



ADMISSION RECORD

NAME OF PATIENT (IN BLOCK LETTERS) Mr. Rajesham		AGE 62Y	SEX male	MARITAL STATUS married
FATHER'S/HUSBAND'S NAME		OCCUPATION		AADHAR NO.
ADDRESS			TELEPHONE NO	
PROVISIONAL DIAGNOSIS <i>Acute coronary syndrome, mild LV dysfunction, uncontrolled Blood sugars</i>		FINAL DIAGNOSIS <i>CAD-Unstable Angina mild LVD, CAG-SVD (16/1/25) SV-ADHOL PTCA+DES TORCA(16/1/25)</i>		
CONSULTANT Dr. paran Bhattacharjee		TIME & DATE OF ADMISSION 16/1/25 @ 1:2 pm TIME & DATE OF DISCHARGE TOTAL NO. OF DAYS BILL NO		
REF	I.P. NO 05058	M.R.NO. 37249	NURSE ON DUTY	DOCTOR ON DUTY Dr. Asif

EMERGENCY CONTACT INFORMATION:

NAME:

RELATION:

PHONE NO:

PATIENT TRANSFER INFORMATION

- a) **ER** To **ICCU** Date **15/10/25** Out-Time **1:40 pm** In-Time **12:00 pm** Sign
- b) _____ To _____ Date _____ Out-Time _____ In-Time _____ Sign
- c) _____ To _____ Date _____ Out-Time _____ In-Time _____ Sign
- d) _____ To _____ Date _____ Out-Time _____ In-Time _____ Sign
- e) _____ To _____ Date _____ Out-Time _____ In-Time _____ Sign

SENT TO BILLING DEPT FROM _____ Date _____ Time _____ Sign _____

PROCEDURE DONE BY CONSULTANT (BEDSIDE)					
	Date	Time	Date	Time	Sign
Bone marrow aspiration					
Chemotherapy	—				
EVD	—				
ICD	—				
ICP	—				
PHOTOTHERPY: SINGLE / DOUBLE / TRIBLE	—				
Asciatic fluid tapping	—				
Pleual fluid tapping	—				
Pleurodesis	—				
Pop Charges	—				
Renal Biopsy	—				
Skin biopsy	—				
FNAC	—				
Proctoscopy	—				
Suturing	—				
Others					

PROCEDURE DONE BY CONSULTANT

Endoscopy	—				
Colonoscopy	—				
Sigmoidoscopy	—				
Thoracoscopy	—				
Bronchoscopy	—				
Suturing	—				
Tracheotomy	—				
Thrombolytic therapy					
OTHERS					

PROCEDURE DONE BY ANAESTHETIST / INTENSIVE

	Date	Time	Date	Time	Sign
ARTERIAL LINE	16/11/25	1:20pm			Baran
CENTRAL LINE					
DIALYSIS CATHETER					
INTUBATION					
EXTUBATION					
LUMBAR PUNCTURE					
CPR					
Defibrillation					
OTHERS					

Physiotherapy Visits:



CARDIAC DIET

Diagnosis Diet Plan.....

Calorie : Protein Salt :

MENU PLAN :

Meal Time	Menu	Recommendation
Early Morning 6-7 a.m.	Water + almond (4 No.)+Walnut (1 No.) 1 tsp flaxseed + 1 tsp pumpkin seeds watermelon seeds or egg white.	
Breakfast 8-9 a.m.	Idli (2/3 Nos)/Dosa / Pesarattu (2 Nos.) Vegetable Chutney / flax seed powder onion chutney / sambar / Veg Poha / Upma / Oats / Millets / Stuffed roti / Phulka + dal curry	
Mid Morning 11 a.m.	Butter milk (Without spices) oats / millets java / veg salad / sprouts / fruit / soup	
Lunch 1-2 pm	Rice / Phulka / Jowardi roti (2) nos / millets Dal / mushroom / chicken / fish / egg white (1 No.) Rajmah / Channa, Green Leafy Veg / Boiled Veg / Salad / Curd / Butter milk	
Tea (4-5 p.m)	Green Tea / Herbal Tea / Ginger Tea Biscuits / roasted channa / murmura / rice flakes sprouts / boiled channa / brown bread (2 no.)	
Dinner 8 p.m	Phulka / Jowari roti / bajra roti (2 Nos.) Veg dal / curry / rajma (1 cup) oats / millets khichidi (1 cup) salad / curds	



CAUTION MAINTENANCE BUNDLE

URINARY CATHETER PUT ON :

DAILY INVESTIGATION CHART

Blood Group:	HIV:	HBSAG:	HCV:	VDRL:
INVESTIGATIONS		Reference Range		Date
	Male	Female		
POTASSIUM (mmol/L)	3.5 - 5.1	3.5 - 5.1	161/125 17/125 4.60 4.35	
BICARBONATE (mmol/l)	21 - 32	21 - 32		
CHLORIDE (mg / dl)	98 - 107	98 - 107	106.3 106.4	
CALCIUM (mg / dl)	8.5 - 10.1	8.5 - 10.1	0.68	
PHOSPHOROUS (mg / dl)	2.5 - 4.9	2.5 - 4.9		
MAGNESIUM (mg/dl)	1.8 - 2.4	1.8 - 2.4		
AMMONIA (μ mol/L)	11 - 32	11 - 32		
TROP-I (ng/ml)	0.03 - 0.5	0.03 - 0.5		
CPKMB-Catalytic (Fractional) u/l	0 - 6	0 - 6		
CPK MB - Mass (ng / ml)	0.6 - 6.3	0.6 - 6.3		
PRO BNP (pg / ml))	<125 excludes cardiac dysfunction			
TOTAL Cholesterol (mg / dL)	Desirable: <200; Borderline : 200-240; High Risk: >= 240			
Triglycerides (mg / dL)	Desirable: <150; Borderline : 150-499; High Risk: >= 500			
HDL (mg / dL)	Low: <40, High: >= 60 Low: <40, High: >=60			
LDL (mg / dL)	Optimal: <100, Near Optimal: 100-129, Borderline High: 130 - 159, High 160-189, Very High: >= 190			
T3 (μ g / dl)	80-200	80-200		
T4 (μ g / dl)	5.1-14.1	5.1-14.1		
TSH (μ U / ml)	0.27-4.20	0.27-4.20		
MICROBIOLOGY				
CRP (mg / L)	<3	<3		
PRO Calcitonin (mg / mL)	<0.5	<0.5		
Vitamin D (ng / mL)	20 - 79	50 - 70		
Vitamin B ₁₂ (pg / mL)	400 - 900	222 - 1439		
STOOL OCCULT BLOOD	-	-		
CULTURES				
BLOOD C/S	-	-		
URINE C/S	No Growth			
SPUTUM C/S	No Growth			
ET C/S	No Flora			
AFB Stain	No Growth			
Fungal Stain	No AFB Stain			
Gram Stain	No Fungal Element Stain			
Pus c/s	No Growth			
CUE (Pus cells)	0 - 5	0 - 5		
UPT	Positive / Negative			
Widal	Positive / Negative			
Dengue	Positive / Negative			
Malaria	Positive / Negative			



DOCTOR PROGRESS NOTES

All Notes Must Be in SOAP Format Only (S-Subjective, O-Objective, A-Assessment, P-Plan)



Name : Udaipur Rajesham
S/O Chandraiah
UHID NO : LH-IP25005058
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:22

DOCTOR PROGRESS NOTES

All Notes Must Be in SOA

Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

e, O-Objective, A-Assessment, P-Plan)

DATE & TIME	DOCTOR PROGRESS NOTES		
  <p>#7-1-27/2 & 7-1-27/C/1 to 12, 1st Bungalow, Ameerpet, Hyderabad - 500016 Cell: 9100020100 www.wellnesshospitals.in</p>			
DOCTORS DAILY PROGRESS REPORT			
Patient Name : <u>LIR. Prakash</u>	Age : <u>54</u>	Sex : <u>Male</u>	MR No. : <u>(347243)</u>
Date	Time	Doctor's Notes	Sign
<u>18/1/2024</u>		<p>Boston Scientific Pronto PREMIER™ 3.5 mm x 35 mm #08714729328716 GTIN: 67493925138150 EU: 32077599</p> <p>Boston Scientific Pronto PREMIER™ 3.5 mm x 1 mm #087147293112300 EU: 32077599 GTIN: 67493925138358</p>	
<p>Prat goes to RGA 2 DB RT form Apr 2 SA.</p> <p>Recent graft Tim: 11 min flm R TA handle catheter hooked RCA & OMW wire crossed the lesion then threaded 3x12mm swifted up to main pr Resin graft then threaded 3.5 mm x 35 mm placed over the lesion from ring 2 overlapped in flat upto 14mm pr Resin Good Tim: 11 min flm</p> <p>ABU CST</p>			



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Adm Date : 16-01-2025 01:21 PM

DOCTOR PROGRESS NOTES

O-Objective, A-Assessment, P-Plan)

DATE & TIME

DOCTOR PROGRESS NOTES



7-1-27/2 & 7-1-27/C/1 to 12
Lal Bungalow, Ameerpet
Hyderabad - 500016
Cell : 9100020100
www.wellnesshospitals.in

DOCTORS DAILY PROGRESS REPORT

Patient Name : Mr. Rajesham Age : 62 Y Sex : M MR No : 39299

Date	Time	Doctor's Notes	Sign
16/1/25	11:00	<p>S/P Dr Zameeb & Dr. Chandan</p> <p>D : Acute Coronary Synd. Mild LVSD</p> <p>S/P PICA + DGS to RGA</p> <p>- No new complaints -</p> <p><u>Pt</u> is conscious oriented</p> <p>Vitals stable</p> <p><u>Ash</u> <u>EST</u></p>	

DOCTOR PROGRESS NOTES
7-1-27/2 & 7-1-27/3/110-14,
Lal Bungalow, Ameerpet,
Hyderabad - 500016
Cell : 9100020100
www.wellnesshospitals.in
DOCTORS DAILY PROGRESS REPORT

Rajesham..... Age..... 54..... Sex..... M..... MR No..... 37248

Time	Doctor's Notes	Sign
1:10 PM	<p><u>S/B. Dr. Samuel / Dr. Venkatesh sir</u></p> <p>c/o Central chest pain and headache :- past 3 days which increased in intensity :- today morning.</p> <p>pt Conscious and Oriented.</p> <p>Imp: Acute Coronary Syndrome Mild LV systolic dysfunction Uncontrolled blood sugar.</p> <p>plan: CAG.</p> <p style="text-align: center;">R</p> <ol style="list-style-type: none"> 1. Tr. Pantop 40g iv- stat. 2. Tr. Ecospr 150g - stat 3. Tr. Clopid 150g - stat 4. Tr. Atorvastatin 20g - stat 	

