VINS

1797-32

PATIENT ADMISSION SHEET

HUID NO:VN4160	IPD NO:I20162776
Patient Name:JAYNTIBHAI M SURTI	
Address: RADHA SWAMI ,B/H RANGOLI RESTORENT	
City:FATEGUNJ,VADODARA-	Admission Date:10/03/2017,01.42
Phone:,9879650100 / 9408349228 2793150	Patient Type:PAID
Gender/Age: Male / 74 Yrs	MLC: Yes / No (Tick any ONE)
Consultant: DR.RS/DR.AV/DR.S.B	Referred By: DIRECT
Category:ICU-ICU	Class:ICU As Recovery on 30/3/17
Room No /Bed No:ICU-303	ICD CODE: As Semi Ae on 31/3/17

Provisional Diagnosis:

Exists in c/o MYASTHENEA GRAVIS /DM/HTN

Final Diagnosis: Hypothyroidism.

do

Operative Details:

NO.	Date/Time	Procedure	Surgeon	Anesthetist
1.	17/3/17 8.30pm	Tracheostomy	[illegible]	[illegible]

E13P18B051714D26

Patient Transfer Detail

NO.	Ward Name	Transfer Date/Time	Transfer Ward	Nurse Name
1)	ICU 302	@ 17/3/17 8 pm	OT	[illegible]
2)	OT-2	17/3/17 at 8:30 pm	ICU	[illegible]
3)	ICU-302	to Rec-4 on 30/3/17 at 12 mn		[illegible]
4)	ICU Rec-4	to ward 304 31/3/17 at 4pm		Fatma

Pt Discharge on 2/4/17 at 5 pm

Checked By:

Vadodara Institute of Neurological Sciences
99, Urmi Society, Opp. Havell, Productivity Road, Vadodara-7 (Guj.), INDIA
+91-265-2323778, 2331343, 2341787 +91 99789999 40 mail@vinshospital.com www.vinshospital.com

MLC HISTORY

H/O:

Date:
Time:
Place:
Primary Treatment - Name of Place:

Injuries:

1.
2.
3.
4.
5.
6.
7.
8.

Informant - Name:	Brought By - Name:
Age/Sex:	Age/Sex:
Address:	Address:

Prepared By: RMO Name:

RMO Signature:

DISCHARGE SUMMARY

Patient Name:JAYANTIBHAI M SURTI		Ipd No :i20162776
Age/Sex :74 Years/Male		UHID No :VN4160
Ref By :DIRECT		Cons. Dr.: DR.RS/DR.AV/DR.S.B
Address :RADHA SWAMI ,B/H RANGOLI RESTORENT ,FATEGUNJ, VADODARA		
Admission Date:10/03/2017	Operation Date : 17/03/2017	Discharge Date:02/04/2017

DIAGNOSIS:
Myasthenic Crisis. Hypothyroidism. Diabetes Mellitus. Hypertension.

ICD CODE: G70

OPERATION PERFORMED:
Tracheostomy

CONSULTANTS INVOLVED:
: DR.RS/DR.AV/DR.S.B
: DR.M.M/S.N/V.M/R.J

ANAESTHESIOLOGIST:
Dr.Amit Shah

CLINICAL HISTORY:
Complaints of difficulty in breathing 3 days before the day of admission
Complaints of drooping of left eye.
Known case of Myesthenia Gravis. Hypertension. Diabetes Mellitus. Hypothyroidism.

O/E
TPR - N/90/REG
BP-130/90 mm of Hg.
Conscious oriented.
Bilateral ptosis.
Fatiguable weakness of limbs.

INVESTIGATION:
HB-11.4/ 9.9/11.0, TC-11,300/11,100/12,000, PLT-5.38/3.41/5.4,
NA-132/127, K-6/4.7/4.3/3.4/4.9/4.9, CL-89, CL-25
UREA-28, CREAT-1.2/0.8, HIV-NR, HBSAG-NR, HCV-NR.
CPK MM -398, CRP-92.1/ 12.7

ECHO- LV EF-55-60%, NO RWMA.

COURSE IN HOSPITAL:
This patient who presented in myasthenic crisis was given IVIg 2g/kg over 5 days. Oral prednisolone dose was escalated to 60 mg per day. Azathioprine 100 mg per day was continued. Pyridostigmine dose was titrated. Patient had to be put on mechanical ventilator for respiratory assistance. Patient was gradually weaned from ventilator as his condition improved. At discharge patient is hemodynamically stable has occasional respiratory discomfort and is able to swallow.

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TREATMENT ON DISCHARGE:
FULL DIET ADD SRD
TAB.OMNACORTIL [40MG] ORAL 11/2---0---0 X TO CONTINUE [8AM]
TAB.GRAVITOR [60MG] ORAL 1---1---1---1 X TO CONTINUE [6AM---12PM---6PM---12PM]
TAB.AZORAN [50MG] ORAL 1---0---1 X TO CONTINUE [8AM---8PM]
TAB.ECOSPRIN [150MG] ORAL 0---1---0 X TO CONTINUE [2PM]
TAB.IMDUR ORAL 0----1---0 X TO CONTINUE [2PM]
TAB.THYRONORM [25MCG] ORAL 1---0---0 X TO CONTINUE [6AM]
TAB.GLYCOPYROLATE [1MG] ORAL 1---0---0 X 10 DAYS [10AM]
TAB.PANTOCID [40MG] ORAL 1---0---1 X 10 DAY [8AM---8PM]
SYP. MUCAIN GEL [10ML] 1 SOS.

PREVENTIVE ASPECT:
Monitor blood sugar.
Continue regular medication.

FOLLOW-UP:
AFTER 10 DAYS WITH PRIOR TELEPHONIC APPOINTMENT. EARLIER SOS.
Plan to increase dose of Azoran in follow up.

NOTE:
In any case of emergency please contact on phone:0265-2331343.

DR.RS/DR.AV/DR.S.B.

