	2	0
6) Sij. Dextera	15-3=12	9	1
7) Sij. Mucosix	7	5+1	1
8) Amlopres 5mg	15	4+1	10
9) Amlopres 10mg	10	1	9
10) Tab. Arkamir	30	4	26
11) Sij. Hospinol	1	1	0

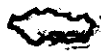
APPLICATION

To


THE QRG Medicity


DATE - 10/11/2019

SUBJECT: - REGARDING ISSUING OF PHOTOCOPY OF REPORTS.

 RESPECTED SIR/MAM,

I do hereby Request you to  
give the xerox of the reports till now, (all the reports  
summary and  
film of CT-SCAN also.)  
PATIENT NAME - ASHOK CHAWLA  
ICU - Bed No. - 02.

 PRATEEK CHAWLA s/o ASHOK CHAWLA

 (9999069699)

Page No: -  
10/1/2019

To

M.S. QRG HEALTH CITY

Sec-16  
Jalandhar

Sub:- Patient Reports

I request you to let patient reports for another  
consultation for our self/jackson.

Patient name - ASHOK CHANDRA DR

Plz provide

Thank you

Yours faithfully

Minaurhu Kataria



IP No : 33-19/337      UMID: 100035035  
 Mr. Ashok Chawla      DOA : 10/01/2019 16:22  
 S2 Y/M MICU 1/MICU002  
 Dr. Vikram Dua

TPA  
 - 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 I retain the right to refuse any particular examination, tests, procedures, treatment, therapy or medication recommended or deemed medically necessary by treating doctors.

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 undertake to pay the amount due to the hospital, prior to discharge of the patient. In case, we change to higher category of bed, we agree to pay the requisite room charges, surgical and other allied charges, as applicable to higher category for the entire stay.

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..... *sick*

And I,..... *son*..... (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)

*[Handwritten signature]*

*[Handwritten signature]*

## 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 है, इसकी जिम्मेदारी के साथ आराम से समझने का मौका दिया गया है।

मैं समझता हूँ सभी मेडीकल रिकॉर्ड की गोपीनियता 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 अनुमानित है और मेरे/मरीज की हालत पर निर्भर करता है कि बीमारी 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 .....



**QRG MEDICARE LTD.**

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

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

**Counseling Detail**

**Counseling No :** 18-19/4989      **Counseling Date :** 10/01/2019  
**Registration No :** 100035035      **Patient Name :** Ashok Chawla  
**Gender/Age :** Male/19/12/1966      **Mobile No :** 9999967469  
**Expected Date Of Admission :** 10/01/2019      **Doctor :** Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta  
**Company :** PARK MEDICLAIM Credit  
**Address :** HNO 105 SEC7  
**About Counseling :** conservative  
**Remarks :** □  
**Service Remarks :** conservative

HEAD NAME	SERVICE NAME	ICU
ADMIN CHARGE	Admin Charge	700.00
INVESTIGATION		15000.00
ROOM CHARGE		7000.00
VISIT FEE		2400.00
MEDICINE & CONSUMABLE CHARGES		20000.00
MISC CHARGES		0.00
	<b>Total</b>	<b>45100.00</b>

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.

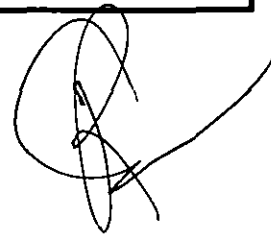
Patient'S / Attendant Singnature & Name With Contact Number

*[Signature]*

Name Of The Counselor With Employee Id Code      Ms.RUMARANISAROO (29759)

# CHECKLIST FOR ADMISSION

A	PRESCRIPTION /ADMISSION REQUEST	/
B	TIME AND DATE	/
C	REGISTRATION FORM (IF NON -REGISTERED)	/
D		X
E	TPA DOCUMENT	/
F	COUNSELLING	/
G	PENDING DOCUMENTS (IF ANY )	/
H	PASSES (ATTD./VISITOR)	/







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

PAN No. : AAACQ2238D  
 GST No. : 06AAACQ2238DZ



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

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337 Issue No : H0138619/81579  
 Patient Name : Mr. Ashok Chawla Date/Time : 17/01/2019 10:13AM  
 UHID : 100035035 Ward/Bed No : TWIN SHARING WARD 2ND FLOOR(A)/TS1229  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
 Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Remarks : Status : Post  
 Indent No : 80895 Indent Date : 17/01/2019 10:08AM

6	NIFTRAN 100MG CAP(10CAP)-(NOS)	30049099	XBT0002	RANBA XY	30/08/2020	82.59	1	1	82.59	0.00	82.59
7	CITRALKA 100ML SYP-(NOS)	30042019	820- 090350	PFIZE R	28/02/2020	71.65	1	1	71.65	0.00	71.65
8	LOOZ 200 ML SYRUP-(NOS)	30049099	X34194	INTAS	30/09/2020	216.3 0	1	1	216.30	0.00	216.30
9	IV SET (POLYMED)-(NOS)	9018	4145518M		30/10/2023	129.0 0	1	1	129.00	0.00	129.00
10	SYRINGE DISPOSABLE 5ML (B.D) (SUB OF :- DISPOVAN SYRINGE 5ML)-(NOS)	90183100	18K2181		30/09/2023	17.00		5	102.00	0.00	102.00
11	SYRINGE DISPOSABLE 1ML (B.D) (SUB OF :- DISPOVAN 1ML SYRINGE)-(NOS)	90183100	8292017		30/10/2023	14.50		3	43.50	0.00	43.50
12	SYRINGE DISPOSABLE 10ML (B.D) (SUB OF :- DISPOVAN SYRINGE 10ML)-(NOS)	90183100	18K0181		30/09/2023	21.00		5	126.00	0.00	126.00

Sub Total : 3567.58

Disc Amount : 0.00

Net Bill Amount : 3567.58

Checked By :

Prepared By :

Sunil Kumar

Acknowledge By :

Sunil Kumar

Printed By : SunilKumar

Printed Date : 17/01/2019 10:12 AM

2 of 2



QRG MEDICARE LTD.

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

PAN No. : AAACQ2238

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 : 33-19/337 Issue No : H0138619/81579  
Patient Name : Mr. Ashok Chawla Date/Time : 17/01/2019 10:13AM  
UHID : 100035035 Ward/Bed No : TWIN SHARING WARD 2ND FLOOR(A)/TS1229  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Remarks : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Indent No : 80895 Status : Post  
Indent Date : 17/01/2019 10:08AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	EMESET 2ML INJ-(NOS)	30049035	C880246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
2	TAZACT 4.5MG INJ-(NOS)	30041090	C880294	CIPLA LTD.	30/05/2020	461.72	3	3	1385.16	0.00	1385.16
3	HOSPIMOL I.V 100ML-(NOS)	30049069	HOS18197AB	ALKEM LABORATORIES LTD.	30/09/2020	364.00	3	3	1092.00	0.00	1092.00
4	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	3	3	140.40	0.00	140.40
5	NS 100ML FLEXIDRIP (SUB OF :- NS 100ML CLARIS)-(NOS)	3004	2185290	CLARIS OTSUKA PVT. LTD.	30/11/2021	35.52		4	142.08	0.00	142.08

Checked By :

Prepared By :

Sunil Kumar

Acknowledge By :

Sunil Kumar

Printed By: SunilKumar

Printed Date : 17/01/2019 10:12 AM

1 of 2



QRG MEDICARE LTD.