DOCTORS DAILY PROGRESS REPORT

Rajesham

Age... 54 ... Sex... (M) ... MR No... (37)

Time	Doctor's Notes	Sign
	<p style="text-align: center;"><u>R</u></p> <p>1. Tab. Ecosprin 75 mg - od 2. Tab. Clopidet 75 mg - od 3. Tab Atenaventer 10 mg - od 4. 2.5% Panstop 40 ml iv - od ✓ 4 Optine 1cc . iv - od 5. Tab. Nitrocor dil 5mg - od 6. Nel. sulm + Bulut - Thy 8. Tab. pulsos clear 400/100 mg - Biq</p> <p>⇒ Patient Condition, need for hospitalization and risk of death, possible complications were clearly to patient.</p>	



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N 7-1-27/2 & 7-1-27/C/1 to 12,
Lal Bungalow, Armeerpet,
Hyderabad - 500016
Cell : 9100020100
www.wellnesshospitals.in

DOCTORS DAILY PROGRESS REPORT

Patient Name : Mr. Rajesham Age : 62y Sex : M MR No : 33249

Date	Time	Doctor's Notes	Sign
10/10/2025 10:30 AM		<p>DISCH Mr. Rajesham (to be evaluated S1).</p> <p>Care reviewed.</p> <p>CAD - Unstable sigma</p> <p>Mild w/o dysfunction</p> <p>CAG (10/10/2025) - S100</p> <p>G/P Adloc - PTA + 2 steps to rest.</p> <p><i>Discharge</i></p> <p>DIG PT concern raised</p> <p>Wtch - Stable</p> <p>AC - can</p>	



DOCTOR PROGRESS NOTES



Lal Bungalow, Ameerpet,
Hyderabad - 500 011
Cell - 91000 222777
www.wellnesshos...

DOCTORS DAILY PROGRESS REPORT

Patient Name : ... RAMESH KUMAR ... Age : 62 ... Sex : M ... MR No : 37249

Date	Time	Doctor's Notes	Sign
18/01/2025 10:00 am		<p>CBS/B Dr Hanuman (+ Dr Venkatesh Sir)</p> <p>Care reviewed.</p> <p>CAB-SLP Review PTCG + 200G to PTCG</p> <p>Mild w-dysphagia</p> <p>~100m</p> <p>DLE-Pr connection oriented</p> <p>Vitch - Steele</p> <p>ac-fair</p> <p>Ptde - Continue same Rx.</p> <p>11am - Discharge</p>	



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S/O Chadraiah
UHID NO : LH-IP25005058
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Adm Date : 16-01-2025 01:23

Doctors Visit Sheet



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-IP25005058
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar

DRUG CHART

Consult : Dr. Pavani Bhattacharya
Adm Date : 16-01-2025 01:21 PM

Po : Oral IM : Intramuscular SC : Subcutaneous SL : Sublingual

IV : Intravenous

IM: Intramuscular

SC = Subcutaneous

SL - Sublingual

PR: Rectal

IT = Intrathecal

NEB : Nebulizer

Approved Abbreviations :

OD : Once daily

T.I.D Three times a day

Mane : In the morning

B.I.D : Twice daily

Q.I.D. Four times a day

Nocte ; At night

S. No	To be filled by Doctor					To be filled by Nurse										Stop Orders Doctors name Date & time
	DRUG TAB. ECOSPRIN				Planned Time	Date	17/11/11									Stop Orders Doctors name Date & time
	Therapeutic Class :				2PM	Time	2pm	2pm								
	Dose	Frequency	Route	Start Date & Time		Sign										
	75mg	ONCE	P1O	17/11/25		Days	D1									
Advice by Doctor : DR. B. Venkatesh					Counter Sign	Counter Sign	5pm									Stop Orders Doctors name Date & time
S. No	To be filled by Doctor					To be filled by Nurse										Stop Orders Doctors name Date & time
	DRUG TAB. ROZAVEL				Planned Time	Date	17/11									Stop Orders Doctors name Date & time
	Therapeutic Class :				8PM	Time	8pm	8pm								
	Dose	Frequency	Route	Start Date & Time		Sign										
	40mg	ONCE	P1O	17/11/25		Days										
Advice by Doctor : DR. Venkatesh					Counter Sign	Counter Sign										Stop Orders Doctors name Date & time
S. No	To be filled by Doctor					To be filled by Nurse										Stop Orders Doctors name Date & time
	DRUG TAB. BISONEXT				Planned Time	Date	17/11/11									Stop Orders Doctors name Date & time
	Therapeutic Class :				8AM	Time	8AM	8AM								
	Dose	Frequency	Route	Start Date & Time		Sign										
	2.5MG	ONCE	P1O	17/11/25		Days										
Advice by Doctor :					Counter Sign	Counter Sign										Stop Orders Doctors name Date & time



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Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

ER PHYSICIAN ASSESSMENT

ER Physician:	<i>Dr Asst Hussain</i>		<i>Arif Brother</i>		
Seen time:	11 AM		Seen time: 11 AM		
Initial Triage Level	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	GCS (EVM) Score: E4V5M6
Date of Arrival	16/1/25		Time of Arrival	11 AM	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Arrival Mode:	<input checked="" type="checkbox"/> Ambulance		<input type="checkbox"/> Car	<input type="checkbox"/> Truck	
Motorized 2 <input type="checkbox"/> 3 <input type="checkbox"/> - wheeler			<input type="checkbox"/> Public Transport	<input type="checkbox"/> Walk	<input type="checkbox"/> Other: _____
Previous Admission:	<input type="checkbox"/> No		<input type="checkbox"/> Yes	If yes / Mr. No.	
Return to ER within 72 hrs:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Non-MLC	<input type="checkbox"/> MLC No. _____
Any Pre arrival notification	<input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	Notified by _____
VITALS / TIME					
Temp °F	<i>(N)</i>				
PR / min	<i>100 bpm</i>				
BP mmHg	<i>110 / 80 mmHg</i>				
RR / min	<i>22 / min</i>				
SpO ₂ %	<i>98% c RA</i>				
GCS (E/V/M)	<i>E4V5M6</i>				
GRBS mg/dL	<i>28 mg/dL</i>				
Pain score/10	<i>7/10</i>				
Urine Output	<i>Adequate</i>				
Sign:	<i>None</i>				
OUTSIDE INVESTIGATIONS & TREATMENT:					
<i>Zorb Ecopatch 150mg/100s tet.</i>					
CO-MORBIDITIES:					
<i>T2DM@ Since 1yr</i>					
DRUG ALLERGIES:					
<i>NIL</i>					



ANSWER

CHIEF COMPLAINTS / HISTORY:

PRIMARY ASSESSMENT		ASSESSMENT	CRITICAL ACTIONS
A	Airway & C-Spine		
B	Breathing		
C	Circulation		
D	Disability	A V P U	
E	Exposure		

EXAMINATION FINDINGS

Respiratory System	CNS

CVS	Limbs / Vascular System

Abdomen	P	I	Cl	Cy	L	E

Oral mucosa: _____ **JVP:** _____
Nutritional Status: _____

PROVISIONAL DIAGNOSIS	INVESTIGATIONS IN ER

MEDICATIONS IN ER (STAT)

INVESTIGATION RESULTS / DOCTOR'S NOTES

Chest profile, fasting Lipid profile,
fasting thyroid profile,

Admission request time :		Admission Consultant / Speciality :		
Doctors attended		Name	Informed time	Seen time
Speciality	Registrar		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
	Consultant		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Speciality	Registrar		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
	Consultant		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
Speciality	Registrar		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>
	Consultant		AM <input type="checkbox"/> PM <input type="checkbox"/>	AM <input type="checkbox"/> PM <input type="checkbox"/>



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GENERAL CONSENT

GENERAL CONSENT

ఎంధారణ అంగీకార పత్రము

1. I Mr. Rajesham (Patient's Name), Age 62 Sex M

నేను..... (రోగివరు), వయస్సు..... D/o.....

MR No: 25005058 S/o., W/o., D/o.

యంతెలు..... కుమారుడు/కుమార్తె/భార్య.....

I, _____ (Patient's Representative's Name) Age _____ Sex _____

నేను..... (అంగీకారమయ్యా వారి పేరు), వయస్సు..... D/o.....

Address of Communication _____

చరువాలు.....

Phone No. _____ (Please give full and correct particulars of the patient. subsequent alteration in Name and Age etc will not be possible do here by consent self / above mention patient for the following.

అంగీకారమయ్యా వారి పేరు..... (రోగి పేరు తప్పులు లేదుండా పూర్తి విఠలాలు ఇష్టులాలు నిలబేయిరంగులు వారి పేరు..... నొరి కీసిం శ్రీ దినుంధర లభ్య వారి అంగీకారము తెలుపులున్నాము.

a) for investigation(s), by medical, nursing and technical staff of Hospital as necessary for the diagnosis and treatment.

అ) అనుప్తి యొక్క మెడికల్, సార్జిట్ మరియు పాంకెట స్టేబిలిటీ, డిగ్ సార్జిట్ మరియు డిక్ట్, చెయిల్ బోర్డుకు అవసరమైన వైడ్ వెలీక్యూల కీసిం.

b) for admission of any medication by medical and nursing staff as deemed necessary for the treatment.

అ) ఒ వధ్యున ఉనిక్కి చెప్పించాల కుడా నేపి ద్వారా గాలి ఇంటి విథంగా (ఫెరింటరీ) గాలి ఇష్టుం కీసిం

c) Further concert and agree to be transferred to any other hospital as considered fit by our doctor during any time of treatment, if my/our doctors feel that it is essential for my / our (patient) recovery.

అ) అవసరములను బట్టి నేను ఇంటి వధ్యున ఉనిక్కి చెప్పించాల కుడా అత్యవసర వైడ్ వెలీక్యూల సిపిఎస్ మరకు నిర్ణయించి ఇంటి అనుప్తికి అనియంచుకు అంగీకారమున్నాము.

2) We agree and will make all others related to me/ by patient to agree to bide by the rules and regulation of the hospital including visiting hours, which are conveyed to us by the hospital staff.