DR. MUKESH SHAH
M.D.(D.M.)
REG. NO. 22734
2/4/17
5pm

DR.JYOTI
Physician Assistant

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99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

COUNSELING FORM

Name of the Patient :

D.O.A. : ____/____/____

Date	Time	Remarks	Counselor	Sign of Relatives / Relation
10/3	11 am	Pt condition explained to Pt relatives	Dr. RS/AV/SB	Hemant Surti Son
12/3	10am	Pt condition explained to relatives	Dr. RS/AV/SB	Hemant Surti Son
13/3	10 AM	Pt condition explaining to relatives	DR RS/AV/SB	Hemant Surti - Son
14/3	10am	Pt condition explain to relatives.	DR. RS AV.	Hemant Surti Son
15/3	10am	Pt condition explain to relatives.	DR. Nayan	Hemant Surti Son

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Ph. : (0265) 2331343 Mobile :9978999940

COUNSELING FORM

Name of the Patient :

D.O.A. : ____/____/____

Date	Time	Remarks	Counselor	Sign of Relatives / Relation
16/3	10am	pt condition explain to relatives.	DR. RS AV.	Hemant Sushi Son
17/3/17	11am	pt Condition explain to relatives.	DR. RS	Hemant Sushi Son
18/3/17	11 Am	Patient condition explain to Relative	DR. RS	Son Hemant Sushi
19/3/17	11AM	Patient's condition explained to relatives	Dr RS	Son Hemant Sushi
20/3/17	10AM	Patient's condition explained to relatives.	Dr RS/AV	Son Hemant Sushi

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COUNSELING FORM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Name of the Patient :

D.O.A. : 10 / 3 / 2012

Date	Time	Remarks	Counselor	Sign of Relatives / Relation
26/3/17	12pm	Pts condition explain to Relative	DR S B	Hemant Surti - Son
27-3-17	11AM	Patients condition explained to relatives	Dr RS AV SB	Hemant Surti - Son
29/3/17	5.30pm	Pt condition Explained to relatives	RS AV SB	
30/3/17		Pt's Condition explained to Relative	Dr R.S./S.B	

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COUNSELING FORM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Name of the Patient :

D.O.A. : 10 / 3 / 17

Date	Time	Remarks	Counselor	Sign of Relatives / Relation
21-3-17	10Am	Patient's condition explained to relatives.	Dr RS.	
22/3/17	5 Pm	Pt's Condition explained to Relative	Dr R.S.	
23/3/17	10Am	Pt's Condition explained to Relative	Dr. R.S.	Hemantbhai Son
24/3/17	11:30 AM	Pt condition explained to relatives	Dr SB/AV	Dipika H Surti.
25/3/17	11:30 am	Pt condition explained to relatives	Dr AV/SB	Vipul Surti.

VINS	સામાન્ય સંમતી પત્રક	DOC NO. F/IPD/46 REV. NO. 0.0 W.E.F. 15-01-2015

દાખલ થયાની તારીખ : 10-3-2017

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

દર્દી વિશે જે પણ માહીતી આપવામાં આવેલ છે, જે મારા દ્વારા ચકાસેલ છે અને સત્ય છે.

હું/અમે, મને/મારા સંબંધીને ICU- 303 માં દાખલ કરવા સહમત છીએ.

હું/અમે, મને/મારા સંબંધીને ડૉ. R.S. ની દેખરેખ હેઠળ દાખલ કરવા અને સારવાર કરાવવા માટે સહમત છીએ.

સારવાર અને માહીતી આપવા માટેની સામાન્ય સંમતી

૧. <u>નાણાકીય જવાબદારી અને અન્ય લાભ :</u>

- TPA કંપનીનું નામ_____ જે મારા દ્વારા ચકાસેલ છે.
- મને હોસ્પિટલના નિતી નિયમો અને બિલીંગ સંબધીત માહીતી આપવામાં આવેલ છે અને મને તે સ્વીકાર્ય છે.
- હું, મને દાખલ થતી વખતે જણાવવામાં આવેલી રકમ, રોજની સારવાર માટે થતો ખર્ચ તથા અંતિમ બીલ ભરવાની બાંહેધરી આપું છું.
- મને જણાવેલ છે કે ડૉકટરની મુલાકાત ફી, શસ્ત્રક્રીયા ખર્ચ અને ભાડું વર્ગ પ્રમાણે અલગ હશે અને જો તે અંગે કોઈ ફેરફાર થશે તો તેને સંબંધીત ખર્ચમાં પણ બીલીંગ નિયમો અનુસાર ફેરફાર થશે જે મને સ્વીકાર્ય છે.
- હું તબીબી સેવાઓ અને મેડીકલ સેવાઓનાં બીલની ભરપાઈ કરવાના મારા તમામ હકો હું તૃતીય પક્ષ વ્યવસ્થાપકને આપું છું અને જો તૃતીયપક્ષ વ્યવસ્થાપક આમ કરવામાં અસમર્થ રહેશે તો તેની ભરપાઈ હું કરીશ. હું તૃતીય પક્ષ વ્યવસ્થાપકને હોસ્પિટલને મેં/મારા સગાએ લીધેલ સારવારનાં સંદર્ભમાં થયેલ ખર્ચની ભરપાઈ કરવા સંમતી આપું છું અને ખાત્રી આપુ છું કે દર્દી અને તૃતીય પક્ષ વ્યવસ્થાપક વિશે જે માહીતી આપી છે તે મારી જાણ મુજબ સાચી છે.
- હું એવા તમામ ખર્ચની ભરપાઈ કરવા સંમતી આપું છું કે જેનો સમાવેશ વિમા કંપની કે તૃતીય પક્ષ વ્યવસ્થાપકના નિયમો અંતર્ગત થતો નથી અને વિમા કંપની કે તૃતીય પક્ષ વ્યવસ્થાપક દ્વારા ભરપાઈ કરેલ અથવા ભરપાઈ કરવાની બાહેદારી ઉપરાંત નિકળતી રકમ ભરવાની પણ ખાત્રી આપું છું.

૨. <u>તબીબ સારવાર અને માહીતી :</u>

- હું હોસ્પિટલ , ડોકટર અને નર્સીંગ સ્ટાફને દર્દી ને જરૂરી સારવાર માટે બધા જરૂરી ડાયગ્નોસ્ટિક, રેડીયોલોજીકલ અથવા જરૂરી અન્ય ડોકટરની સલાહ લેવા માટે જરૂરી દવાઓ, બોટલ ચઢાવવી, લોહી અથવા લોહી તત્વો આપવાની વગેરે , જે પણ જરૂરીયાત હોય તે કરવાની સંમતી આપું છું.
- હું હોસ્પિટલમા મારી /મારા સગાની સારવાર દરમીયાન (શસ્ત્રક્રીયા તથા એનેસ્થેશીયા સહીત) થયેલ અનીચ્છનીય બનાવ માટે હોસ્પિટલ , હોસ્પિટલના તબીબો, પેથોલોજીસ્ટ , રેડીયોલાજીસ્ટ અને કર્મચારીઓને જવાબદારીમાંથી મુકત કરુ છું. હું ખાત્રી આપું છું કે મેં ડોકટરને મારી પાછલી બિમારી , એલર્જી, દવાથી થતી એલર્જી, શસ્ત્રક્રીયા અને મારી સારવાર માટે જરૂરી બધી માહીતી આપેલ છે. હું મારા થકી થયેલ ભૂલ વિશે હોસ્પિટલ તથા ડોકટરને જવાબદાર ગણીશ નહી.
- હું હોસ્પિટલ શત્તાધીશોને સારવાર દરમીયાન કાઢવામાં આવેલા શરીરનાં કોઈપણ કોષ કે અંગોનો જરૂરી નિકાલ કરવાની સંમતી આપું છું.
- હું હોસ્પિટલને મારી ઓળખ છતી ન થાય એ રીતે મારી સારવાર દરમીયાન લીધેલ ચિત્રો અને વર્ણાત્મક માહીતી વૈજ્ઞાનીક, તબીબ અથવા શૈક્ષણીક હેતુઓ માટે પ્રકાશન કરવાની સંમતી આપું છું.
- મારી સારવાર દરમીયાન કોઈપણ સમયે, જો ડોકટરને જરૂરી લાગેતો બીજી હોસ્પિટલમાં સારવાર કરાવવા માટે સંમતી આપુ છું. (જો મારા ડોકટરને મારા સાજા થવા માટે જરૂરી લાગે તો)