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

PAN No. : AAACQ2238D

GST No. : 06AAA2238D1ZW



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

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337

Patient Name : Mr. Ashok Chawla

UHID : 100035035

Sponsor : NATIONAL INDIA INSURANCE CO. LTD.

Mobile No

Remarks

Indent No : 80673

Issue No : H0138619/81373

Date/Time : 16/01/2019 4:30PM

Ward/Bed No : TWIN SHARING WARD 2ND FLOOR(A)/TS1229

Location : IP Pharmacy Healthcity (A004)

Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)

Status : Post

Indent Date : 16/01/2019 4:08PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98	3	3	17.94	0.00	17.94
2	EMESET 2ML INJ-(NOS)	30049035	CB80246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
3	HOSPIMOL I.V 100ML-(NOS)	30049069	HOS1819 7AB	ALKEM LABOR ATORI ES LTD.	30/09/2020	364.0 0	2	2	728.00	0.00	728.00
4	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	2	2	93.60	0.00	93.60
5	POSIFLUSH SPF SYRINGE 10ML-(NOS)	90183100	8249573	BECTO N DICKI NSON	30/08/2021	42.00	3	3	126.00	0.00	126.00

Checked By :

Prepared By :

Satish Kumar

Acknowledge By :

Satish Kumar

Printed By : SatishKumar

Printed Date : 16/01/2019 16:30 PM

1 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-OB,4150-B,4149-X  
HR-770700-QW/H  
HR-770700-W/H

**IN PATIENT ISSUE SLIP**

**IP No** : 33-19/337 **Issue No** : H0138619/81373  
**Patient Name** : Mr. Ashok Chawla **Date/Time** : 16/01/2019 4:30PM  
**UHID** : 100035035 **Ward/Bed No** : TWIN SHARING WARD 2ND FLOOR(A)/TS1229  
**Sponsor** : NATIONAL INDIA INSURANCE CO. LTD. **Location** : IP Pharmacy Healthcity (A004)  
**Mobile No** : **Doctor Name** : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
**Remarks** : **Status** : Post  
**Indent No** : 80673 **Indent Date** : 16/01/2019 4:08PM

6	IV SET (POLYMED)-(NOS)	9018	4145518M		30/10/2023	129.00	2	2	258.00	0.00	258.00
7	SYRINGE DISPOSABLE 5ML (B.D) (SUB OF :- DISPOVAN-SYRINGE 5ML)-(NOS)	90183100	18K2181		30/09/2023	17.00		5	85.00	0.00	85.00
8	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
9	LEVERA 500MG TAB1X15-(15N)	30049099	KX1711.	INTAS	30/06/2020	12.43	15	15	186.45	0.00	186.45

Sub Total : 1636.89

Disc Amount : 0.00

Net Bill Amount : 1636.89

Checked By :

Prepared By :

Satish Kumar



Knowledge By :

Satish Kumar



Printed By: SatishKumar

Printed Date : 16/01/2019 16:30 PM



QRG MEDICARE LTD.

Base. Unit-02, Block-A, Plot No - 01, Sector  
16, Faridabad-121002 Haryana

PAN No. : AAACQ2238D

GST No. : 07AAACQ2238D1ZW

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

## IN PATIENT ISSUE SLIP

IP No : 33-19/337 Issue No : HD138619/80791  
Patient Name : Mr. Ashok Chawla Date/Time : 15/01/2019 11:15AM  
UHID : 100035035 Ward/Bed No : Twin Sharing 2/TS1229  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Remarks : Status : Post  
Indent No : 80101 Indent Date : 15/01/2019 11:08AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98	3	3	17.94	0.00	17.94
2	EMESET 2ML INJ-(NOS)	30049035	C880246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
3	HOSPIMOL I.V 100ML-(NOS)	30049069	HOS1819 7AB	ALKEM LABOR ATORI ES LTD.	30/09/2020	364.0 0	2	2	728.00	0.00	728.00
4	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	2	2	93.60	0.00	93.60
5	SYRINGE DISPOSABLE 5ML (B.D) (SUB OF :- DISPOVAN SYRINGE 5ML)-(NOS)	90183100	18K2181		30/09/2023	17.00		5	85.00	0.00	85.00
6	SYRINGE DISPOSABLE 10ML (B.D) (SUB OF :- DISPOVAN SYRINGE 10ML)-(NOS)	90183100	18K0181		30/09/2023	21.00		4	84.00	0.00	84.00

Checked By :

Prepared By : Naveen Kaushik

Acknowledged By : Naveen Kaushik

Printed By : NaveenKaushik

Printed Date : 15/01/2019 11:15 AM

1 of 2



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

PAN No. AACQ2238D  
GST No. AAACQ2238D1ZW



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

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 80101

Issue No : H0138619/80791  
Date/Time : 15/01/2019 11:15AM  
Ward/Bed No : Twin Sharing 2/TS1229  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 15/01/2019 11:08AM

Sub Total : 1045.44

Disc Amount : 0.00

Net Bill Amount : 1045.44

Checked By :

Prepared By :

Naveen Kaushik

Acknowledge By :

Naveen Kaushik

Printed By: NaveenKaushik

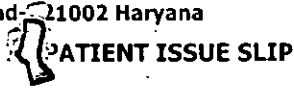
Printed Date : 15/01/2019 11:15 AM

2 of 2



QRG MEDICARE LTD.

Basement-02, Block-A, Plot No - 01, Sector 16, Faridabad - 21002 Haryana



PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No. : 415-5-4150-B,4149-X  
HR-7 0-OW/H  
HR-7 0-W/H

PATIENT ISSUE SLIP

IP No : 33-19/337 Issue No : H0138619/80117  
 Patient Name : Mr. Ashok Chawla Date/Time : 13/01/2019 9:40AM  
 UHID : 100035035 Ward/Bed No : HDU /IMCU010  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
 Mobile No :  
 Remarks : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Indent No : 79425 Status : Post  
 Indent Date : 13/01/2019 9:35AM

no	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue.Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98	3	3	17.94	0.00	17.94
2	EMESET 2ML INJ-(NOS)	30049035	C880246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
3	MUCYST 5 ML INJ (SUB OF :- MUCINAC 5ML INJ)-(NOS)	30049099	88840	NEON	30/09/2019	111.00		2	222.00	0.00	222.00
4	LEVERA INJ-(NOS)	30049082	X49055	INTAS	30/06/2020	114.69	3	3	344.07	0.00	344.07
5	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	2	2	93.60	0.00	93.60
6	NS 100ML FLEXIDRIP-(NOS)	3004	2184634	CLARIS OTSUKA PVT. LTD.	30/09/2021	35.52	5	5	177.60	0.00	177.60

Checked By : Prepared By : Rajesh Kumar  
 Acknowledge By : Rajesh Kumar



QRG MEDICARE LTD.