2. నేను / నొరి సంసంఖ్యలు మరియు మత్తులు అనుప్తి యొక్క పూర్తి విధి, విధానములు, నొరి సంచర్య సమయములు మరియు ఇంటి నీళ్ళకుముయి పారీంచి నమికరించేగానమని అంగీకారము తెలుపుచున్నాము.

3. In the event my / patient's insurance company / TPA not extending / denying to extend / refusing to pay the hospital bill, in full or in part, I/patient shall pay the entire balance bill as may be applicable by cash demand draft or credit card.

3. ఒకవేళ నొరి యొక్క భూమి సంస్కరణ / నొరి డిక్ట్ బోర్డుకు ఇంటి మొత్తమైన పూర్తిగా లేదా కొంత భాగం చెర్చించడానికి ఇరువురించిన యొద్దమ నేను / నొరి డిక్ట్ బోర్డుకు వారి మొత్తమైన పూర్తిగా లేదా మగిరించి భాగం నిఱిం రూపుంచే లేదా దిమాండ్ రూపుంచే లేదా క్రెడిట్ కార్డు ద్వారా చెర్చిస్తున్నాను / చెర్చిస్తున్నారు.

4. I/We undertake full responsibility to clear all dues to the hospital and promise to deposit sufficient advance amount to meet emergency treatment, and when payment requisitions are made according to the expenditure.

TO BE FILLED BY ADMISSION EXECUTIVE



Name : Udaipur Rajesham
S/O Chandraiah
UHID NO : LH-IP25005058
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

INPATIENT ASSESSMENT RECORD

DOCTOR'S INITIAL ASSESSMENT

History Source: Patient Other(Name): _____ Relationship: _____

Assessment Start Time: 11 AM

PRESENTING COMPLAINTS:

C/o: Chest pain radiating to left hand & Back region.

Allergies No Yes

Food _____

Drug _____

Blood Transfusion _____

Any other _____

HISTORY OF PRESENT ILLNESS:

A 62 yrs old male was brought to ER c alone mentioned Complaints & history, now, come here for further management.

CO - MORBIDITIES:

- | | | |
|----------------------------|--|--|
| Diabetes | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | <u>1 yr - on Tbs. Metformin 500mg/BD</u> |
| CAD | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Hypertension | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Asthma / COPD | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Old CVA | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Thyroid | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Tuberculosis | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| CKD | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| Seizures | : <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes Duration _____ | |
| If any other specify _____ | | |

MEDICATION RECONCILIATION:	Drug Name (In CAPITALS)	Dose	Route	Frequency	Last dose taken		To be Continued in the Hospital
					Date	Time	
	METFORMIN	500 mg po	BD	15.12.2023	8PM	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Source of medication list (Tick all that apply)						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Patient prescription						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Patient/Family recall						<input type="checkbox"/> Yes	<input type="checkbox"/> No
(including drugs without prescription)							
<input type="checkbox"/> Previous discharge summary						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Others _____						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> This patient is not on any						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescriptions or over the counter medications, or herbal remedies							
<input type="checkbox"/> With Patient						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> None with patient						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sent home with family						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Home						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Discharge						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other _____						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Availability of Medications							
<input checked="" type="checkbox"/> With Patient						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> None with patient						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Sent home with family						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Home						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Discharge						<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other _____						<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAST SURGICAL HISTORY: Nil Significant

Surgeries: No Yes - Specify Open Appendectomy.

Implants Devices Prostheses in body No Yes - Specify _____

If any Other Specify: _____

PSYCHOSOCIAL:

Substance Abuse Nil Significant

Alcohol use : No Yes Specify Chronic -

Smoking : No Yes Specify _____

Tobacco : No Yes Specify _____

Drug use : No Yes Specify _____

Betel Nuts : No Yes Specify _____

Betel Leaf(Pan) : No Yes Specify _____

Gutka : No Yes Specify _____

If Any Other Specify: _____

PSYCHIATRY: Nil Significant

Anxious Agitated Dementia Depressed Withdrawn Others _____

Suicidal tendency (If "Yes" do a detailed risk assessment)

If Any Other Specify: _____

SOCIO-ECONOMIC:

Lives in: Own House Rented House Mode of transport: Own Rented Public transport

Type of work: Private Government Employee Self Employee Retired Student Unemployed

If Any Other Specify: _____

PERSONAL HISTORY:

Single Married

Veg Non veg Eggetarian

occupation: _____

If Any Other Specify: _____

FOR FEMALE PATIENTS ONLY:

Nil Significant

MENSTRUAL HISTORY :

Nil Significant

Age at Menarche: _____

Menstrual Cycle : Duration of cycle : _____
No of days bleeding

LMP : _____

contraception No Yes : Specify _____

Vaginal Discharge No Yes : Specify _____

Menopause No Yes : Specify _____

If any Other Specify: _____

OBSTETRIC HISTORY :

ML: _____ consanguineous marriage: No Yes _____

G ____ P ____ L ____ A ____ D ____

LMP: _____ EDD _____ SEDD _____

Perception of Foetal movement: _____

TT Injection taken: No Yes specify _____

Recent Obstetric Scan: _____

NT Scan: _____

TIFFA Scan: _____

Previous Pregnancies:

FTND Caesarean Delivery Delivery by Vacuum Suction Forceps Delivery

Male _____ Female _____ Age of baby _____

Interpregnancy interval: _____

Any other medical History: DM HTN Hypothyroidism _____

Past Surgical History: _____

If any Other Specify: _____

FAMILY HISTORY: Nil Significant

Diabetes No Yes Specify _____

Hypertension - No Yes Specify _____

Heart disease - No Yes Specify _____

Stroke No Yes Specify _____

Cancer: No Yes Specify _____

Tuberculosis No Yes Specify _____

Asthma No Yes Specify _____

Seizures No Yes Specify _____

Any other hereditary disease: _____

REVIEW OF SYSTEMS:

Note: Below are not exhaustive. All relevant Positive & Negative symptoms to be elicited and recorded.

ENT: None (Please tick if none of the ENT symptoms are present)

Earache Ear discharge Tinnitus Vertigo Voice change

Nasal discharge Headache as the day progresses Any other _____

Comments

EYE : None (Please tick if none of the EYE symptoms are present)

Eye redness Eye discharge Eye pain Vision Disturbance Any other _____

Comments

Cardiovascular / Respiratory: None (Please tick if none of the cardiovascular/respiratory symptoms are present)

Hypertension Chest pain Palpitations Syncope Orthopnea

Cough Sputum Hemoptysis Shortness of breath (SOB)

Any Other _____

Comments

Musculoskeletal / Neurological: None (Please tick if none of the Musculoskeletal / Neurological symptoms are present)

General myalgia Weakness Deformity Numbness Neurologic pain Intermittent Claudication

Headache Double Vision Blurring Vision Vertigo Facial Palsy Easy Fatigability

Intention Tremors Gait: Hemiplegic Slow Shuffling Ataxic High Stepping Duckling Gait

Any other _____

Comments

Endocrine / Immunologic: None (Please tick if none of the Endocrine / Immunologic symptoms are present)

Proptosis Tremors Swelling in front of the neck Stunted growth Gigantism Gynaecomastia

Unproportionate lower jaw Non pitting edema Diabetes Any Other _____

Comments

Trophic Changes: None (please tick if none of the trophic changes are present)

Bed Sore : Absent present Grade _____ Location _____

Trophic Ulcer : Absent present location _____

Changes in skin & Hair _____

Comments

DEVELOPMENTAL HISTORY: (As per IAP Guidelines) Nil Significant

Normal Abnormal

Comments

IMMUNIZATION STATUS: (As per IAP Guidelines) (Paediatric use only) Nil Significant

Up to mark Not upto mark

Comments

Gastrointestinal: None (Please tick if none of the GI symptoms are present)

- | | | | | | |
|---------------------------------------|---|--|---|-----------------------------------|---|
| <input type="checkbox"/> Abdomen Pain | <input type="checkbox"/> Diarrhoea | Appetite: | <input type="checkbox"/> Normal / <input type="checkbox"/> Lost | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Hematemesis |
| <input type="checkbox"/> Bleeding P/R | <input type="checkbox"/> Malena | <input type="checkbox"/> H/O passage of worms* | | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Painful defecation |
| Bowel: | <input type="checkbox"/> regular / <input type="checkbox"/> irregular / <input type="checkbox"/> constipation | Any other _____ | | | |

Comments

Genito-urinary: None (Please tick if none of the Genito-urinary symptoms are present)

- | | | | | |
|--------------------------------------|------------------------------------|--|---|--|
| <input type="checkbox"/> Hematuria | <input type="checkbox"/> Dysuria | <input type="checkbox"/> Nocturia | <input type="checkbox"/> H/o TURP | <input type="checkbox"/> H/o calculi |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Impotence | <input type="checkbox"/> Penile ulcers | <input type="checkbox"/> Urethral discharge | <input type="checkbox"/> Any other _____ |

Comments

Hematologic / Lymphatic: None (Please tick if none of the Hematologic / Lymphatic symptoms are present)

- | | | | | |
|--|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Thalassemia | <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> Lymph Node Swelling | | <input type="checkbox"/> Any Other _____ | | |

Comments

Dental: None (Please tick if none of the Dental symptoms are present)

- | | | | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Tooth Ache | <input type="checkbox"/> Dentures | <input type="checkbox"/> Implants | <input type="checkbox"/> Caries | <input type="checkbox"/> Bleeding from gums | <input type="checkbox"/> Foul breath |
| Any Other _____ | | | | | |

Comments

Integumentary / Breast: None (Please tick if none of the integumentary / Breast symptoms are present)

- | | | | | | |
|-----------------|---------------------------------------|---|--|--|--|
| Skin disorders: | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Scaling | <input type="checkbox"/> Itching | <input type="checkbox"/> Discoloration | <input type="checkbox"/> Any Other _____ |
| | <input type="checkbox"/> Breast Lumps | <input type="checkbox"/> Nipple Discharge | <input type="checkbox"/> Any Other _____ | | |

Comments

PHYSICAL EXAMINATION:**GENERAL EXAMINATION:**

Pallor : No Yes _____

Icterus : No Yes _____

Cyanosis : No Yes _____

Clubbing of finger / toes: No Yes _____

Lymphadenopathy : No Yes _____

Dehydration : No Yes Mild Moderate Severe _____

Oedema of feet : No Yes _____

Built : Well Nourished Average & Nourished Malnourished Obese Lean

VITAL SIGNS:

Height : _____ cm/feet, weight: _____ kg's, BMI: _____

Body Surface Area: _____ Temperature: (N) C/F Pulse Rate: 98 bpm Bpm

Respiratory Rate: 22 Bpm, GRBS: 246 mg/dl

BP Right Arm 140/80 mmHg, Left Arm _____ mmHg

SpO₂ at Room Air 98 % at _____ litres of O₂ _____ %

PAIN: Location: _____ Severity: Mild Moderate Severe Character: _____

Duration _____ Radiating to: _____

SYSTEMIC EXAMINATION: (Note: All relevant Positive as well as Negative findings will be elicited and recorded)**CARDIO VASCULAR SYSTEM :** Nil Significant

Thrills: No Yes _____

Cardiac sounds: S1 S2 G

Cardiac murmurs: No Yes _____

If any Other Specify: _____

RESPIRATORY SYSTEM :

Dyspnea : No Yes _____

Wheeze : No Yes _____

Position of Trachea: Central Shifted to Right Left _____

Breath Sounds : Vesicular Tubular Amphoric _____

Adventitious Sounds : Rhonchi Rales (Crepts) Pleural rub _____

If any Other Specify: _____

ABDOMEN :Nil Significant Shape of abdomen : Scaphoid Obese Distended _____Tenderness : No Yes Specify _____Palpable mass : No Yes Specify _____Hernial Orifices : Normal Hernia Specify _____Free Fluid : No Yes Specify _____Bruits : No Yes Specify _____Liver : Not palpable Palpable Specify _____Spleen : Not palpable Palpable Specify _____Bowel Sounds : No Yes Sluggish Specify _____Genitals : *Swelling over penis region
3 Phimosis -*PA / Examination : *S&P C*Per speculum examination : *-*Per vaginal examination : *-*P/R Examination : *-*CENTRAL NERVOUS SYSTEM:Nil Significant GCS : E₄ V₅ M₆ *15* /15Level of Consciousness : a. Conscious / Alert b. Drowsy / Arousalable c. Stuporous d. Coma

If any other specify : _____

Speech - Normal No Response Slurred Incoherent Aphasic

If any other specify : _____

Signs of Meningeal Irritation : Brudzinski sign - Yes No Kernig's Sign - Yes No

If any other specify : _____

Cranial Nerves :

Pupil :

• Size right _____ mm, left _____ mm

• Shape _____

• Reaction to light brisk Sluggish non-reactiveIf any other specify : _____

Motor System :

Tone	RIGHT	LEFT
U/L Proximal		
U/L Distal	{ (N)	
L/L Proximal		
L/L Distal		

Power	RIGHT	LEFT
U/L Proximal	{ (N)	
U/L Distal	{ (N)	
L/L Proximal		
L/L Distal		

If any other specify : _____

Sensory System :



Reflexes

Nil Significant

RIGHT	Biceps	Triceps	Brachioradialis	Knee	Ankle	clonus
LEFT						

Plantars: Flexor Extensor Equivocal Unelicitable

Cerebellar Signs :

- Finger - Nose In-coordination - No Yes
- Knee - Heel in-coordination - No Yes

Gait : Hemiplegic Slow Shuffling Ataxic HighStepping

If any other specify : _____ 

MUSCULOSKELETAL: Nil significant 

ON INSPECTION:

Skin injury :

- Laceration : No Yes : if yes size : L _____ W _____ D _____ location _____
- wound : No Yes : if yes size : L _____ W _____ Location _____
- Abrasion : No Yes : if yes : location _____
- Scar : No Yes : Area _____ Extent _____

Swelling : No Yes Specify _____

Bleeding : No Yes Specify _____

Deformity : No Yes Specify _____

If any other specify : _____

ON PALPATION :

- Temperature Variation of skin: _____
- Tenderness: _____
- Swelling: _____

If any other specify : _____

MOVEMENTS:

- ROM'S: _____

If any other specify : _____

VASCULAR EXAMINATION:

- Sensation : _____
- Distal pulses : _____
- If any other specify : _____

SPECIAL TEST: _____

If any other specify : _____

(C)

OTHER SYSTEMS: _____

(C)

INVESTIGATIONS: _____

Cathe profile, 2D-Echo.

PROVISIONAL DIAGNOSIS: _____

Acute Coronary Syndrome.
mild LV systolic dysfunction.

PLAN OF CARE: Preventive Curative Rehabilitative Palliative

(CRN)

Assessment Performed by: Dr. ASIF, ID NO: _____, Sign: 

Assessment completion: Date: _____ Time: _____

Consultant Name: Dr. Venkatesh, Signature: _____

Date: 16/11/25 Time: 1PM



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-IP25005058
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM



INVESTIGATION CHART



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-IP25005058
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Age : 62 Gender : Male
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INVESTIGATION CHART



Name : Udaipur Rajesham
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IPD NO : LH-IP25005058

Age : 62 Gender : Male

MOVEMENT CHART



NURSES CARE RECORD

Date: _____

Goals of Care:	<input type="checkbox"/> Maintain Airway Patency & oxygenation	<input type="checkbox"/> Relieve pain and discomfort	<input type="checkbox"/> Check skin integrity	<input type="checkbox"/> Catheter Care
	<input type="checkbox"/> Maintain oral & personal hygiene	<input type="checkbox"/> Risk of fall	<input type="checkbox"/> Monitor vitals	<input type="checkbox"/> Maintain tubes and lines & dressings
	<input type="checkbox"/> Prevent infection	<input type="checkbox"/> Early ambulation	<input type="checkbox"/> Hyperthermia	<input type="checkbox"/> Stoma Care
	<input type="checkbox"/> Maintain fluid balance	<input type="checkbox"/> Maintain good nutritional status	<input type="checkbox"/> On nebulization	<input type="checkbox"/> Monitor intake and output
	<input type="checkbox"/> Meet elimination needs	<input type="checkbox"/> Improve activity tolerance	<input type="checkbox"/> Check NG tube placement & feed	<input type="checkbox"/> Blood/Blood Products Transfusion
	<input type="checkbox"/> Reduce anxiety	<input type="checkbox"/> Patient & family education	<input type="checkbox"/> Maintain IV patency	

Goals and Assessments	Area : Morning	Area : Evening	Area : Night
Care given			
Evaluation			
NURSES' NAME SIGN & ID			

**NURSES PROGRESS NOTES**

DATE & TIME	NOTES	NAME & ID NO	SIGN
16/11/25 2pm	Patient Come To ER at the time 2pm. that time Check the vital's BP - P.R - SpO ₂ - GRBS - Temp -	vijay	Bal.
	PT Investigation - cath profile, Chest X-ray, HbA1c → LFT		
	PT Diagnosis - Acute coronary syndrome, mild LV systolic dysfunction.		
	Patient having IV. canula, foleys.		
	Patient shift ER TCCU		



NURSES PROGRESS NOTES



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Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES

DATE & TIME		NAME & ID NO	SIGN
	Evening duty Report	Imran	
16/1/25	patient hand over	30333	
2PM	taken from ER		
to	duty staff		
8PM	assessed with general condition of the patient		
	patient is on diagnosed with ACS mild LV function		Imran
	monitor vitals		
	temp : 97.1		
	BP : 120/80		
	PR : 87		
	RR : 18		
	→ patient is on room air 98%		
	IV line		
	SV cannula		
	16/1/25		
	no foleys called		
	no infusions		
	Patient given soft diet oral		



Name : Udaipur Rajesham
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UHID NO : LH-IP25005058
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Age : 62 Gender : Male
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Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-IP25005058
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES

DATE & TIME		NAME & ID NO	SIGN
16/1/25	<p><u>Night Duty Report</u></p> <p>8PM case hand over taken from Evening duty Brother Jmroam to Night duty Sister Pinki.</p> <p>→ patient was stable & conscious.</p> <p>→ Assessed the general condition of the Patient.</p> <p>→ Diagnosis :- Acute coronary syndrome</p> <p>→ Mild WSD.</p> <p>→ Plan :- slip CAG + PTCA & DES to RCA (16/1/25). Now plan for stabilization.</p> <p>→ Patient Vitals checked & Recorded - temp - 97.7° , Pulse - 82 bpm, Respiration - 19 bpm, SpO₂ - 98%, BP - 120/80 mmHg</p> <p>→ Patient having IV cannula in both hands, No fols catheter.</p> <p>→ patient allowed for oral soft Diet.</p> <p>→ Patient ECG Done</p> <p>→ patient Morning Treatment Done</p> <p>→ Patient Intake output calculated & Recorded</p> <p>→ Consultant Doctor :- Dr. B. Venkatesh.</p> <p>→ Patient GIRBS 204 mg/dl.</p> <p>→ Case hand over given to Morning Duty Staff Jmroam.</p> <p>Pinki</p> <p>02897</p> <p>Lanki</p>		



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-IP25005058
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Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES

DATE & TIME		NAME & ID NO	SIGN
	morning duty report	Imran	
17/1/25	patient hand over	30333	
8 AM	taken from night		
to duty staff			
-2 PM	assessed with general condition of the patient		
	patient is on		
	diagnosed with ACS mild LV function		Imran
	monitor vitals		
	temp: 97.1		
	BP: 120/80		
	PR: 87		
	RR: 18		
	→ patient is on room air 98%		
	IV line		
	SV cannula		
	16/1/25		
	no foleys called		
	no infusions		
	Patient given soft diet oral		



Name : Udaipur Rajesham
S/O Chandraiah
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NURSES PROGRESS NOTES

NURSES PROGRESS NOTES

DATE & TIME	NOTES	NAME & ID NO	SIGN
13/1/25	<u>Morning duty Reports</u>	sriyoga	
	case hand over taken from 8 AM night duty sister sujata by morning duty sister sriyoga.	0394	
	Spt $\stackrel{\text{PSIS?}}{=}$ Acute coronary syndrome mild LV systolic function.		
	Spt all vitals checked & recorded		
10 AM	SBP = 110/70 PR = 39 bpm		
	SPO ₂ = 97% TEM = 98.1°F		
	RR = 20 bpm		
	Spt having IV cannula is present.		
	Spt no IV fluid + Foley's catheter.		
12 PM	Spt IIO chart is maintained		
	IDMO made rounds abn.		
	GRBS checked & recorded		
	All medication given.		
	Dr. Venkatesh sir rounds abn.		
	Adv. by Today D/S plan.		