૩. <u>સામાન્ય નિયમો અને બંધનો :</u>

- મેં સંપુર્ણપણે હોસ્પિટલનાં નિયમો અને કાયદાઓ સમજી લીધાં છે અને તેનું પાલન કરવા હું સહમત છું
- મેં સંપુર્ણપણે દર્દીનાં હક અને ફરજો સમજી લીધા છે અને તેનું પાલન કરવા હું સહમત છું.

ઉપરયુકત વિગતો મને સમજાય એવી ભાષામાં સમાજાવામાં આવેલ છે અને એને સંપુર્ણ પણે સમજ્યા બાદ હું મારી સભાન અવસ્થામાં, સ્વતંત્ર રીતે સંમતી પત્રકમાં સહી કરી રહયો છું.

	નામ	સહી	તારીખ	સમય
દર્દીનું નામ	JAYANTIBHAI M SURTI			
દર્દી નાં સગાનું નામ	HEMANT J SURTI		10/03/17	1:42
દર્દી સાથે સગપણ	SON			
દુભાષિયાનું નામ (જો જરૂરી હોય તો)	Sandip Kadam		10-3-17	1:42

Patient Information Form

Date . : 17/3/17 Time : 6pm

VINS

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F/IPD/02
CAL SCIENCES
ctivity Road,
78999940

દર્દી / દર્દી ના સંગાઓ દ્વારા ભરવાની પ્રશ્નોતરી

૧) શું તમને ચાલતી વખતે અથવા કામ કર્યા પછી છાતીમાં દુખેછે કે શ્વાસ લેવામાં તકલીફ પડે છે ? હા / ના
૨) શું તમે ભૂતકાળમાં હાય બ્લડપ્રેશનર, હૃદયરોગ અથવા એન્જાઈનાથી પીડાતા હતા ? હા / ના
૩) શું તમને ભૂતકાળમાં અથવા હાલ કોઈ મોટી બીમારી માટે સારવાર કરવામાં આવી છે ? હા / ના
જો હા તો તેની વિગત .....
૪) શું તમે જ્ઞાનતંતુની ખામી અથવા પેરાલીસીસથી પીડાતા હતા ? હા / ના
૫) શું તમે લોહી અકારણ વહી જવું કે ગંઠાઈ જવું અનુભવ્યું છે ? હા / ના
૬) શું તમે ડાયાબિટીસ માટેની સારવાર લીધી છે ? હા / ના
૭) શું તમને અલસર / હાયપરએસિડીટી થઈ હતી ? હા / ના
૮) શું તમે કોઈ પ્રકારની એલર્જી અથવા ડ્રગ હાયપરસેન્સિટીવીટીથી પીડાવ છો ? હા / ના
૯) શું તમને દમ / અસ્થમા થયો છે ? હા / ના
૧૦) શું ભૂતકાળમાં પેશાબ જતી વખતે તકલીફ પડતી હતી ? હા / ના
૧૧) શું ભૂતકાળમાં તમને કોઈ ઓપરેશન કરવામાં આવ્યું હતું ? હા / ના
જો હા તો તેની વિગત .....
અ) શું તમે એનેસ્થેટીક અથવા સર્જીકલ મુશ્કેલી / કોમ્પલીકેશન અનુભવ્યા હતા ? હા / ના
બ) શું તમને કયારેય લોહી આપવામાં આવ્યું હતું ? હા / ના
૧૨) તમે હાલમાં કોઈ દવાઓ લો છો ? હા / ના
જો હા તો તેની વિગત .....

Patient Information given by Patient himself / Relative of Patient

I) Do you get pain in Chest of breathlessness on walking or after exertion ? ✓Yes / No
ii) Have you suffered in past from high blood pressure, heart disease or angina ? ✓Yes / No
iii) Have you been treated in past or at present for any major illness ? Yes / No
If so Please Specify : .....
iv) Have you suffered from any nervous disorders convulsion or paralysis before ? Yes / No✓
v) Have you disorder of bleeding or clotting of blood ? Yes / No✓
vi) Have you have treated for Diabetes ? ✓Yes / No
Vii) Do you have history of Peptic Ulcer or hyper acidity ? Yes / No✓
viii) Do you Suffer from any allergy or drug hypersensitivity ? Yes / No✓
ix) Do You suffer form Asthma / Breathing difficulty ? ✓Yes / No
x) Have you had difficulty in passing urine in past ? Yes / No✓
xI) Have you been operated inpast ? Yes / No✓
If please specify : .....
a) Did you have any anesthetic or surgical complication ? Yes / No✓
b) Did you receive any blood transfusions ? Yes / No✓
xii) Are you taking any drugs at present ? ✓Yes / No
If ' yes' give details : .....

Name Of Pt's & Sign : Jayantibhai Surti, pt not able to sign

Name of Relative & Sign
(1) Hemant J Surti
(2) Dipika H. Surti Dhsurti.

એનેસ્થેસીયા વિષે માહિતી તથા સંમતિ

નાનામાં નાની ઈજા પણ દુઃખાવો આપે છે જ્યારે ઓપરેશન જેમાં કાપકૂપ કરવાની હોય છે તેમાં તો ચોકસપણે દુઃખાવો થાય જ. દર્દીને દુઃખાવો ન થાય તે માટે એનેસ્થેસીયા આપવામાં આવે છે. જેના લીધે દર્દી ઓપરેશન દરમયાન બેભાન / આરામ દાયક રહે છે. આ એનેસ્થેસીયા જનરલ, લોકલ અને રીજીયોનલ (શરીરના કોઈ એક ભાગ) હોઈ શકે છે.

જનરલ એનેસ્થેસીયા : આ એનેસ્થેસીયામાં દર્દીને ઓપરેશન પહેલા સંપૂર્ણપણે બેભાન કરવામાં આવે છે. આનાથી દર્દીને ઓપરેશન દરમ્યાન દુઃખાવો થતો નથી ઓપરેશન દરમ્યાન બનતા પ્રસંગો મોટાભાગે યાદ રહેતા નથી. આ એનેસ્થેશીયા નસ વાટે આપવામાં આવે છે અથવા મશીન માંથી દવાઓ નાક કે મોં વાટે સુંઘાડીને આપવામાં આવે છે.