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

PATIENT ISSUE SLIP

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW



DL No. : 4108B,4150-B,4149-X  
HF 1700-OW/H  
HF 0700-W/H

IP No : 33-19/337 Issue No : H0138619/80117  
 Patient Name : Mr. Ashok Chawla Date/Time : 13/01/2019 9:40AM  
 UHID : 100035035 Ward/Bed No : HDU /IMCU010  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
 Mobile No :  
 Remarks : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Indent No : 79425 Status : Post  
 Indent Date : 13/01/2019 9:35AM

7	MANITOL 100ML (CLARIS)-(NOS)	30049099	2183741	CLARI S OTSUK A PVT. LTD.	30/07/2021	30.59	3	3	91.77	0.00	91.77
8	BED BATH TOWEL(VISION)-(NOS)	30049099	VB0156		30/10/2020	359.00	1	1	359.00	0.00	359.00
9	IV SET (POLYMED)-(NOS)	9018	4145518M		30/10/2023	129.00	1	1	129.00	0.00	129.00
10	SYRINGE DISPOSABLE 5ML (B.D) (SUB OF :- DISPOVAN SYRINGE 5ML)-(NOS)	90183100	18K2181		30/09/2023	17.00		5	85.00	0.00	85.00
11	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

Sub Total : 1661.88

Disc Amount : 0.00

Net Bill Amount : 1661.88

Checked By :

Prepared By : Rajesh Kumar

Acknowledge By : Rajesh Kumar

Printed On : 13/01/2019 09:40 AM

Printed Date : 13/01/2019 09:40 AM

Page No : 1





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 : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 79265

Issue No : H0138619/79953  
Date/Time : 12/01/2019 3:31PM  
Ward/Bed No : HDU /IMCU010  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 12/01/2019 3:23PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	NS TIGHT FLEXIDRIP(NOS)	3004	2184034	CLARI S ONCOUR A PVT. LTD.	30/09/2021	35.50	4	4	142.00	0.00	142.08
2	BED BATH TOWEL(VISION)-(NOS)	30049099	VB0156		30/10/2020	359.00	1	1	359.00	0.00	359.00

Sub Total : 501.08

Disc Amount : 0.00

Net Bill Amount : 501.08

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 12/01/2019 15:31 PM



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 : 33-19/337

Patient Name : Mr. Ashok Chawla

UHID : 100035035

Sponsor : NATIONAL INDIA INSURANCE CO. LTD.

Mobile No :

Remarks :

Indent No : 79264

Issue No : H0138619/79952

Date/Time : 12/01/2019 3:31PM

Ward/Bed No : HDU /IMCU010

Location : IP Pharmacy Healthcity (A004)

Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)

Status : Post

Indent Date : 12/01/2019 3:22PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ (SUB OF :- DEXASONE INJ)-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98		2	11.96	0.00	11.96
2	EMESET 2ML INJ-(NOS)	30049035	CB80246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
3	HUMINSULIN N 40IU (SUB OF :- HUMAN INSULATARD 40 I.U./ML)-(NOS)	30043190	H2803	ELI LILLY	30/03/2020	147.9 0		1	147.90	0.00	147.90
4	MUCOMIX 5ML INJ (SUB OF :- MUCINAC 5ML INJ)- (NOS)	30049099	IACND281 4	SAMAR TH PHAR MA PVT. LTD.	30/10/2021	117.7 4		1	117.74	0.00	117.74
5	LEVERA INJ-(NOS)	30049082	X49055	INTAS	30/06/2020	114.5 9	3	3	344.07	0.00	344.07

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 12/01/2019 15:31 PM

1 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-OB,4150-B,4149-X  
HR-770700-OW/H  
HR-770700-W/H

IN PATIENT ISSUE SLIP

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 79264

Issue No : H0138619/79952  
Date/Time : 12/01/2019 3:31PM  
Ward/Bed No : HDU /IMCU010  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post

Indent Date : 12/01/2019 3:22PM

6	PAN/SEC IV-(NOS)	30049039	AFM3112	CIPLA LTD.	30/09/2020	46.80	2	2	93.59	0.00	93.59
7	MARTELOR 50MG (OPARCO)(NOS)	30049099	2100741	CLARIS S OPUSK A PVT. LTD.	30/07/2021	30.59	2	2	61.18	0.00	61.16
8	Insulin Syringe U 40 1ml-(NOS)	90183100	849011AG	HMD	30/11/2023	7.50	5	5	37.50	0.00	37.50
9	SYRINGE DISPOSABLE 5ML (B.D)-(NOS)	90183100	18K2181		30/09/2023	17.00	5	5	85.00	0.00	85.00
10	SYRINGE DISPOSABLE 10ML (B.D)-(NOS)	90183100	18H0581		30/07/2023	21.00	5	1	21.00	0.00	21.00
11	SYRINGE DISPOSABLE 10ML (B.D)-(NOS)	90183100	18K0181		30/09/2023	21.00	5	4	84.00	0.00	84.00

Sub Total : 1040.85

Disc Amount : 0.00

Net Bill Amount : 1040.85

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed by: RajeshKumar

Printed Date : 12/01/2019 15:31 PM



QRG MEDICARE LTD.

Basement-Block-A, Plot No - 01, Sector  
16, Faridabad - 21002 Haryana

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238D1ZW

DL No. : 4150-OB,-150-B,4149-X  
HR-770700-QW/H  
HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/337 Issue No : H0138619/79821  
Patient Name : Mr. Ashok Chawla Date/Time : 12/01/2019 10:12AM  
UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Remarks : Status : Post  
Indent No : 79135 Indent Date : 12/01/2019 10:08AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue.Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	AMLOPRES 10MG-(10N)	30049072	SA75131	CIPLA LTD.	30/10/2020	5.15	10	10	51.50	0.00	51.50
2	ARKAMIN 100MCG TAB 1X30-(30N)	30049099	DAN-18096	UNICH EM LAB	30/07/2021	1.66	30	30	49.80	0.00	49.80

Sub Total : 101.30

Disc Amount : 0.00

Net Bill Amount : 101.30

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 12/01/2019 10:12 AM

1 of 1



QRG MEDICARE LTD.