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-0037249
IPD NO : LH-IP25005058
Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES

DATE & TIME		NAME & ID NO	SIGN
18/1/25	Morning duty Notes		
	pt case hand over taken from Night duty to morning duty		
	*pt Asis1- Acute coronary syndrome. mild lv systolic		
	*pt vitals checked and recorded Bp :- 130/80mmhg SpO2-97 Pulse - 86 bpm RRT-20 bpm		
	*pt having IV Cannula and recorded		
	*pt I/O chart maintained and recorded		
	*pt all medication and recorded		
	*pt GIRB checked and recorded		
	*pt case hand over given to Evening duty sij1		



Name : Udaipur Rajesham
S/O Chadraiah
UHID NO : LH-0037249
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Age : 62 Gender : Male
Consult : Dr. Pavan Bhatnagar
Adm Date : 16-01-2025 01:21 PM

NURSES PROGRESS NOTES

DATE & TIME		NAME & ID NO	SIGN
18/1/25	Evening duty notes		
	xpt case hand over taken from morning duty to Evening duty		
	*ptasis:- Acute Coronary Syndrome, Mild LV Systolic		
	*pt vitals checked and recorded	Sai Pradeep 01160	
	BpL-120/80mmHg SpO ₂ 96		
	Pulse: 87b/m RRT 18b/m		
	*pt plan:- D/S		
	*pt having Iv cannula and recorded		
	*pt I/O chart maintained and recorded		
	*pt all medication and recorded		
	*pt GIRB checked and recorded		
	*pt case hand over given to Dr. Shyam		



NURSES PROGRESS NOTES

DATE & TIME	NOTES	NAME & ID NO	SIGN
17/1/25	<u>Evening duty Reports</u>		
	Case hand over taken from 2pm morning duty sister Srilekha by evening duty sister Prasanna.		
	SPT ASIS: SPT =		
	SPT all vitals checked & recorded 1pm SBP = 110/70 PR = 97 bpm SpO ₂ = 97% T _{EM} = 98.1 F RR = 21 bpm		
	SPT having IV cannula is present SPT NO IV fluid + Foley's catheter SPT I/O chart is maintained		
6pm	SPT medcum rounds done. ⇒ INR checked & recorded SPT taken from oral lights & soft diet.		
7pm	All medication given.		
8pm night	Case hand over given to night duty sister Sugata.		



1

NURSES PROGRESS NOTES



ANSWER

NURSES PROGRESS NOTES



NURSES PROGRESS NOTES

DATE & TIME	NOTES	NAME & ID NO	SIGN
17/1/25	<p><u>Evening duty Reports</u></p> <p>case hand over taken from 2pm morning duty sister sriyogi by evening duty sister prasenna-</p> <p>sptasis: SPT = Acute coronary syndrome mild LV systolic function</p> <p>SPT all vitals checked & recorded</p> <p>4pm SBP = 110/70 PR = 97 bpm</p> <p>SPO₂ = 97% TEm = 98.1°F</p> <p>SRR = 21 bpm</p> <p>SPT having IN cannula is present</p> <p>SPT NO IN fluid + Foley's catheter</p> <p>SPT I/O chart is maintained</p> <p>6pm ADMS medium rounds done.</p> <p>INRBS checked & recorded</p> <p>SPT taken from oral lignts & soft diet.</p> <p>7PM All medication given.</p> <p>case hand over given to</p> <p>8pm night duty sister sujata.</p>	prasenna	



NURSES PROGRESS NOTES

DATE & TIME	NOTES	NAME & ID NO	SIGN
17/11/25			
	<u>night duty Reports</u>		sujata
8PM	case hand over taken from evening duty sister prasanna by night duty sister sujata.		
	psis: supt = Acute coronary syndrome mild LV systolic function.		
	8PM	supt all vitals checked & recorded. SBP = 100/60 PR = 81 bpm \Rightarrow SpO ₂ = 96%. TEM = 98.6°F SRR = 21 bpm	
	supt having IN cannula is present		
	supt NO IV fluid & Foley's catheter		
	supt I/O chart is maintained		
12AM	supt DMO medium rounds done		
	supt taken for oral liquids & soft diet		
6AM	\Rightarrow HRBS checked & recorded		
	supt all medication given.		
	case hand over taken from morning duty sister srileya		
8AM			

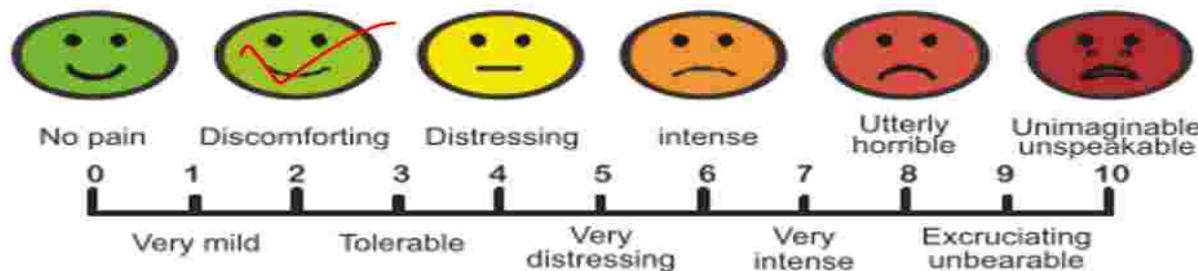


NURSES PROGRESS NOTES

DATE & TIME	NOTES	NAME & ID NO	SIGN
17/1/25	<u>Evening duty Reports</u>		
	Case hand over taken from 2pm morning duty sister srilekha by evening duty sister prasanna.		
	SPT ^{ASIS:} Acute coronary syndrome mild LV systolic function.		
	SPT all vitals checked & recorded		
4pm	BP = 110/70 PR = 97 bpm		
	SPO ₂ = 97% TEm = 98.1F		
	RR = 21 bpm		
	SPT having IN cannula is present		
	SPT NO IN fluid + Foley's catheter		
	SPT I/O chart is maintained		
6PM	ADMS medium round done.		
	INRBS checked & recorded		
	SPT taken from oral lignts & soft diet.		
7PM	All medication given.		
	Case hand over given to		
8PM night	night duty sister sujata.		

**NURSING INITIAL ASSESSMENT**Date of arrival: 16/11/25 Time of arrival: 1:30 pm am pm Initial Triage Level 1 2 3 4**GENERAL INFORMATION**Mode of arrival: Walking Wheelchair Stretchervaluable belongings documents none hand over to attendant Yes No Restraints: Yes No _____Religion: Hindu Muslim Christian Sikh Others _____Cultural or religious barriers No Yes specify _____Language(s) spoken: English Hindi Telugu Others _____Interpreter Required : No Yes _____SOURCE OF THE HISTORY: Patient Other (Name) Rajesham Relationship selfAssessment start time: _____ AM PM PATIENTS COMPLAINTS & HISTORY: Chest Pain :- 3 days

VITALS / TIME						
Temp' F	97 °C					
PR / min	100 b/m					
BP mmHg	110/80					
RR / min	21 b/m					
SpO ₂ %	98 %					
GCS (E/V/M)						
GRBS mg/dL	281					
Urine Output	Yes					
Weight (kg)						

PAIN ASSIGNMENT

SPEECH :	Normal <input type="checkbox"/>	Slurred <input type="checkbox"/>
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IMPAIRMENT DISABILITIES

Hearing Loss	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> spectacles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Walker	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Prostheses	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Vision Loss	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Contacts lens	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Crutches	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Cane	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	
Hearing Aid	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Dentures	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Wheel Chair	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Others	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

ABILITY TO PERFORM ACTIVITIES OF DAILY LIFE

Activity	Independent	Assist	Dependent	Mobility	Independent	Assit	Dependent
Bathing	<input checked="" type="checkbox"/>			Dressing	<input checked="" type="checkbox"/> NO		
Eating	<input checked="" type="checkbox"/>			Toilet use	<input checked="" type="checkbox"/> NO		

ALLERGIES TO	Medication <input type="checkbox"/> Drugs <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Blood Transfusion <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
	Food <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Any Others

SLEEPING PATTERN	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Difficulty Falling Asleep	<input type="checkbox"/> Others	<input type="checkbox"/> Sedation mention if yes _____
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RESPIRATION: BREATHING PATTERN:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Dyspnea	<input type="checkbox"/> Tachypnea	<input type="checkbox"/> Cough	<input type="checkbox"/> Snoring	<input type="checkbox"/> Others
------------------------------------	--	----------------------------------	------------------------------------	--------------------------------	----------------------------------	---------------------------------

GASTRO INTESTINAL:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Nausea	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Any Other:	
BOWEL:	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Blood in Stools	
BLADDER:	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Urgency	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Dribbling	<input type="checkbox"/> Catheter
SKIN:	<input checked="" type="checkbox"/> Warm	<input type="checkbox"/> Cold	<input type="checkbox"/> Dry	<input type="checkbox"/> Rash	<input type="checkbox"/> Edema
				<input type="checkbox"/> Wounds	<input type="checkbox"/> Pressure Sore

FLUID STATUS & INTAKE: Dehydration	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Intake	<input checked="" type="checkbox"/> Oral	<input type="checkbox"/> Parenteral
------------------------------------	--	--------	--	-------------------------------------

NUTRITIONAL STATUS:						
Appetite	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Special Diet	<input type="checkbox"/> Y	<input type="checkbox"/> N
Mode of Intake	<input checked="" type="checkbox"/> IV	<input checked="" type="checkbox"/> Oral	<input type="checkbox"/> Ryles Tubes	<input type="checkbox"/> Other:		
Independent	Needs Assistance in Eating					
ORIENTATION TO PATIENT	<input checked="" type="checkbox"/> Room	<input type="checkbox"/> Air Condition	<input type="checkbox"/> Television	<input checked="" type="checkbox"/> Nurse Call	<input type="checkbox"/> F&B Services	

COPING MECHANISM / CLIENT / FAMILY:

Co-operative Un-Co-Operative Depressed Agitated Family Needs - Y N If Y, _____

Fall risk score: _____

INVESTIGATIONS: Cath profile, chest X-ray HbA1C

DIAGNOSIS: Acute Coronary syndrome
mild LV. systolic dysfunction

Name of Staff Nurse Assessing: Vijay ID No. 02469
Signature: Vijay Date / Time: 16/11/25, 1:30 pm



VITAL CHART & EARLY WARNING SCORE (EWS)