રીજીયોનલ એનેસ્થેશીયા : આ એનેસ્થેશીયામાં જે ભાગે ઓપરેશન કરવાનું હોય તે ભાગ લોકલ એનેસ્થેટીક દવાનો ઉપયોગ કરીને બહેરો કરવામાં આવે છે. આ રીતના એનેસ્થેશીયામાં દર્દીને વધુ સમય સુધી ઓપરેશન પછી પણ દુઃખાવામાં રાહત મળે તે માટે ઓછી માત્રામાં લોકલ એનેસ્થેટીક અથવા દુખાવાની દવા કેથેટર વાટે પણ આપી શકાય છે. એનેસ્થેસીયા દર્દી નો શ્વાસોશ્વાસ, હૃદય, રકતવાહીનીઓ અને ચેતાતંત્ર ને અસર કરે છે. જ્યારે ઓપરેશનથી પણ દર્દીના શરીરમાં ફેરફાર થાય છે. એનેસ્થેશીયા આપનાર

ડૉકટર પોતાની વિશેષ આવડતથી અને આધુનિક સાધનોની મદદ વડે દર્દીનું ઓપરેશન અને એનેસ્થેશીયા દરમ્યાન રહેલા જોખમોથી દર્દીને સલામત રાખે છે.

જોખમો : – એનેસ્થેશીયાને લીધે મૃત્યુ કે કાયમી ખોડ જવલ્લેજ થાય છે.

સામાન્ય જોખમો (બધાં જ દર્દીઓ માટે)

(૧) નસમાં નાખેલ સોયની જગ્યાએ ઈન્જેકશનની જગ્યાએ સોજો કે ચકામો પડવો.
(૨) ઉબકા અને ઉલટી થવી. એનેસ્થેશીયા આપનાર ડૉકટર આ તકલીફને શકય હોય ત્યાં સુધી રોકે છે. અથવા તો તેનું નિયમન કરેછે.
(૩) એન્સ્થેશીયા માટે વાપરવામાં આવતા એનેસ્થટીક એજન્ટો અને ગળામાં નાખવામાં આવતી નળી ને લીધે ગળામાં સોજો આવી શકે છે. જેનાથી થોડાક સમય સુધી બોમવામાં કે થૂક ગળવામાં તકલીફ પડી શકે છે. આ તકલીફો થોડા સમય પછી ઓછી થઈ જાય છે.
(૪) સ્નાયુઓનો દુઃખાવો, માથું દુઃખવું તથા ઝાખું દેખાવું થોડાક સમય સુધી થઈ શકે છે.

અસામાન્ય જોખમો (બધાં જ દર્દીઓ માટે)

(૧) એનેસ્થેશીયામાં ઘણીવાર ઓપરાશન દરમયાન તથા કાર્યો વિશે દર્દી સભાન રહે છે. ઈમરજન્સી ઓપરેશનતેમજ અમુક ખાસ પ્રકારનાં ઓપરેશનોમાં આની શકયતા વધુ રહે છે.
(૨) આખમાં ઉજરડો પડવો કે આંખ લાલ થઈ શકે છે અને દુઃખાવો થાય જેની સારવાર લઈ શકાય છે.
(૩) દાંત કે દાંતને લગતી કરાવેલ સારવાર હોઠ તથા જીભને નુકશાન તેમજ ઈજા થઈ શકે છે.

ખૂબજ નહિવત જોખમો (બધાં જ દર્દીઓ માટે) આજોખમોમાં મૃત્યુ કે મગજ ને ઈજા થઈ શકે છે.

(૧) શ્વાસોશ્વાસના માર્ગમાં અવરોધ ઉભો થાય જેને તુરંત નિયંત્રિત ન પણ કરી શકાય. આનાથી શ્વાસ લેવામા ગંભીર તકલીફ પડી શકે. તેમજ કૃત્રિમ શ્વાસોશ્વાસ ની પણ જરૂર પડી શકે છે.
(૨) દવા ને લીધે એલર્જી ઉભી થાય તો તેનાથી શ્વાસ લેતી વખતે સસણી બોલતી તથ ચામડી પર લાલ ચકામાં થઈ શકે છે. જુજ કેસમાં બ્લડ પ્રેશરનું ઘટી જંવુ શરીર પર સોજા આવવા અને રૂધિરાભિસરણ નબળું થઈ શકે છે.
(૩) કોઈકવાર એનેસ્થેશીયાની દવા થી વારસાગત સ્નાયઓની સંવેદનશીલતાવાળા દર્દીને ખૂબ ઝડપથી વધારે તાવ આવવો, બ્લડ પ્રેશરનું વધી જવું ધબકારા વધવા, શ્વાસ ઝડપી લેવો, સ્નાયુઓ જકડાઈ જવા વગેરે થઈ શકે છે.
(૪) હાર્ટ એટેક અવવો, લકવો થવો, ન્યમોનિયા થવો વગેરે અસામાન્ય છે. પણ જે દર્દીઓને ધમનીના રોગો, ફેફસાનાં રોગો, માદક દ્રવ્યોનું સેવન અથવા તો ધુમપાનની ટેવ હોય તેમનામાં આ બંધુ થવાની શકયાતા વધારે રહેલી છે.

રીજયોનલ એનસેથેશીયા માં ઉપર બતાવેલ । જોખમો તેમજ કેટલાંક વધારાનાં જોખમો અને તેના પરિણામો નીચે મુજબ છે.

(૧) બહેરાકે સુના કરેલા હાથ કે પગનાં સ્નાયુઓની નબળાઈ આવવી, પોશાબ કરવામાં તકલીફ થવી વગેરે થઈ શકે છે. પરંતુ દવા ની અસર પુરી થતા આબધી તકલીફો દુર થઈ જાય છે. પરંતુ ત્યાં સુધી પેશાબ માટે કેથેટર રાખવું કોઈકવાર જરૂરી પડે છે.
(૨) માથાનો દુઃખાવો થોડા સમય માટે થાય છે. પણ ઘણીવાર બજ વધારે દિવસો સુધી રહી શકે છે.
(૩) ઈન્જેકશનની નજીકનાં અવયવો જેવા કે લોહીની નળીઓ અને ફેફસાંને ઈજા થઈ શકે છે. કમરમાં સોય અને ઈન્જેકશન (સ્પાઈનલ કે એપીડયુરલ) આપ્યા પછી કમરનો દુઃખાવો થઈ શકે છે. જે મટી જાય છે. પણ ઘણીવાર લાબો વખત સુધી રહી શકે છે.
(૪) ઈન્જેકશન આપેલ જગ્યાએ ચેપ લાગવો કે લોહી નીકળવાનું કે જામવાનું નહિવત જોખમ રહેલ છે. જેના માટે એન્ટીબાયોટીક કે ઓપરેશનની જરૂર પડી શકે છે.
(૫) ચેતાઓને ઈજા થવાથી લાંબા સમય માટે અશકિત, દુઃખાવો અને સંવેદનાં ગ્રહણ શકિતમાં ફેરફાર થવો તથા લકવો થઈ શકે છે. પરતું આ બધું ભાગ્યેજ જોવા મળે છે.