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

PAN No. : AAACQ2238D

GST No. : 06AAA2238D1ZW



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

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337 Issue No : H0138619/79796  
Patient Name : Mr. Ashok Chawla Date/Time : 12/01/2019 8:43AM  
UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Remarks : Status : Post  
Indent No : Indent Date :

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	HOSPISEPT PLUS HANDRUB (WITH PUMP) 500ML-(NOS)	9018	NHP-18016		30/11/2021	525.00		1	525.00	0.00	525.00

Sub Total : 525.00

Disc Amount : 0.00

Net Bill Amount : 525.00

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed Date : 12/01/2019 08:42 AM



QRG MEDICARE LTD.

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

IN PATIENT ISSUE SLIP

PAN No. : AAACQ22

GST No. : 06AAACQ2238D1ZW

DL No. : 4150-OB,4150-149-X  
HR-770700-C  
HR-770700-W/H



IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 78838

Issue No : H0138619/79533  
Date/Time : 11/01/2019 12:10PM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 11/01/2019 12:01PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	LASIX INJ 4 ML-(NOS)	30049079	1618013	SANOFI AVENTIS	30/08/2021	6.94	1	1	6.94	0.00	6.94
2	CTD-6.25MG TAB-(15N)	30049079	KA087009 AS	IPCA	30/11/2019	4.62	15	15	69.30	0.00	69.30
3	Olmin Trio 20 mg-(10N)	30049079	GOTR170 08	ERIS LIFESCIENCE S PVT. LTD.	30/08/2019	12.58	10	10	125.80	0.00	125.80

Sub Total : 202.04

Disc Amount : 0.00

Net Bill Amount : 202.04

Checked By :

Prepared By :

Sunil Kumar

Acknowledge By :

Sunil Kumar

Printed By: Sunil Kumar

Printed Date : 11/01/2019 12:09 PM

1 of 1



QRG MEDICARE LTD.

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

**INPATIENT ISSUE SLIP**

PAN No. : AAACQ2238C

GST No. : 06AAACQ2212W



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

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 78819  
Issue No : H0138619/79515  
Date/Time : 11/01/2019 11:33AM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 11/01/2019 11:24AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	MUCOMIX SML IN) (SUB OF :- MUCINAC SML IN)- (NOS)	30049099	IACND2814	SAMARTH PHARMA PVT. LTD.	30/10/2021	117.74		2	235.48	0.00	235.48
2	AMLOPRES 5MG-(15N)	30049072	SN80913	CIPLA LTD.	30/06/2021	2.75	15	15	41.25	0.00	41.25

Sub Total : 276.73

Disc Amount : 0.00

Net Bill Amount : 276.73

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 11/01/2019 11:33 AM

1 of 1



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-Q/W/H  
HR-770700-W/H

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337 Issue No : H0138619/79457  
Patient Name : Mr. Ashok Chawla Date/Time : 11/01/2019 9:16AM  
UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Remarks : Status : Post  
Indent No : 78759 Indent Date : 11/01/2019 9:16AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	ECG ELECTRODS-(NOS)	90181100	3751855M LS	MEDIC O ELECT RODE	31/03/2021	18.00	10	10	180.00	0.00	180.00

Sub Total : 180.00

Disc Amount : 0.00

Net Bill Amount : 180.00

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 11/01/2019 09:16 AM

1 of 1





QRG MEDICAL LTD.  
 Basement-02 Block-A, Plot No - 01, Sector  
 16, Faridabad - 1002, Haryana

PAN No. : AAACQ223  
 GST No. : 06AAACQ2238D1ZW  
 DL No. : 4150-OB, 4150-B, 4149-X  
 HR-770700-OW/H  
 HR-770700-W/H



**II PATIENT ISSUE SLIP**

IP No : 33-19/337  
 Patient Name : Mr. Ashok Chawla  
 UHID : 100035035  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
 Mobile No :  
 Remarks :  
 Indent No : 78932

Issue No : H0138619/79629  
 Date/Time : 11/01/2019 3:29PM  
 Ward/Bed No : MICU 1/MICU002  
 Location : IP Pharmacy Healthcity (A004)  
 Doctor Name : Dr. Vikram D. Jha/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Status : Post

Indent Date : 11/01/2019 3:23PM

6	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
7	NS 500ML FLEXIDRIP-(NOS)	30049099	2184118	CLARI S OTSUK A PVT. LTD.	30/08/2021	74.26	5	5	371.30	0.00	371.30
8	MANITOL 100ML (CLARIS)-(NOS)	30049099	2183741	CLARI S OTSUK A PVT. LTD.	30/07/2021	30.59	3	3	91.77	0.00	91.77
9	POSIFLUSH SPF SYRINGE 10ML-(NOS)	90183100	8214900	BECTO N DICKI NSON	30/07/2021	39.00	5	5	195.00	0.00	195.00

Checked By :

Prepared By :

Naveen Kaushik

Acknowledge By :

Naveen Kaushik

Printed By: NaveenKaushik

Printed Date : 11/01/2019 15:29 PM

2 of 3



QRG MEDICAL LTD.

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

PAN No. : AAACQ223

GST No. : 06AAACQ223D1ZW

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



IN PATIENT ISSUE SLIP

IP No : 33-19/337 Issue No : H0138619/79629  
 Patient Name : Mr. Ashok Chawla Date/Time : 11/01/2019 3:29PM  
 UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
 Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Remarks : Status : Post  
 Indent No : 78932 Indent Date : 11/01/2019 3:23PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ (SUB OF :- DEXASONE INJ)-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98		3	17.94	0.00	17.94
2	EMESET 2ML INJ-(NOS)	30049035	C880246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
3	MUCOMIX 5ML INJ (SUB OF :- MUCINAC 5ML INJ)-(NOS)	30049000	IACND2814	SAMARTH PHARMA PVT. LTD.	30/10/2021	117.74		2	235.48	0.00	235.48
4	LEVERA INJ-(NOS)	30049082	X49055	INTAS	30/06/2020	114.69	4	4	458.76	0.00	458.76
5	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	1	1	46.80	0.00	46.80

Checked By :

Prepared By : Naveen Kaushik

Acknowledge By : Naveen Kaushik

Printed By : NaveenKaushik

Printed Date : 11/01/2019 15:29 PM

1 of 3



QRG MEDICARE LTD.