Date	16/11/25							
Time	9:00pm							
Respiratory rate	>30							
	21-30							
	12-20							
	<12							
SpO ₂	>95							
	92-95							
	<92							
Temperature	F	106°						
		105°						
		104°						
		103°						
		102°						
		101°						
		100°						
		99°						
		98°						
		97°						
Systolic Blood Pressure	210							
	200							
	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
Diastolic Blood Pressure	120							
	110							
	100							
	90							
	80							
	70							
	60							
Heart Rate	140							
	130							
	120							
	110							
	100							
	90							
	80							
	70							
	60							
	50							
	40							
Conscious Level	Alert							
	V							
	P							
	U							
TOTAL MEWS SCORE								
Escalation for Met:								
Nsg. Incharge Sign:								
Nsg. Sign & Name ID:								
Triggers or	Total Mews Score		Minimum frequency of recording observations					
1 Yellow trigger	2		Inform to Floor Doctor repeat full set of observation after 60 minutes.					
2 Yellow or 1 Red	3-4		Inform Floor Doctor & call consultant to review and repeat a full set of observations after 30 minutes.					
>2 Yellow or =>2 Red	>4		Inform MET & Consultant; monitor every 15 minutes till score improves					

V = Responds to Verbal Command, P = Responds to Pain Stimuli, U = Unconscious

S/O Chadraiah
 UHID NO : LH-IP25005058
 IPD NO : LH-IP25005058
 Age : 62 Gender : Male
 Consult : Dr. Pavan Bhatnagar
 Adm Date : 16-01-2025 01:21 PM

Date	16/1/25									
Time	9PM	10PM	11PM	12AM	1AM	2AM	3AM	4AM	5AM	6AM
Respiratory rate	>30									
	21-30									
	12-20									
	<12	20	18	14	19	22	24	12	17	22
SpO ₂	>95	97	95	98	97	95	99	97	96	99
	92-95									
	<92									
Temperature	F	106°								
	105°									
	104°									
	103°									
	102°									
	101°									
	100°									
	99°									
	98°									
	97°									
				98.2				98.6	98.2	98.4
					97.7	97.6	97.9			97.2
Systolic Blood Pressure	210									
	200									
	190									
	180									
	170									
	160									
	150									
	140									
	130									
	120									
	110	110	110		120	120		110	110	120
	100									
	90									
	80									
	70									
	60									
Diastolic Blood Pressure	120									
	110									
	100									
	90									
	80									
	70	70	70		80	80		70	70	80
	60									
Heart Rate	140									
	130									
	120									
	110									
	100									
	90									
	80									
	70									
	60									
	50									
	40									
Conscious Level	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓
	V									
	P									
	U									
TOTAL MEWS SCORE										
Escalation for Met										
Nsg. Incharge Sign										
Nsg. Sign & Name ID										
Pinki	Pinki	Pinki	Pinki	Pinki	Pinki	Pinki	Pinki	Pinki	Pinki	Pinki
Triggers or	Total Mews Score	Minimum frequency of recording observations								
1 Yellow trigger	2	Inform to Floor Doctor repeat full set of observation after 60 minutes								
2 Yellow or 1 Red	3-4	Inform Floor Doctor & call consultant to review and repeat a full set of observations after 30 minutes								
>2 Yellow or =>2 Red	>4	Inform MET & Consultant; monitor every 15 minutes till score improves								

V = Responds to Verbal Command, P = Responds to Pain Stimuli, U = Unconscious

Date	17/1/25									
Time	7 AM 8 AM 9 AM 10 AM 11 AM 12 PM 1 PM 2 PM 4 PM 6 PM									
Respiratory rate	>30									
	21-30									3
	12-20									2
	<12									0
SpO ₂	>95									3
	92-95									2
	<92									1
F	106°									3
	105°									2
	104°									1
	103°									0
	102°									
Temperature	101°									
	100°									
	99°									
	98°									
	97°									
	96°									
	95°									
	98.2	97.7	97.1							
				98.3P	98.4P	98.3	98.4P	98.6F	97.1P	98.1P
Systolic Blood Pressure	210									2
	200									1
	190									0
	180									
	170									
	160									
	150									
	140									
	130									
	120									
	110	120	120	110	110	110	110	110	100	100
Diastolic Blood Pressure	100									0
	90									1
	80									2
	70									3
	60									0
Heart Rate	120									3
	110									2
	100									1
	90									0
	80	90	80	100	108					
	70			87	81	79	81			
Conscious Level	Alert	✓	✓	✓	✓	✓	✓	✓	✓	0
	V									1
	P									2
	U									3
TOTAL MEWS SCORE										
Escalation for Met										
Nsg. Incharge Sign										
Nsg. Sign & Name ID										
Triggers or	Total Mews Score	Minimum frequency of recording observations								
1 Yellow trigger	2	Inform to Floor Doctor repeat full set of observation after 60 minutes								
2 Yellow or 1 Red	3-4	Inform Floor Doctor & call consultant to review and repeat a full set of observations after 30 minutes								
>2 Yellow or =>2 Red	>4	Inform MET & Consultant; monitor every 15 minutes till score improves								

V = Responds to Verbal Command, P = Responds to Pain Stimuli, U = Unconscious

Date	17/11/25								18/11/25		
Time	8PM 10PM 12AM 2AM 4AM 6AM 8AM 10AM								2pm		
Respiratory rate	>30										3
	21-30										2
	12-20										0
	<12	20	23	20	23	20	17	18	19		3
SpO ₂	>95	96%	96%	98%	98%	97.5	96.4	95	96		0
	92-95										2
	<92										3
Temperature	106°										3
	105°										2
	104°										0
	103°										3
	102°										2
	101°										0
	100°										3
	99°										2
	98°										0
	97°										3
	96°										2
	95°										0
	94°										3
	93°										2
	92°										0
Systolic Blood Pressure	210										3
	200										2
	190										0
	180										3
	170										2
	160										1
	150										0
	140										3
	130										2
	120										0
	110	110	110	110	110	110	110	110	110		3
	100										2
	90										0
	80										3
	70										2
	60										0
Diastolic Blood Pressure	120										3
	110										2
	100										1
	90										0
	80										3
	70	90	90	80	80	80	80	80	80		0
	60										3
Heart Rate	140										3
	130										2
	120										1
	110	100	101	120	109	103	102				0
	100										3
	90										2
	80										0
	70										3
	60										2
	50										0
	40										3
Conscious Level	Alert										0
	V										3
	P										2
	U										1
TOTAL MEWS SCORE											
Escalation for Met											
Nsg. Incharge Sign											
Nsg. Sign & Name ID											
Triggers or	Total Mews Score	Minimum frequency of recording observations									
1 Yellow trigger	2	Inform to Floor Doctor repeat full set of observation after 60 minutes.									
2 Yellow or 1 Red	3-4	Inform Floor Doctor & call consultant to review and repeat a full set of observations after 30 minutes									
>2 Yellow or =>2 Red	>4	Inform MET & Consultant; monitor every 15 minutes till score improves									

V = Responds to Verbal Command, P = Responds to Pain Stimuli, U = Unconscious

Date	17/11/25	Time	18/11/25	8PM	10PM	12AM	2AM	4AM	6AM	8AM	10AM	12PM	2PM	4PM	6PM
Respiratory rate	>30 21-30 12-20 <12	20	23	20	23	20	17	18	19	20	19				
SpO ₂	>95 92-95 <92	96%	96%	98%	98%	97.5	96.4	98	95	96	97%	96%			
Temperature	106° 105° 104° 103° 102° 101° 100° 99° 98° 97°														
Systolic Blood Pressure	210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60	98.6°F 101.9°F	98.4°F 97.5°F	98.4°F 97.1°F	98.4°F 97.8°F	98.4°F 97.8°F									
Diastolic Blood Pressure	120 110 100 90 80 70 60	110	110	110	110	110	110	110	110	150	100				
Heart Rate	140 130 120 110 100 90 80 70 60 50 40	70	90	90	80	80	80	80	80	60	60				
Conscious Level	Alert V P U	100	101	100	109	103	102	91	105						
TOTAL MEWS SCORE															
Escalation for Met															
Nsg. Incharge Sign															
Nsg. Sign & Name ID															
Triggers or	Total Mews Score	Minimum frequency of recording observations													
1 Yellow trigger	2	Inform to Floor Doctor repeat full set of observation after 60 minutes.													
2 Yellow or 1 Red	3-4	Inform Floor Doctor & call consultant to review and repeat a full set of observations after 30 minutes													
>2 Yellow or =>2 Red	>4	Inform MET & Consultant; monitor every 15 minutes till score improves													

V = Responds to Verbal Command, P = Responds to Pain Stimuli, U = Unconscious

Slight Soreness Slight pain Slight pain Slight pain Slight pain



AVS
WELLNESS

HOSPITALS

HOSPITALS • **CLINICS** • **DOCTORS** • **NURSES** • **PHARMACIES**
email: wellness@louisvilleky.com
(A Unit of Smith Medical Associates)

Clinic	AVS Wellness Hospitals	Sample Type	Serum	Scan to Validate
Patient Name	Mr.Udari Rajesham - LH0037249	Registered On	17-01-2025 00:16	
Age / Gender	62 Y(s) / Male	Collected On	17-01-2025 05:31	
Phone	+9191110339394	Received On	17-01-2025 05:32	
Ref.Dr.		Reported On	17-01-2025 06:14	
ReqNo	WEL343232			
Report Status	Final			

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Creatinine, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Creatinine, Serum	: 0.68	mg/dL	0.8-1.3
Method: Modified Jaffe Kinetic			

www.ijerph.org

Reference : Beckman kit Insert.