વ્યકિતગત જોખમો : દર્દી ને એનેસ્થેશીયા તથા ઓપરેશનનાં નીચે પ્રમાણેના જોખમો અને પરિણામોની શકયતાઓ રહેલી છે.

(૧) ..... (૨) ..... (૩) .....

– ઉપરોકત માહિતી ડૉકટર સાહેબે મને વિસ્તારથી સમજાવી છે. અને મારા સવાલેનાં સંતોષકારક જવાબ આપેલ છે
– હું જાણું છું કે મારી સાથે વાત કરનાર ડૉકટર સાહેબ સિવાયના અન્ય ડૉકટર સાહેબ પણ મને એનેસ્થેશીયા આપી શકે છે.
– તાત્કાલીક ઓપરેશન હા / ના આયોજીત ઓપરેશન હા / ના

ડૉ. સાહેબ નું નામ : ..... સહી. : ..... તારીખ : .....

દર્દી નું નામ : ..... સહી. : .....

સગાનું નામ (૧) : ..... સહી : ..... સગપણ : .....

(૨) : ..... સહી : ..... સગપણ : .....

તારીખ : ..... સમય : .....

નિષ્ણાંત એનેસ્થેસીયોલોજીસ્ટ ડૉકટરો, આધુનિક દવાઓ, પરિક્ષણ સાધનો (મોનીટર) તથા ટેકનોલાજી (આવડત) ને લીધે આજકાલ એનેસ્થેશીયામાં રહેલ જાખમો ઘણાં ઓછા થાય છે. અને એનેસ્થેસીયા સુરક્ષિત છે.

4160

VINS

Dr. Rakesh Shah
M.D.,D.M. (Neuro)
Consultant Neurophysician

8/10/16

Mr J. M Singh

No complaint

LFT / CBC

℞

(1) Tab Azaran (50) — 120

1 — 0 — 1

(2) B/P — 4-6 months

8/3/17

Stop Tulbovis - ASP

Ecospirin (150)

Adv

S/c of symptoms since 7 days

O/E drooping left eye

O/E B/L ptosis

(1) Tab Distonon (60)

1 — 1

(2) Tab Omnacortil (10mg)

1 — 0

(3) Tab Azaran (50)

1 — 0 — 1

(4) Tab Pantop (40)

1 — 0

IVIG / PLEX

If symptoms worsen

Review today

Vadodara Institute of Neurological Sciences
99, Urmi Society, Opp. Haveli, Productivity Road, Vadodara - 7 (Guj.), INDIA
+91-265-2323778, 2331343, 2341787, +91 99 78 99 99 40, mail@vinshospital.com, www.vinshospital.com

VINS

HISTORY FORM

DOC NO	:	F /IPD/30
REV NO	:	0.01
W.E.F	:	01-11-2014
PAGE NO.	:	01 to 02

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Chief complaints : C/o difficulty in breathing.
C/o cough

Patient History :
C/o diff in breathing x 2-3 days
C/o cough

Past History : K/c/o myasthenia / HTN / DM

In case of Road Traffic Accident : NA

Allergic History

Alleged History of Road Traffic Accident at

Place at am/pm on Date _____

*	H/O LOC	☐ Yes	☐ No
*	H/O ENT bleeding	☐ Yes	☐ No
*	H/O Seizures	☐ Yes	☐ No
*	H/O Vomiting	☐ Yes	☐ No

Vitals : **Pulse :** [illegible] **BP :** [illegible] **Temp:** [illegible] **RESP:** [illegible]

PAIN : ☐ Yes ☑ No

CNS : Conscious

PUPILS : Bilat

GCS - E 4 M 6 V 5

Cranial Nerves :

NAD

Motor Examination	Sensory Examination

no abnormality found

Reflexes :

	Biceps	Triceps	Supinator	Knee	Ankle	Hoffmann	FF
Right							
Left							

Plantars :

NAD

Romberg's

Gait :

VINS

Cerebellar signs : Truncal Appendicular Tandem Walking

Neck stiffness :

Diagnosis

M. gram

Treatment on Admission : / Plan of Care

1.
2. → As per chart
3.
4. → SOS IV/IM
5. → electrolytes
6.
7.
8.
9.
10.

Pre-Operative Assessment :

1.
2.

Operative Plan :

1.
2.

Consultant Vaishnav Neurosurgeon (U.S.A.)
DR. RAKESH SHAH
Reg (M.D.H.) 22734
Doctors Name REG. NO.
Date of Signature :
Time of Signature :

Physician Assistant

Name Signature of Doctor

Date . 10/3/19 Time.: 01/42

Brief Operative Note

Spine
- Intermuscular nerve root block
- Medial approach
- Medial opened
- 2 no pedicle tubercle
- Decompression
- Patient checked & clear
- Wound closed
- Tube fixed

Post Operative clinical status	Post Operative orders
Chk pt's Smart as expd	

Name & Signature of Surgeon

Date . 17/3/17 Time.: 8:30Am

ICU 303

VINS	PLAN OF CARE	DOC NO. F/IPD/48 REV. NO. 0.2 W.E.F. 31-01-2015

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

DIAGNOSIS: M. Gravis Exacerbation / Crises

PATIENT'S NEEDS AND TREATMENT GOALS : IVIg
Pustnon
steroids

TREATMENT PLAN : IVIg
As above
modifying
Disease (immunomodulating)
drugs

PREVENTIVE ASPECTS :

Dr. Anand Vaishnav
M.D. (Neurology, U.S.A.)
M. D. (Stroke Neurology, U.S.A.)
Consultant Stroke Neurologist
Reg No. 2...

Consultant's Sign

Anand Vaishnav
Consultant's Name

10/3/17, 11:45 pm
Date Time

VINS	PLAN OF CARE	DOC NO. F/IPD/48 REV. NO. 0.2 W.E.F. 31-01-2015

Progress: (Including Any Changes in Treatment Plan or Goal)

Progress	Consultant's Sign & Date
C. Medications	[illegible]

VINS	COMPLETE NURSING ASSESMENT	DOC NO. F/IPD/22 REV. NO. 0.1 W.E.F. 06-01-2015

Unit : ICU
Date : 10/3/17
Time : 2Am

ID Band No. : ☑ Yes ☐ No
Call Bell in Reach : ☐ Yes ☑ No
Hight : 160 Cm
Weight : 70 Kg.