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

PAN No. : AAACQ225

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 : 33-19/337 Issue No : H0138619/79417  
 Patient Name : Mr. Ashok Chawla Date/Time : 11/01/2019 7:51AM  
 UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
 Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
 Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
 Remarks : Status : Post  
 Indent No : 78719 Indent Date : 11/01/2019 7:48AM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue.Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DISPOVAN SYRINGE 20ML-(NOS)	90183100	201NJH1	HMD	30/11/2023	18.00	1	1	18.00	0.00	18.00
2	FOLEY CATHETER 14 2WAY (RUSCH)-(NOS)	90183990	P18G02	RUSCH	30/06/2023	114.00	1	1	114.00	0.00	114.00
3	BLOOD TUBING SET-(NOS)	90189099	ZHC081	NIPRO	07/08/2021	325.00	1	1	325.00	0.00	325.00
4	UNOMETER SAFETI 150CM 2L-(NOS)	90189099	318316	CONVA TEC	01/04/2022	875.00	1	1	875.00	0.00	875.00
5	GLOVES 6.5-(NOS)	40151100	18K3152	KANA M LATEX	30/10/2023	65.00	1	1	65.00	0.00	65.00
6	LOX 2% JELLY-(NOS)	30049099	U2183	NEON	30/09/2020	33.90	1	1	33.90	0.00	33.90

Sub Total : 1430.90

Disc Amount : 0.00

Net Bill Amount : 1430.90

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 11/01/2019 07:50 AM

1 of 1



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 : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks : 78719  
Indent No :  
Issue No : H0138619/79418  
Date/Time : 11/01/2019 7:57AM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (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	B.T. SET (POLYMED)-(NOS)	9018	4125718L		30/09/2023	132.00		1	132.00	0.00	132.00

Sub Total : 132.00

Disc Amount : 0.00

Net Bill Amount : 132.00

Checked By :

Prepared By : Rajesh Kumar

Acknowledge By : Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 11/01/2019 07:57 AM

1 of 1



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

PAN No. : AAACQ2238D  
GST No. : 06AAACQ2238D1ZW  
DL No. : 4150-CB,4150-B,4149-X  
HR-770700-OW/H  
HR-770700-W/H



**IN PATIENT ISSUE SLIP**

**IP No** : 33-19/337  
**Patient Name** : Mr. Ashok Chawla  
**UHID** : 100035035  
**Sponsor** : NATIONAL INDIA INSURANCE CO: LTD.  
**Mobile No** :  
**Remarks** :  
**Indent No** : 78631

**Issue No** : HD138619/79335  
**Date/Time** : 10/01/2019 6:40PM  
**Ward/Bed No** : MICU 1/MICU002  
**Location** : IP Pharmacy Healthcity (A004)  
**Doctor Name** : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
**Status** : Post  
**Indent Date** : 10/01/2019 6:36PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	EMESET 2ML INJ-(NOS)	30049035	C880246	CIPLA LTD.	30/05/2021	12.30	3	3	36.90	0.00	36.90
2	LEVERA INJ-(NOS)	30049082	X49055	INTAS	30/06/2020	114.69	2	2	229.38	0.00	229.38
3	PANSEC IV-(NOS)	30049039	AFM8112	CIPLA LTD.	30/08/2020	46.80	2	2	93.60	0.00	93.60
4	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
5	NS 500ML FLEXIDRIP-(NOS)	30049099	2184121	CLARI S OTSUK A PVT. LTD.	30/08/2021	74.26	4	4	297.04	0.00	297.04

**Checked By :** \_\_\_\_\_ **Prepared By :** Naveen Kaushik  
**Acknowledge By :** Naveen Kaushik



QRG MEDICARE

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

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238Z

DL No . 4158-OB,4150-B,4149-X  
HR-770700-OW/H  
HR-770700-WIH

## IN PATIENT ISSUE SLIP

IP No : 33-19/337 Issue No : HD138619/79335  
Patient Name : Mr. Ashok Chawla Date/Time : 10/01/2019 6:40PM  
UHID : 100035035 Ward/Bed No : MICU 1/MICU002  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD. Location : IP Pharmacy Healthcity (A004)  
Mobile No : Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Remarks : Status : Post  
Indent No : 78631 Indent Date : 10/01/2019 6:36PM

6	MANITOL 100ML (CLARIS)-(NOS)	30049099	2182988	CLARI S OTSUK A PVT. LTD.	30/06/2021	30.59	3	1	30.59	0.00	30.59
7	MANITOL 100ML (CLARIS)-(NOS)	30049099	2183741	CLARI S OTSUK A PVT. LTD.	30/07/2021	30.59	3	2	61.18	0.00	61.18
8	DISPOVAN SYRINGE 50ML-(NOS)	90183100	853501WJ R2	HMD	30/11/2023	35.00	2	2	70.00	0.00	70.00
9	DISPO NEEDLES NO.16 1X1/2-(NOS)	90183290	48861M.	HMD	30/11/2023	4.00	10	10	40.00	0.00	40.00
10	POSIFLUSH SPF SYRINGE 10ML-(NOS)	90183100	8214900	BECTO N DICKI NSON	30/07/2021	39.00	10	10	390.00	0.00	390.00

Checked By :

Prepared By :

Naveen Kaushik

Acknowledge By :

Naveen Kaushik

Printed By: NaveenKaushik

Printed Date : 10/01/2019 18:40 PM

2 of 4



180-28-23  
NABL ACCREDITED



## DEPARTMENT OF LABORATORY SERVICES

<b>Patient Name</b> Mr. Ashok Chawla	<b>Lab No/ManualNo</b> 831395/
<b>UHIDNo/IPNO</b> 100035035 / 33-19/337	<b>CollectionDate</b> 17/01/2019 2:40PM
<b>Age/Gender</b> 52 Yrs/Male	<b>Receiving Date</b> 17/01/2019 2:58PM
<b>Bed No/Ward</b> TWIN SHARING WARD 2ND FLOOR(A)	<b>Report Date</b> 17/01/2019 04:16:PM
<b>Referred By</b> Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta	<b>Report Status</b> Provisional

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

### Biochemistry

#### SODIUM (SERUM)

Sample: Serum

Sodium (Serum)	140.8	mmol/L	135.0 - 148.0	Ion selective Electrode
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#### Interpretation:-

Sodium is the major cation of extracellular fluids. The kidneys regulate sodium content of the body. Low sodium levels may be caused by excessive urine loss, diarrhea, Addison's disease, and renal tubular disease. High sodium levels may occur in severe dehydration, some types of brain injury, diabetic coma, and excessive intake of sodium salts.