Note :- Suggested Clinical Correlation *

--End Of Report--

Dr.(Wg Cdr) Shruthi Sharma

Consultant Pathologist



Processing Location :

7-1-27/2 & 7-1-27/C/1 to 12, Leelam

AVS Wellness Hospitals, Hyderabad, Telangana 500016
Email: wellness@swasthdiagnostics.com

Client : AVS Wellness Hospitals
 Patient Name : Mr.Udari Rajesham - LH0037249
 Age / Gender : 62 Y(s) / Male
 Phone : +919110339394
 Ref.Dr. : -
 Req.No : WEL343232 - 2500038499
 Report Status : Final

Sample Type : Serum Scan to Validate
 Registered On : 17-01-2025 00:16
 Collected On : 17-01-2025 05:31
 Received On : 17-01-2025 05:32
 Reported On : 17-01-2025 06:14



DEPARTMENT OF CLINICAL BIOCHEMISTRY

Urea, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Blood Urea	: 38	mg/dL	17-43

Method : GLDH Kinetic

Reference :Beckman kit Insert.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma

Consultant Pathologist

AVS
WELLNESSAMMAGALI INDIA LTD. Regd. No. 500016
WELSHMAN HOSPITALS | AVSWelnessclinicaldiagnostics.com

(A Unit of Swasth Medical Associates)

Processing Location :	7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar
Client :	AVS Wellness Hospitals
Patient Name :	Mr.Udari Rajesham - LH0037249
Age / Gender :	62 Y(s) / Male
Phone :	+919110339394
Ref.Dr. :	-
Req.No.	WEL343029
Report Status :	Preliminary
Sample Type :	Serum
Registered On :	16-01-2025 13:50
Collected On :	16-01-2025 14:14
Received On :	16-01-2025 14:14
Reported On :	16-01-2025 15:24
Scan to Validate	

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Electrolytes, Serum

Sodium, Serum	: 141.1	mMol/L	136-146
<i>Method : ISE Indirect</i>			
Potassium, Serum	: 4.60	mMol/L	3.5-5.1
<i>Method : ISE Indirect</i>			
Chlorides, Serum	: 106.3	mMol/L	101-109
<i>Method : ISE Indirect</i>			

Reference: Teitz Text Book of Clinical Chemistry.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist



Processing Location :

7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar, Hyderabad, Telangana 500016
www.avswellnesshospitals.com

Client	: AVS Wellness Hospitals	Sample Type	: Serum	Scan to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 16-01-2025 13:50	
Age / Gender	: 62 Y(s) / Male	Collected On	: 16-01-2025 14:14	
Phone	: +919110339394	Received On	: 16-01-2025 14:14	
Ref.Dr.	: -	Reported On	: 16-01-2025 15:24	
Req.No	: WEL343029			
Report Status	- 2500037726			

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Urea, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Blood Urea	: 22	mg/dL	[7-43]

Method : GIDH Kinetics

Reference :Beckman kit Insert.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma

Consultant Pathologist



Processing Location :

7-I-27/2 & 7-I-27/C/1 to 12, Leelanagar, Amaravati, Andhra Pradesh, 500016
www.avswellness.com | info@avswellness.com

Client	: AVS Wellness Hospitals	Sample Type	: WHOLE BLOOD ED Scan to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 16-01-2025 13:50
Age / Gender	: 62 Y(s) / Male	Collected On	: 16-01-2025 14:14
Phone	: +919110339394	Received On	: 16-01-2025 14:14
Ref.Dr.	: -	Reported On	: 16-01-2025 14:43
Req.No	: WEL343029		
Report Status	: Final		



Reference : Dacie and Lewis Practical Hematology, 12th Edition

Note : These results are generated by a fully automated hematology analyzer and the differential count is done on a peripheral smear.

Method:

Fully automated haematology analyzer (Beckman Coulter DxH 800) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy)

Note :- Suggested Clinical Correlation *

End Of Report


Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist


Dr.Vaddi Saran
Consultant Pathologist


Dr.Hariharan
Consultant Pathologist



AVS
WELLNESS
HOSPITAL

HOSPITALS
(A Unit of Swasth Medical Associates)

Processing Location:

7-1-27/2 & 7-1-27/C/1 to 12, Leelanau

Client	: AVS Wellness Hospitals	(A Unit Of AVS Group)
Patient Name	: Mr.Udari Rajesham - LH0037249	Scan to Validate
Age / Gender	: 62 Y(s) / Male	Sample Type : Serum
Phone	: +919110339394	Registered On : 16-01-2025 13:50
Ref.Dr.	:	Collected On : 16-01-2025 14:14
Req.No	: WEL343029 - 2500037726	Received On : 16-01-2025 14:14
Report Status	: Preliminary	Reported On : 16-01-2025 15:24

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Liver Function Test (LFT)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin <i>Method : DPD</i>	: 0.54	mg/dL	0.3-1.2
Direct Bilirubin <i>Method : DPD</i>	: 0.10	mg/dL	<0.2
Indirect Bilirubin <i>Method : Calculated</i>	: 0.44	mg/dL	0.0-0.9
SGPT / ALT <i>Method : IFCC without Pyridoxal Phosphate</i>	: 23	U/L	0-50
AST/SGOT <i>Method : IFCC without Pyridoxal Phosphate</i>	: 14	U/L	0-50
Alkaline Phosphatase <i>Method : IFCC AMP-Buffer</i>	: 183	IU/L	30-120
Total Protein (TP) <i>Method : Biuret</i>	: 6.5	g/dL	6.6-8.3
Albumin <i>Method : Bromocresol Green (BCG)</i>	: 3.7	g/dL	3.5-5.2
Globulin <i>Method : Calculation</i>	: 2.8	g/dL	1.8-3.8
A/G Ratio <i>Method : Calculated</i>	: 1.32		0.9-1.8

References: Beckman kit Insert and Tietz fundamentals of clinical chemistry

Note :- Suggested Clinical Correlation *

"End Of Report"

Pr.(Wg.Cdr) Shruthi Sharma

Consultant Pathologist



**AVS WELLNESS
HOSPITALS**

7-1-27/2 & 7-1-27/C/1 to 12, Leelamandir, Kothapet, Hyderabad, Telangana 500016.
(A Unit of Swasth Medical Associates)

Processing Location :	7-1-27/2 & 7-1-27/C/1 to 12, Leelamandir, Kothapet, Hyderabad, Telangana 500016.		
Client :	AVS Wellness Hospitals	Sample Type :	Serum
Patient Name :	Mr.Udai Rajesham - LH0037249	Registered On :	17-01-2025 00:16
Age / Gender :	62 Y(s) / Male	Collected On :	17-01-2025 05:31
Phone :	+919110339394	Received On :	17-01-2025 05:32
Ref.Dr. :	-	Reported On :	17-01-2025 06:07
Req.No :	WEL343232 - 2500038499	Scan to Validate	
Report Status :	Final		

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Electrolytes, Serum

Sodium, Serum	: 140.7	mMol/L	136-146
<i>Method : ISE Direct</i>			
Potassium, Serum	: 4.35	mMol/L	3.5-5.1
<i>Method : ISE Indirect</i>			
Chlorides, Serum	: 106.4	mMol/L	101-109
<i>Method : ISE Indirect</i>			

Reference: Teitz Text Book of Clinical Chemistry.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist



WELLNESS

HOSPITALS

(A Unit of Swasth Medical Associates) www.lhdiagnostics.com

Present Location:

14-27/2 & 14-27/01 to 12, Leclane

Date : 16/01/2025
 Patient Name : Mr.Udaipur Rajesham - LH0037249
 Age / Gender : 62 Year / Male
 Phone : +919110099996
 Ref ID : WEL1549029 - 2500037726
 Report Status : Final

Sample Type : Serum
 Registered On : 16-01-2025 13:50
 Collected On : 16-01-2025 14:14
 Received On : 16-01-2025 14:14
 Reported On : 16-01-2025 15:24

Scan to Validate



DEPARTMENT OF SEROLOGY

HIV I & II Antibody Rapid

HIV 1 Rapid,
 Method: Trizol Assay : Non Reactive
 HIV 2 Rapid,
 Method: Trizol Assay : Non Reactive

Interpretation:**NOTES:**

- 1) This is a screening assay. All reactive results should be further confirmed by other supplementary methods like Western Blot / HIV-RNA PCR.
- 2) A non reactive result does not exclude the possibility of HIV infection as levels of HIV- antibodies may be undetectable in the window period.
- 3) The results must be clinically correlated by the treating physician.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist

Dr.Hariharan

Consultant Pathologist



Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist



DEPARTMENT OF CARDIOLOGY

CORONARY ANGIOPLASTY REPORT

NAME : Mr. Udari Rajesham

Age/Sex : 62 Y/M

IP NO : 25005058

Cath No : 3124

Date : 16/01/2025

Operators : Dr. Sai Sudhakar

Diagnosis : Acute Coronary Syndrome, Mild LV Systolic Dysfunction.

Consultant : Dr. Sai Sudhakar (CONSULTANT INTERVENTIONAL CARDIOLOGIST)

PROCEDURE : PTCA + 2 Stents to RCA.

APPROACH : Right Femoral Artery 7Fr.

CATHETER USED : JR 3.5 Guiding Catheter.

STENT : 3.5 x 38 mm Promus Premier (Proximal RCA), 3.0 x 12 mm Promus Premier (Mid RCA).

RCA was hooked with JR 3.5 6Fr Guiding Catheter through Right Femoral approach. RCA Lesion was crossed with Runthrough PTCA guide wire, Then Proximal Lesion was Stented with 3.5 x 38 mm Promus Premier at 11 atm for 30 secs, Then Mid RCA Lesion was Stented by Overlapping with Proximal Stent with 3.0 x 12 mm Promus Premier at 11 atm for 30 sec, No Post-dilation done as Stent expanded well, No Dissection / Perforation. TIMI III flow Achieved.

Dr. Sai Sudhakar

CONSULTANT INTERVENTIONAL CARDIOLOGIST
MD, DM, FRCP (Edin), FACC (U.S.A)

DEPARTMENT OF CARDIOLOGY

CORONARY ANGIOPLASTY REPORT

NAME : Mr. Udari Rajesham

Age/Sex : 62 Y/M

IP NO : 25005058

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Dr. Sai Sudhakar

CONSULTANT INTERVENTIONAL CARDIOLOGIST

MD, DM, FRCP (Edin), FACC (U.S.A)

AVS
WELLNESS

HOSPITALS

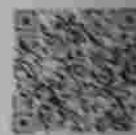
(A Unit of Swasth Medical Associates)

Processing Location :

7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar, Hyderabad - 500056

Client : AVS Wellness Hospitals
 Patient Name : Mr.Udari Rajesham - LH0037249
 Age / Gender : 62 Y(s) / Male
 Phone : +919110339394
 Ref.Dr. :
 Req.No. : WEL343029 - 2500037727
 Report Status : Preliminary

Sample Type : Plasma - R Scan to Validate
 Registered On : 16-01-2025 13:50
 Collected On : 16-01-2025 14:14
 Received On : 16-01-2025 14:14
 Reported On : 16-01-2025 15:24



DEPARTMENT OF CLINICAL BIOCHEMISTRY

Glucose, (RBS)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Random Plasma Glucose (RBS)	: 211	mg/dL	Normal : 70-140 Impaired Glucose Tolerance : 141-199 Diabetes : >=200

Interpretation: Criteria for diagnosis of Diabetes mellitus.