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Allergies : Drug / Food / Other
No specific Allergy. Not known any specific allergy

History Informant : ☐ Patient : ☑ Other Relationship SON

Patient Arrived : ☐ Ambulatory ☑ Wheelchair ☐ Stretcher ☐ Other :

Patient Arrived From : ☑ Home ☐ OPD ☐ Other Hospital ☐ Other :

Vital Signs :

Temperature 98.6F °F (Oral, Rectal, Axillary, Tympanic)

Pulse 104b / min RR: 28b /min

Blood Pressure 180/110 mm Hg SpO2 94% Pain Yes / No. ✓

Activities of Daily Living

	Usual Level	Level on Admission	Score 10
Feeding	0	2	Level 0 - Independent, requires no Supervision, Assistance or teaching
Bathing	0	2	
Toileting	0	2	Level 1 - Requires supervision and / or teaching Level 2 - Requires at least minimum assistance from another person
General mobility /Gait	0	2	
Dressing / Grooming	0	2	Level 3 - Is dependent and does not participate

Patient Safery :

Fall Risk Assessment Scale (Pl. cirde whicvhever is applicable for Vulnerable Patient)

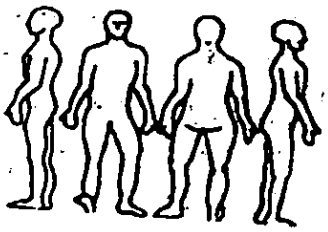
Confused-disoriented Hallucinating	20	Post-op Condition -Sedated	10	Narcotic, diuretics	10
Unstable gait, Weekness	20	Drug or alchol Withdrawal	10	Bowel,bladder urgency, incontinence	10
History of Syncope or Seizures	15	Use of Walker, Cane Crutches etc.	10	Age 60 more.	5
Recent Hx of falls	15	Postural hypo tension	10	Uncooperative, impaired judgement	5
Age 12 or younger	15	Poor eyesight	10	Language barrier	5
Paralysis, hemiplegia, Stroke	15	New medications (i.e Sedative antihypertensive)	15	Poor hearing	5

If the score is > 25, fall prevention to be initiated

Total Score 5

Relative Name : Hemant Surti
Relation : Son
Sign :

INDICATE FINDINGS DIAGRAM



B - Burn
S - Scar
L - Laceration
U - Ulcer
R - Rash

NUTRITIONAL SCREENING

VINS

Type of Diet : Veg /Jain / Non -Veg. (*Circle the score whichever is applicable)

Date of Screening 10/3/17

1	Has there been any unintentional weight loss in the last three months	
	❑ > 6Kgs.	3
	❑ 3 - 6Kgs.	2
	❑ 0 - 3Kgs. / Don't Know	1
	❑ No. Weight loss	0
2	Does the patient appear emaciated	
	❑ Yes	2
	❑ No	1
3	Is the patient mentally well oriented	
	❑ Yes	0
	❑ No	2
4	Patient mode of feeding	
	❑ Parenteral Nutrition / NBM	3
	❑ Exlernal Tube feeding	3
	❑ Oral Feeding - Liquids	2
	❑ Diet	1
5	Foods to be avoided	
	Sour / Spicy / Milk / Others	
SCORE	10	

NURSING CARE PLAN

→ Assess the general condition of the Patient and given basic nursing care
→ Administer medications as per doctors order.
→ watch for Neurological deficit.
→ watch for pupils and GCS.
→ provide head up Due to raised ICP.

Signature : Stanley
Date : 10/3/17
Time : ~~2pm~~ 2 pm

Assessment done by : Stanley

F / IPD / 05 **CONSULTANT'S NOTE**

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

Date : UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
Patient's JAYANTIBHAI M SURTI
Age.:..... Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD No. .....
Attending Consultant : .....

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S/B- Ps. Gopal. 19/3/17 - 11:00 pm.

c/o - suddenly patient dyspnoea and breathlessness & bradycardia with hypoxia.

SPO2- 20 %.
P/S - 30/min
B/P - 220/100 mmHg.

P/S - No cyst entry.

Rx -
inj. Adrenaline (IV)
inj. Atropine (IV).

- Emergency tracheostomy remove
- CPR given
- New tracheostomy tube insertion & ventilate
- patient secure.
- patient conscious / Awake, alert.
- informed to relatives

vital -
SPO2 - 99 %.
P/S - 72/min
B/P - 160/80 mmHg
P/S - clear.

Name & Consultant's Signature :
Time :

INVESTIGATION SHEET

F / IPD / 14

UHID.VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm.Dr:DR.RS/DR.A/DR.S.B
Gender/Age:Male / 74 Yrs

VINS

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCE
99 Urmi Society, Opp. Haveli Productivity Road, Akota,
Vadodara. Ph. : 2331343 Mobile : 9978999940

Patient's Name .: ..... 10/3/17 12/3/17 14/3 Age 13 ..... 16/3 M ☐ F ☐ 28/3

HAEMATOLOGY	Hb	11.4						9.9				11.0		
	PCV													
	TC	1300						11100				12000		
	DC													
	ESR													
	M.P.													
	Platelets	5-38						341000				5.4		
	PT / PTT								PT - 10.5					
URINE	Alb.								C - 11.8					
	SUG.								INR - 0.89					
	Micro													
	RBS							APTT	T - 28.9					
	INR								C - 29.6					
	Na	132										127		
RENAL	K	6		4.7		4.3					3.4	4.9		4.9
	Cl											89		
	HCO_3											25		
	Urea	28								CRP →		12.7		
	Creatinine	1.2						0.8						
	Osmolality													
	Total Proteins													
HEPATIC	Albumin													
	Globulin													
	Total Bilirubin										ABG		12/3/17	
	Direct Bilirubin									PH	7.407	→	7.411	
	SGOT / SGPT									PO_2	147.3	→	209.0	
	ALK PO_4 /S. Amylase									PCO_2	48.8	→	44.3	
	S. Lipase									BE	0.9	→	2.5	
CARDIAC	CPK mm					398		CRP : 92.1		BE	01	→	2.9	
	CPK-MB					—				HCO_3	25.7	→	27.5	
	LDH1 /Troponin									SID	25			
OTHERS	HIV	-ve								SO_2	99.	→	99.6	
	Hbs Ag									CO_2	17.1	→	17.2	
	Blood Group													

Physiotherapy Assistant

Signature of RMO

Physiotherapy Assistant

Signature of Staff

Stanley

1. CSF

2. C.T.SCAN

3. MRI

4. HISTOPATHOLOGY

5. ELECTRO PHYSIOLOGY

6. CHEST X-RAY

7. ECG ECHO - 3/3/17
NO RWMA I LVEF 56%.

8. OTHERS

ABG (7pm/23.03.17)
pH: 7.371 SO_2: 96.6 CtO_2: 15.6
PO_2: 92.4 BE: 3.1
PCO_2: 51.5 HCO_3: 29.2

(ABG 7pm/28/3/17)
pH: 7.381 SO_2: 98 CtO_2: 15
PO_2: 118.3 BE: 4.2
PCO_2: 52.3 HCO_3: [illegible]

INVESTIGATION SHEET

Date :

UHID:VN4160 / IPD:i201627.76
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VINS

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.Ph. : (0265) 2331343 Mobile :9978999940