**\*\*End Of Report\*\***



DEPARTMENT OF LABORATORY SERVICES



<b>Patient Name</b> Mr. Ashok Chawla	<b>Lab No/ManualNo</b> 831395/
<b>UHIDNo/IPNO</b> 100035035 / 33-19/337	<b>CollectionDate</b> 17/01/2019 2:40PM
<b>Age/Gender</b> 52 Yrs/Male	<b>Receiving Date</b> 17/01/2019 2:58PM
<b>Bed No/Ward</b> TWIN SHARING WARD 2ND FLOOR(A)	<b>Report Date</b> 17/01/2019 04:16:PM
<b>Referred By</b> Dr. Vikram Dua/ Dr Ravi Shankar/Dr	<b>Report Status</b> Provisional

Test Name	Result	Unit	Biological Ref. Range	Method
-----------	--------	------	-----------------------	--------

Biochemistry

<b>POTASSIUM (SERUM)</b>				Sample: Serum
Potassium (Serum)	4.0	mmol/L	3.5 - 4.6	Ion selective Electrode

Interpretation:-  
Potassium is the major cation of the intracellular fluid. Measurement of serum potassium is used for evaluation of electrolyte imbalance, cardiac arrhythmias, muscular weakness, hepatic encephalopathy, and renal failure and for the monitoring of ketoacidosis in diabetes mellitus and intravenous fluid replacement therapy. More than 90% of hypertensive patients with aldosteronism have a low K<sup>+</sup>; a low K<sup>+</sup> is also common in vomiting, diarrhea, alcoholism, and folic acid deficiency. High K<sup>+</sup> values occur in rapid K<sup>+</sup> infusion, end stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and acute medical emergency. Normally, K<sup>+</sup> is freely filtered by the glomerulus but tends to be conserved if the serum K<sup>+</sup> is low. Urinary potassium may be elevated with dietary increase, hyperaldosteronism, renal tubular acidosis, and at the onset of alkalosis.

\*\*End Of Report\*\*





**DEPARTMENT OF LABORATORY SERVICES**

<b>Patient Name</b> Mr. Ashok Chawla	<b>Lab No/ManualNo</b> 831395/
<b>UHIDNo/IPNO</b> 100035035 / 33-19/337	<b>CollectionDate</b> 17/01/2019 2:40PM
<b>Age/Gender</b> 52 Yrs/Male	<b>Receiving Date</b> 17/01/2019 2:58PM
<b>Bed No/Ward</b> TWIN SHARING WARD 2ND FLOOR(A)	<b>Report Date</b> 17/01/2019 04:16:PM
<b>Referred By</b> Dr. Vikram Dua/ Dr Ravi Shankar/Dr	<b>Report Status</b> Provisional

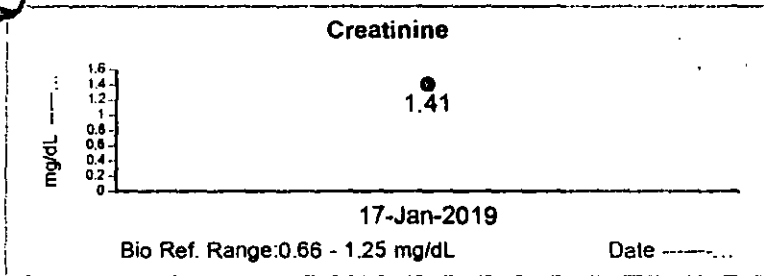
Test Name	Result	Unit	Biological Ref. Range	Method
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**Biochemistry**

**SERUM CREATININE**

Sample: Serum

Creatinine	H 1.41	mg/dL	0.66 - 1.25	Enzymatic method
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**Interpretation:-**

Serum creatinine and urinary creatinine excretion is a function of lean body mass in normal persons and shows little or no response to dietary changes. The serum creatinine concentration is higher in men than in women. Since urinary creatinine is excreted mainly by glomerular filtration, with only small amounts due to tubular secretion, serum creatinine and a 24-hour urine creatinine excretion can be used to estimate the glomerular filtration rate. Serum creatinine is increased in acute or chronic renal failure, urinary tract obstruction, reduced renal blood flow, shock, dehydration, and rhabdomyolysis. Causes of low serum creatinine concentration include debilitation and decreased muscle mass, common in the elderly, in the bedridden, and in patients with advanced malignancy.

**\*\*End Of Report\*\***



QRG MEDICARE

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

PAN No. : AAACQ2238D

GST No. : 06AAACQ2238DZWW



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

**IN PATIENT ISSUE SLIP**

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 78631

Issue No : H0138619/79335  
Date/Time : 10/01/2019 6:40PM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 10/01/2019 6:36PM

11	PRESSURE MONITORING LINE 200CM(KPM)-(NOS)	90189099	1809045	B L LIFESC IENCE	30/08/2021	285.0 0	2	2	570.00	0.00	570.00
12	BED BATH TOWEL(VISION)-(NOS)	30049099	VB0156		30/10/2020	359.0 0	1	1	359.00	0.00	359.00
13	IV SET (POLYMED)-(NOS)	9018	4141018M		30/10/2023	129.0 0	4	4	516.00	0.00	516.00
14	SYRINGE DISPOSABLE 2ML (B.D)-(NOS)	90183100	18J0781		30/08/2023	10.00	5	5	50.00	0.00	50.00
15	SYRINGE DISPOSABLE 5ML (B.D)-(NOS)	90183100	18K2181		30/09/2023	17.00	6	6	102.00	0.00	102.00
16	SYRINGE DISPOSABLE 10ML (B.D)-(NOS)	90183100	18H0581		30/07/2023	21.00	6	6	126.00	0.00	126.00
17	ECG ELECTRODS-(NOS)	90181100	375185SM LS	MEDIC D ELECT RODE	31/03/2021	18.00	10	10	180.00	0.00	180.00
18	SURGICAL (UNDERPAD)-(NOS)	96190040	001	NOBEL HYGIE NE	30/12/2024	700.0 0	1	1	700.00	0.00	700.00

Checked By :

Prepared By :

Naveen Kaushik

Acknowledge By :

Naveen Kaushik

Printed By: NaveenKaushik

Printed Date : 10/01/2019 18:40 PM

3 of 4



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

PAN No. : AAACQ2238D  
GST No. : 06AAACQ2238D2W  
DL No. : 4150-OB,4150-B,4149-X  
HR-770700-OW/H  
HR-770700-W/H



**IN PATIENT ISSUE SLIP**

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 78631

Issue No : H0138619/79335  
Date/Time : 10/01/2019 6:40PM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Duz/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 10/01/2019 6:36PM

Sub Total : 4064.81

Disc Amount : 0.00

Net Bill Amount : 4064.81

Checked By :

Prepared By :

Naveen Kaushik

Acknowledge By :

Naveen Kaushik

Printed By: NaveenKaushik

Printed Date : 10/01/2019 18:40 PM

4 of 4



QRG MEDICARE

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

PAN No. : AAACQ2238B

GST No. : 06AAA0223801ZW

DL No. : 4150-004150-B,4149-X  
HR-770700-OW/H  
HR-770700-W/H



IN PATIENT ISSUE SLIP

IP No : 33-19/337  
Patient Name : Mr. Ashok Chawla  
UHID : 100035035  
Sponsor : NATIONAL INDIA INSURANCE CO. LTD.  
Mobile No :  
Remarks :  
Indent No : 78691