Random plasma glucose ≥ 200 mg/dL in a patient with classic symptoms of hypoglycemia.

Reference: American Diabetes association guidelines 2021.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma

Consultant Pathologist



Processing Location :

7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar, Ameerpet, Hyderabad - 500016

Client	: AVS Wellness Hospitals	Sample Type	: WHOLE BLOOD EDTA to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 16-01-2025 13:50
Age / Gender	: 62 Y(s) / Male	Collected On	: 16-01-2025 14:14
Phone	: +919110339394	Received On	: 16-01-2025 14:14
Ref.Dt.	: -	Reported On	: 16-01-2025 14:43
Req.No.	: WEL343029		
Report Status	: Final		

DEPARTMENT OF HAEMATOLOGY

Complete Blood Picture (CBP)

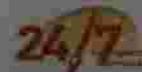
TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	: 14.8	g/dL	13.0-17.0
<i>Method : Non-Cyanide Photometric Measurement</i>			
HCT/Haematocrit	: 45.8	%	40.0-50.0
<i>Method : Calculated</i>			
RBC Count	: 4.73	millions/cumm	4.5-5.5
<i>Method : Electrical Impedance</i>			
MCV	: 97.0	fL	83.0-101.0
<i>Method : Calculated</i>			
MCH	: 31.3	pg	27.0-32.0
<i>Method : Calculated</i>			
MCHC	: 32.2	g/dL	31.5-34.5
<i>Method : Calculated</i>			
RDW-CV	: 12.8	%	11.6-14.0
<i>Method : Calculated</i>			
RDW-SD	: 42.0	fL	39-46
<i>Method : Calculated</i>			
MPV	: 9.3	fL	7.40-10.40
<i>Method : Calculated</i>			
Platelet Count	: 2.04	lakhs/cmm	1.50-4.10
<i>Method : Electrical Impedance</i>			
Total WBC Count	: 10600	Cells/cmm	4000-11000
<i>Method : Electrical Impedance</i>			
Differential Count			
(Method:VCS/Leishman Stain/Microscopy)			
Neutrophils	: 66	%	40-80
Lymphocytes	: 26	%	20-40
Monocytes	: 06	%	2-10
Eosinophils	: 02	%	1-6
Basophils	: 00	%	0-1

PERIPHERAL BLOOD PICTURE

RBC	: Normocytic Normochromic
WBC	: Normal in morphology and distribution
Platelets	: Adequate

Print Date : 17-01-2025 09:22

Page 6 of 10





Processing Location : 7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar, Ameerpet, Hyderabad, Telangana 500016
Email : wellness@avswellness.com

Chnl	: AVS Wellness Hospitals	Sample Type	: Serum	Scan to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 16-01-2025 13:50	
Age / Gender	: 62 Y(s) / Male	Collected On	: 16-01-2025 14:14	
Phone	: +919110339394	Received On	: 16-01-2025 14:14	
Ref.Dr.	:	Reported On	: 16-01-2025 15:24	
Req.No	: WEL343029			
Report Status	: Final			

DEPARTMENT OF SEROLOGY

Hepatitis C Virus Antibody (Anti HCV) Rapid

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Hepatitis C Virus Rapid	: Non Reactive	NA

Method : Immunoassay/Assay

Interpretation:

Notes:

- 1) A non reactive result does not exclude the possibility of infection with HCV.
- 2) This is a screening test only. All test results need to be confirmed by supplementary methods like HCV RNA detection assay.
- 3) The results must be clinically correlated by the treating physician.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist

Dr.Hariharan
Consultant Pathologist

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist



AVS
WELLNESS
HOSPITALS

7-1-27/2 & 7-1-27/C/1 to 12, Leelam Hospital, Hyderabad, Telangana 500016
(A Unit of Swasth Medical Associates)

Processing Location :

7-1-27/2 & 7-1-27/C/1 to 12, Leelam

Client	: AVS Wellness Hospitals	Sample Type	: WHOLE BLOOD EDTA to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 17-01-2025 00:16
Age / Gender	: 62 Y(s) / Male	Collected On	: 17-01-2025 05:26
Phone	: +919110339394	Received On	: 17-01-2025 05:27
Ref.Dr.	: -	Reported On	: 17-01-2025 05:38
Req.No.	: WEL343232		
Report Status	: Final		



Reference : Dacie and Lewis Practical Hematology, 12th Edition

Note : These results are generated by a fully automated hematology analyzer and the differential count is done on a peripheral smear.

Method:

Fully automated haematology analyzer (Beckman Coulter DxH 800) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy)

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist

Dr.Vaddi Saran
Consultant Pathologist

Dr.Hariharan
Consultant Pathologist



Processing Location : 7-1-27/2 & 7-1-27/C/1 to 12, Leelana

WELLNESS HOSPITALS
WELLNESS HOSPITALS, Hyderabad, Telangana 500016
Email: wellness@luciddiagnostics.com

(A Unit of Swasth Medical Associates)

Client	AVS Wellness Hospitals		
Patient Name	Mr.Udari Rajesham - LH0037249		
Age / Gender	: 62 Y(s) / Male	Sample Type	: WHOLE BLOOD EDTA to Validate
Phone	: +919110339394	Registered On	: 17-01-2025 00:16
Ref Dr.	:	Collected On	: 17-01-2025 05:26
Req.No	: WEL343232	Received On	: 17-01-2025 05:27
Report Status	: Final	Reported On	: 17-01-2025 05:38

DEPARTMENT OF HAEMATOLOGY

Complete Blood Picture (CBP)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	: 14.8	g/dL	13.0-17.0
<i>Method : Non-Cyanide Photometric Measurement</i>			
HCT/Haematocrit	: 46.4	%	40.0-50.0
<i>Method : Calculated</i>			
RBC Count	: 4.80	millions/cumm	4.5-5.5
<i>Method : Electrical Impedance</i>			
MCV	: 96.6	fL	83.0-101.0
<i>Method : Calculated</i>			
MCH	: 30.9	pg	27.0-32.0
<i>Method : Calculated</i>			
MCHC	: 32.0	g/dL	31.5-34.5
<i>Method : Calculated</i>			
RDW-CV	: 13.2	%	11.6-14.0
<i>Method : Calculated</i>			
RDW-SD	: 43.3	fL	39-46
<i>Method : Calculated</i>			
MPV	: 8.9	fL	7.40-10.40
<i>Method : Calculated</i>			
Platelet Count	: 1.92	lakhs/cmm	1.50-4.10
<i>Method : Electrical Impedance</i>			
Total WBC Count	: 11000	Cells/cmm	4000-11000
<i>Method : Electrical Impedance</i>			

Differential Count

(Method:VCS/Leishman Stain/Microscopy)

Neutrophils	: 83	%	40-80
Lymphocytes	: 10	%	20-40
Monocytes	: 06	%	2-10
Eosinophils	: 01	%	1-6
Basophils	: 00	%	0-1

PERIPHERAL BLOOD PICTURE

RBC	: Normocytic Normochromic
WBC	: Relative Neutophilia,
Platelets	: Adequate

Print Date : 17-01-2025 08:40

Page 4 of 5



Processing Location : 7-1-27/2 & 7-1-27/C/1 to 12, Leelanagar

Ameerpet, Hyderabad, Telangana 500016
www.wellnesslucidiagnostics.com

(A Unit of Swasth Medical Associates)

Client	: AVS Wellness Hospitals	Sample Type	: Serum	Scan to Validate
Patient Name	: Mr.Udari Rajesham - LH0037249	Registered On	: 16-01-2025 13:50	
Age / Gender	: 62 Y(s) / Male	Collected On	: 16-01-2025 14:14	
Phone	: +919110339394	Received On	: 16-01-2025 14:14	
Ref.Dr.	:	Reported On	: 16-01-2025 15:24	
Req.No	: WEL343029			
Req.No	- 2500037726			
Report Status	: Final			

DEPARTMENT OF SEROLOGY

Hepatitis B surface Antigen (HBsAg) Rapid

Hepatitis B surface Antigen (HBsAg) Rapid : Negative NA

Method: Immunoassay

Interpretation:

Notes:

- 1) This is a screening test only. The test results need to be confirmed with supplementary tests like HBV serological profile or HBV-DNA PCR.
- 2) A negative test does not exclude the possibility of HBV infection.
- 3) The results must be clinically correlated by the treating physician.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist

Dr.Hariharan

Consultant Pathologist



Dr.(Wg Cdr) Shruthi Sharma
Consultant Pathologist



DIABETIC CHARTS

Name of the Patient:

Rajesham

Consultant: Dr. Parvin

Age: 62Y

Sex: M

Ward: 6A

IP No: 5247

Date	Time	Blood Sugar	Ketone	Insuline Dose	Signature
17/1/25	8 AM	281 mg/dl	-	-	Parvin
	2 PM	160 mg/dl	-	-	Parvin
18/1/25	7 AM	201 mg/dl	-	4 U	Dinkar
	1 PM	119 mg/dl	-	-	Dinkar
	7 PM	327	-	10 U HAT	Sai
18/1/25	7 AM	201 mg/dl	-	4 U	Parvin
	1 PM	125 mg/dl	-	6 U	Parvin



7-1-27/2 & 7-1-27/C/1 to 12,
Lal Bungalow, Ameerpet,
Hyderabad - 500016
Cell : 9100020100
www.wellnesshospitals.in

IV FIXATION

Date	Starting Time	Stopping Time
12/12/25	12:10 PM	
12/12/25		1:15PM

STOMACH WASH

FOLEY'S CATHETERIZATION

Date	Time	Procedure

PHYSIOTHERAPY

Symptom

RYLES TUBE		
Date	Time	Procedure

SPECIAL PROCEDURES

BLOOD TRANSFUSION



7-1-27/2 & 7-1-27/C/1 to 12,
Lal Bungalow, Ameerpet,
Hyderabad - 500016
Cell : 9100020100
www.wellnesshospitals.in



MONITOR

Date	Starting Time	Stopping Time
16/11/25	12:00 PM	
18/11/25		1:15 pm

OXYGEN

VENTILATOR

NEBULIZATION

DRESSINGS / PROCEDURE

RESPIRATORY