F / IPD / 14

Patient's Na ..... IPD No. :..... Age .: ..... sex M ☐ F ☐

HAEMATOLOGY	Hb															
	PCV															
	TC															
	DC															
	ESR															
	M.P.															
	Platelets															
	PT / PTT															
URINE	Alb.															
	SUG.															
	Micro															
	RBS															
	INR															
	Na															
RENAL	K															
	Cl															
	HCO_3															
	Urea															
	Creatinine															
	Osmolality															
	Total Proteins															
HEPATIC	Albumin															
	Globulin															
	Total Bilirubin															
	Direct Bilirubin															
	SGOT / SGPT															
	ALK P0/S. Amylase															
	S. Lipase															
CARDIAC	CPK															
	CPK-MB															
	LDH1 /Troponin															
OTHERS	HIV															
	Hbs Ag															
	Blood Group															

pH - 9.423
pO_2 - 99.5
pCO_2 - 46.8
SO_2 - 97.3
BL - 4.8
BEECF - 5.5
HCO_3 - 29.9
S.Na - 28.2
CTCa - 14.9

Signature of Staff

INTENSIVIST

Signature of Staff

1. CSF

2. C.T.SCAN

3. MRI

4. HISTOPATHOLOGY

5. ELECTRO PHYSIOLOGY

6. CHEST X-RAY

7. ECG

8. OTHERS

VINS

Va Neurological Sciences
ductivity Road, Akota Vadodara.
Mobile : 9978999940

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
99, JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

CONSENT FOR SPECIAL PROCEDURE

I/we the undersigned Hemant J Surti hereby give

permission to Dr 1) DR. RS. AV. SB. 2) DR. RS. AV. SB.

For my/our patient Mr/Mrs/Miss/Mst Jayantibhai M Surti

to conduct the Empty IVIG 25 Bottle. procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Bottle hand over to relatives.

Signature of Patient / Relative :

Name : Hemant J Surti

Relation : Son

Address : "RADHA SWAMI B/h Rangoli Restaurant Faldhyung Vadodara

Signature of Witness : Nayan

Name : Dr. Nayan

Relation : ICU doctor

Address : VINS hospital

Signature of Doctor :

Name : Signature : Nayan.

Date : 15/3/17

Time : 11 am.

Doctor's Name :
Date of Signature :
Time of Signature :

DR. RAKESH SHAH
REG. NO. 22734

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી /સગાની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

સાક્ષીની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

ડોકટરની સહી :
તારીખ :
સમય :

F/IPD/33

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

Sd day

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

I/we the undersigned Hemeant J Surti hereby give permission to Dr 1) Rakesh Shah 2) _____

For my/our patient Mr/Mrs/Miss/Mst Jayantibhai M Surti

to conduct the IVIG Swab procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Signature of Patient / Relative :

Name : Hemeant Surti

Relation : Son

Address : "RADHA SWAMI" Bh Ramgadi Restaurant Pandhyan Vadodara

Signature of Doctor :

Name : DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22734

Date : 14-3-2017

Time : 10am

Signature of Witness : Nayan

Name : Dr. Nayan

Relation : ICU doctor

Address : VINS Hospital

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી /સગાની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

સાક્ષીની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

ડોક્ટરની સહી :
તારીખ :
સમય :

DR. RAKESH SHAH
(M.D.G.M.)
REG. NO. G - 22771

F/IPD/33

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VINS

ute of Neurological Sciences

Haveli Productivity Road, Akota Vadodara.
) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

4th day

I/we the undersigned Hemant J Surti hereby give permission to Dr 1) Rakesh shah 2) _____

For my/our patient Mr/Mrs/Miss/Mst Jayantibhai M Surti

to conduct the IVIG Infusion procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Signature of Patient / Relative :

Name : Hemant Surti

Relation : Son

Address : "RADHA SWAMI" Fatehganj Vadodara

Signature of Witness : Nayan

Name : Dr. Nayan

Relation : ICU doctor

Address : VINS Hospital

Signature of Doctor :

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Name :

Date : 13 - 3 - 2017.

Time : 10Am

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી /સગાની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

સાક્ષીની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

ડોક્ટરની સહી :
તારીખ :
સમય :

F/IPD/33

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

UHID:VN4160 / IPD:i20162776
Admission Dt: 10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

CONSENT FOR SPECIAL PROCEDURE

3rd day

I/we the undersigned Hemant J Surti hereby give permission to Dr 1) Rs / AV / SB 2) _____

For my/our patient Mr/Mrs/Miss/Mst Jayantibhai M Surti

to conduct the IVIG Infusion procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Signature of Patient / Relative :

Name : Hemant J Surti

Relation : Son

Address : "RADA SWAMI" B/h Ranoli Rail Fatakhani Veelodara

Signature of Witness : Rayan

Name : Dr. rayan

Relation : icu doctor

Address : VINS Hospital

Signature of Doctor :

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Name :

Signature :

Doctor Name :

Date of Signature :

Time of Signature :

Date : 12-3-2017

Time : 9:45Am

Vadodara Institute of Neurological Sciences

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી /સગાની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

સાક્ષીની સહી :
સગાનું નામ :
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સગપણ :
તારીખ :
સમય :

ડોકટરની સહી :
તારીખ :
સમય :

F/IPD/33

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Ph. : (0265) 2331343 Mobile : 9978999940

2nd day

CONSENT FOR SPECIAL PROCEDURE

I/we the undersigned Hemant J Surti hereby give permission to Dr 1) Dr. RS / AV / SB 2) _____

For my/our patient Mr/Mrs/Miss/Mst JAYANTIBHAI SURTI

to conduct the Immunoadsorption - 5 vials procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Signature of Patient / Relative :

Name : Hemant Surti

Relation : Son

Address : "RADHA SWAMI" B/h Bengali Restaurant Palchery Vadodara

Signature of Witness : Nayan

Name : Dr Nayan

Relation : ICU - doctor

Address : VINS hospital

Signature of Doctor :

Name :

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

Date : 11/3/17

Time : 10 am

VINS

Vadodara Institute of Neurological Sciences

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Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી /સગાની સહી :
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સરનામું :

સગપણ :
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સમય :

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સરનામું :

સગપણ :
તારીખ :
સમય :

ડોક્ટરની સહી :
તારીખ :
સમય :

DR. RAKESH SHAH
(M.S.G.M.)
REG. NO. G - 22734

F/IPD/33

Vadodara Institute of Neurological Sciences

VINS

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

, Opp. Haveli Productivity Road, Akota Vadodara.
(0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

1st day

I/we the undersigned Hemant J Surti hereby give permission to Dr 1) RS/AV 2) _____

For my/our patient Mr/Mrs/Miss/Mst JAYANTIBHAI M SURTI

to conduct the inj. TV I gm (sviab) procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

Signature of Patient / Relative :

Name : Hemant Surti

Relation : Son

Address : "RADA SWAMI" B/H Ramjali Restaurant Fatehgunj Vadodara

Signature of Witness :

Name : Dr. Nayan

Relation : ICU doctor

Address : VINS Hospital

Signature of Doctor :

Name : DR. RAKESH SHAH (M.D. ...) REG. NO. ...