Issue No : H0138619/79389  
Date/Time : 11/01/2019 12:01AM  
Ward/Bed No : MICU 1/MICU002  
Location : IP Pharmacy Healthcity (A004)  
Doctor Name : Dr. Vikram Dua/ Dr Ravi Shankar/Dr Sachin Gupta (QRG MEDICARE LTD.)  
Status : Post  
Indent Date : 10/01/2019 11:53PM

Sno	Item Name	HSN Code	Batch No	MFG	Expiry	MRP	Req. Qty	Issue Qty	Gross Amt.	Conc. Amt.	Net Amt.
1	DEXONA INJ (SUB OF :- INJ DEXONA)-(NOS)	3002	CBU1115	ZYDUS CADIL A	30/10/2019	5.98		3	17.94	0.00	17.94
2	MUCOMIX 5ML INJ (SUB OF :- MUCINAC 5ML INJ)-(NOS)	30049099	IACND2814	SAMARTH PHARMA PVT. LTD.	30/10/2021	117.74		2	235.48	0.00	235.48
3	B.T. SET (POLYMED) (SUB OF :- B.T SET)-(NOS)	9018	4125718L		30/09/2023	132.00		1	132.00	0.00	132.00

Sub Total : 385.42

Disc Amount : 0.00

Net Bill Amount : 385.42

Checked By :

Prepared By :

Rajesh Kumar

Acknowledge By :

Rajesh Kumar

Printed By: RajeshKumar

Printed Date : 11/01/2019 00:00 AM

1 of 1



# ICU OBSERVATION CHART

Patient Name: **Mr Ashok Chavla**  
 Age / Sex: **54y / Male** IPD No.: **33 19/937**  
 Address: **H.NO/05 Sector 15 Faridabad**  
 Date: **8/11/19** Days in ICU: **04** Consultant: **Dr. [Name]** Consultant: **Dr. [Name]**

**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  
 T. HbA1c  
 yGT, S. Alk. Phos.  
 S. Proteins  
 S. Amylase, S. Lipase  
 Na<sup>+</sup> K<sup>+</sup> Cl<sup>-</sup>  
 PO4<sup>3-</sup> Mg<sup>2+</sup> Ca<sup>2+</sup>  
 Urine Analysis R / M  
 Urine Na<sup>+</sup>  
 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)  
 EEG  
 EEG  
 BAL  
 Cultures  
 (name specimen)  
 Gram Stain  
 (name specimen)  
 Other (specify)

Active Problem

Past History

Plan for the Days	Morning	Evening	Night

Catheter Type: **ET or (Tracheostomy) Tube** Size:  Site or Level:  Insertion Date:  Days in Use:  Removal Date:

NG Tube

Arterial Line

Central Line

PA Catheter

Urinary Catheter

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

Eye Care  
 Morning  Evening  Night

Power  Moist  Dry  Pad  Dress

Seizure Score  
 Morning  Evening  Night

Seizure Score  
 Morning  Evening  Night

Seizure Score  
 Morning  Evening  Night



CO / CI	SVRI / PVRi	Rhythm / Perfusion	Wrist Pulses (R/L)	Foot Pulses (R/L)	F <sub>1</sub> O <sub>2</sub> / ETCO <sub>2</sub>	Mode	Machine Rate	Set V / Set V <sub>T</sub>	PIP above PEEP / PEEP	Insp % / Pause %	Trig Sens / Press Limit	Flow (l/min) / Humid Temp	M.O. Signature	Patient Rate	Exp V / Exp V <sub>T</sub>	PIP / PEEP	Breath Sound (R/L)	Sum: Amt / Col Const	Patient Position	Eye Opening (1-4)	Motor Response (1-4)	Verbal Response (1-5)	Pup (R) size	Arm Power (R/L)	Leg Power (R/L)	Sedation Pain score

FLUIDS IN	FLUIDS OUT	DIALYSIS / CVVH/OF
Infusion: <b>NS</b> TOTAL IN: <b>3500ml</b> TOTAL OUT: <b>3310ml</b> BALANCE: <b>+190ml</b>	Urine Output: <b>100ml</b> NG Output (pH) / Drainage Bag: <b>100ml</b> Hourly Cumulative Drainage: <b>100ml</b> Cumulative Output: <b>100ml</b> Clotting Time / Heparin Rate: <b>100ml</b> Transfilter or Venous Pressures: <b>100ml</b> Replacement / Dialysate Volume: <b>100ml</b> Additives to each bag: <b>100ml</b> M.O. Sig & Name / Nurse Initials: <b>100ml</b> Replacement / Dialysate rates: <b>100ml</b> Desired Fluid Removal & M.O. Sig: <b>100ml</b> Fluid Removed Cumulative: <b>100ml</b> Total Cumulative Output: <b>100ml</b>	Hourly Cumulative Drainage: <b>100ml</b> Clotting Time / Heparin Rate: <b>100ml</b> Transfilter or Venous Pressures: <b>100ml</b> Replacement / Dialysate Volume: <b>100ml</b> Additives to each bag: <b>100ml</b> M.O. Sig & Name / Nurse Initials: <b>100ml</b> Replacement / Dialysate rates: <b>100ml</b> Desired Fluid Removal & M.O. Sig: <b>100ml</b> Fluid Removed Cumulative: <b>100ml</b> Total Cumulative Output: <b>100ml</b>

60 RDPG transfused on 10/1/19

Pkt No: 1, Sector: 16, Faridabad - 121002 (HR)  
Ph: 0129-4330011, Fax: 0129-4330033  
Email: info@qrgmedicare.com, Website: www.qrgmedicare.com

# ICU OBSERVATION CHART

Patient Name: Mr. Rohan Chawla  
Age / Sex: 52 y/o male IPD No.: 32-19/337  
Address: N/A 10/5 Sec-17, G.D., India

Date: 12/1/19 Days in ICU: 03 Consultant: Dr. D. D. D. D. Consultant: D. D. D. D.  
Diagnosis: Acute MI  
Active Problem: Acute MI  
Past History: DM II, HTN

Plans for the Days: Morning Evening Night  
Urine Analysis R / M  
Urine Na+  
Urine 24 hrs Proteins  
Drug Levels (Name)

Table with columns: Catheter Type, Size, Site or Level, Insertion Date, Days in Use, Removal Date. Rows include ET, NG Tube, Arterial Line, Central Line, PA Catheter, Urinary Catheter.

Body chart showing front and back views of a human figure with markers for vital signs and symptoms.

AIR MATTRESS  
M: OK   
E: OK   
N: OK

Table with columns: TIME, FLUID TYPE, ADDITIVES, VOLUME, RATE OF REGIMEN, ROUTE, SIGNATURE. Includes handwritten entries for RBS, CT head, and medications.

Summary table with columns: Today's, TOTAL IN, TOTAL OUT, BALANCE. Includes handwritten values for fluid balance.

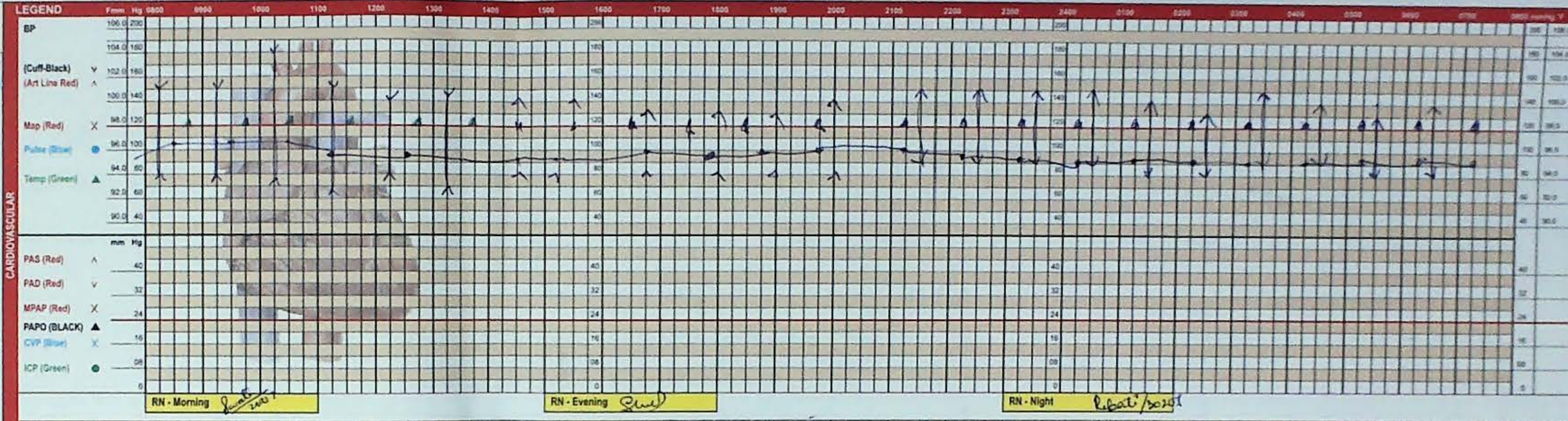


Table with columns: Previous 24 hrs, TOTAL IN, TOTAL OUT, BALANCE. Includes handwritten entries for fluid intake and output.

Table with columns: Today's, TOTAL IN, TOTAL OUT, BALANCE. Includes handwritten entries for fluid balance and dialysis output.





# ICU OBSERVATION CHART

Patient Name: Mr. Ashok Chawla  
 Age / Sex: 52 years / Male IPD No.: 33-14/777  
 Address: MNO 108 Sec 7, Faridabad, India

Date: 10-01-18 Days in ICU: 01 Consultant: V. D. DUCU Consultant  
 Diagnosis: Vision  
 Active Problem: Vision

Plans for the Days: Morning Evening Night

Catheter Type: ET or (Tracheotomy) Tube  
 NG Tube: None  
 Arterial Line: None  
 Central Line: None  
 BP Catheter: None  
 Urinary Catheter: Yes

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

FOR INTUBATED PATIENT  
 1. Appters oriented & able to converse  
 2. Responsive but ability to converse questionable  
 3. Generally unresponsive

TIME	FLUID TYPE	ADDITIVES	VOLUME	RATE OF REGIMEN	ROUTE	SIGNATURE

Height: 170 Estimated Wt: 70 Ideal Wt: 70  
 Investigations Done Today  
 (✓) Test / Requestion 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  
 γGT, S. Alk. Phos.  
 S. Proteins  
 S. Amylase, S. Lipase  
 Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>  
 PO4<sup>3-</sup>, Mg<sup>2+</sup>, Ca<sup>2+</sup>  
 Urine Analysis R / M  
 Urine Na<sup>+</sup>  
 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)

Previous 24 hrs  
 TOTAL IN: 300ml  
 TOTAL OUT: 300ml  
 BALANCE: 0

Today's  
 TOTAL IN: 300ml  
 TOTAL OUT: 300ml  
 BALANCE: 0

### LEGEND

BP	(Cuff-Black)	(Art Line Red)	Map (Red)	Pulse (Blue)	Temp (Green)	PAS (Red)	PAD (Red)	MPAP (Red)	PAPO (BLACK)	CVP (Blue)	ICP (Green)
104/60	102/60	100/60	98/60	96/60	94/60	92/60	90/60	88/60	86/60	84/60	82/60

Correct the patient to 100/60 80/60

CO / CI	SVRI / PVRI	Rhythm / Perfusion	Wrist Pulses (R/L)	Foot Pulses (R/L)	F <sub>O<sub>2</sub></sub> / S <sub>O<sub>2</sub></sub> / ETCO <sub>2</sub>	Mode	Machine Rate / SIMV Rate	Set V / Set V <sub>T</sub>	PIP above PEEP / PEEP	Insp % / Pause %	Trig Sens / Press Limit	Flow (l/min) / Humid Temp	M.O. Signature	Patient Rate	Exp V / Exp V <sub>T</sub>	PIP / PEEP	Leath Sound (R/L)	SpO <sub>2</sub> - Amt / Col Const	Patient Position
8.0	25	Normal	2+	2+	98%	CMV	12/12	600	20	50	20	20		20	400	10/10			

Eye Opening (1-4)	Motor Response (1-6)	Verbal Response (1-5)	Pupils (R/L) size	(L) size	Arm Power (R/L)	Leg Power (R/L)	Sedation Pain score
4	6	5	4	4	5	5	0

FLUIDS IN	FLUIDS OUT	DIALYSIS / CYANIDE
Infusion: <u>2L NS 200ml</u> IV Medications: <u>None</u> Blood: <u>None</u> Enteral Feeding: <u>None</u> Total Cumulative Input: <u>200ml</u> Urine Output: <u>200ml</u> NG Output (pH) / Drainage Bag: <u>None</u>	Hourly Cumulative Drainage: <u>None</u> Seng / Air Leak / Suction: <u>None</u> Cumulative Output: <u>200ml</u> Clotting Time / Heparin Rate: <u>None</u> Transfilter or Venous Pressures: <u>None</u> Replacement / Dialysate Sinks: <u>None</u> Additives to each bag: <u>None</u> MO Sig & Name / Nurse Initials: <u>None</u> Replacement / Dialysate rates: <u>None</u> Desired Fluid Removal & MO Sig: <u>None</u> Fluid Removed Cumulative: <u>None</u> Total Cumulative Output: <u>200ml</u>	Today's Balance: <u>0</u>