Doctor Name :

Date : 10/3/17

Date of Signature :

Time of Signature :

Time : 12 30 PM

Vadodara Institute of Neurological Sciences

VINS

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CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

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સગપણ :
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સમય :

સાક્ષીની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

ડોકટરની સહી :
તારીખ :
સમય :

F/IPD/33

Vadodara Institute of Neurological Sciences

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CONSENT FOR SPECIAL PROCEDURE

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

I/we the undersigned Vipul A. Surti hereby give permission to Dr 1) RS AV SB 2) _____

For my/our patient Mr/Mrs/Miss/Mst Jayantibhai M Surti.

to conduct the ET INCUBATION procedure. We have been explained about the requirement and the complications of this procedure. The hospital staff / doctors or the hospital will not be responsible for any complications which happen during or after the procedure.

V.A.Surti

Signature of Patient / Relative :

Name : Vipul Surti.

Relation : Uncle

Address : "Radha Swami" Restaurant 81 Rangoli Fatehgunj Baroda-2

Signature of Witness : S.P. Topiwala

Name : Smita P Topiwala

Relation : Daughter

Address : 8, Kashivinath society SRP Gp 7 Lalbaug road

Signature of Doctor :

Name : Dr. Jyothi

Date : 12-3-2017.

Time : 2:30pm.

DR. RAKESH SHAH
(M.D.,D.M.)
REG. NO. G - 22734

Signature :
Doctor :
Date :
Time of :

Vadodara Institute of Neurological Sciences

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Ph. : (0265) 2331343 Mobile : 9978999940

CONSENT FOR SPECIAL PROCEDURE

આથી હું/અમે નીચે સહી કરનાર .....

મારા/અમારા (દર્દી) નામે ..... ને પ્રોસીજર ..... કરવા માટે

૧) ડૉ. ..... ૨) ડૉ. .....

ને સંમતિ આપું છું.

આ પ્રોસીજરની જરૂરીયાત અને જોખમ વિશે અમને જાણ કરવામાં આવી છે. આથી પ્રોસીજર દરમ્યાન અથવા પ્રોસીજર પછી દર્દીને કંઈ પણ થશે તેની સંપૂર્ણ જવાબદારી અમારી પોતાની રહેશે. હૉસ્પિટલ, સ્ટાફ કે ડૉક્ટર સાહેબની રહેશે નહી.

દર્દી/સગાની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

સાક્ષીની સહી :
સગાનું નામ :
સરનામું :

સગપણ :
તારીખ :
સમય :

ડોક્ટરની સહી :
તારીખ :
સમય :

VINS	**CONSENT FOR SURGERY/PROCEDURE**	DOC NO. F/IPD/45 REV. NO. 0.1 W.E.F. 15-01-2015

Date of Surgery: 17/3/17

Diagnosis:- Myasthenia gravis

Operative procedure / operation:- Thymectomy

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

I (Kenil Suresh) (Patient's / Relative's Name), give my full consent as an act of my own free will to undergo the above surgery/procedures at VINS under the supervision and guidance of Dr(s). DONS and his team of assistants, nurses and hospital staff as deemed necessary.

I have been explained in a language known & understood by me about the nature of the surgery/procedure being performed, its benefits and costs, risks associated with it, other alternatives and its prognosis.

Risks :
- Bleeding
- symptom bleeding

Benefits : cure disease

Complications & Alternatives :
- Infection

I understand that anesthesia either General/Local/Spinal/Others will be used as deemed necessary and the risks associated with it.

I also consent and agree to the disposal by the Hospital Authority of any tissues or parts that may be removed in the above mentioned surgery/procedure.

VINS	CONSENT FOR SURGERY/PROCEDURE	DOC NO. F/IPD/45 REV. NO. 0.1 W.E.F. 15-01-2015

LOCATION AND CIRCUMSTANCES OF OBTAINING THIS PATIENT'S CONSENT FOR SURGERY

DECLARATION BY PATIENT/GUARDIAN

- I acknowledge the surgeon has informed me about the procedure, alternatives treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon significant risks and complications specific to my individual circumstances.
- I have received information from the doctors in a language that I understand.

Name of patient: Jayantibhai Surti Date:- 17/3/17

Signature of Patient : pt not able to sign Time :- 11am

Signature of the person consenting, if not the patient:

Name of relative: Hemant J Surti

Relationship to patient: Son

Date : 17/3/17 Time : 11am.

Above declaration has been witnessed by: Dipika H. Surti

Father in law	Dhsurti	17/3/17 - 11am.
Relation with patient	Signature of witness	Date & Time

DECLARATION BY THE SURGEON/DOCTOR PROVIDING INFORMATION FOR THIS CONSENT:

- I declare that I have explained the nature of surgery/procedure to be done and discussed the risks that particularly concern this patient.
- I have given the patient an opportunity to ask questions and I have answered these in a language that the patient understands.

Dr. Rahul Jasani MBBS, MS (NB) Reg. No. G-36829

Doctor's Signature: Date: 17/3/17

Doctor's Name: Time: 11AM

DECLARATION BY INTERPRETER:

I confirm I have accurately interpreted the consents of this form and the related conversations between the patient and the doctor.

Signature of Interpreter: Date:

Name of Interpreter: Time:

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B.
Gender/Age:Male / 74 Yrs

A INSTITUTE OF NEUROLOGICAL SCIENCE
iety, Opp. Havell Productivity Road, Akota, Vadodara.
Ph. : 2331343 Mobile : 9978999940

F/IPD/31

Information about anesthesia & Consent for anesthesia

Any type of operation is always associated with pain. Anesthesia is given to prevent pain and discomfort associated with the surgery. Anesthesia can be general anesthesia or regional (local) anesthesia.
General anesthesia: In this type of anesthesia, patient is completely unconscious, do not perceive pain or recall any event during operation. Anesthesia is given with intravenous injection or via inhalation with anesthetic drugs.
Regional Anesthesia: Area where operation is to be done is made numb with the help of local anesthetic injections. This type of anesthesia can give pain relief beyond period of operation with help of special catheter technique if possible. Sedation can be used to calm the patient in case of regional anesthesia.
All type of anesthesia and surgery causes changes in cardiovascular, respiratory and nervous system of the patient. Anaesthesiologists with the help of his special knowledge and equipments, safeguards patients against harm due anesthesia and surgery.

Risk of operations:
Death or permanent disability occurs rarely due to anesthesia.

Common risks:
1. Swelling or redness over the site of injections or iv lines
2. Nausea and vomiting. Anaesthesiologist tries to prevent this or can give treatment for it.
3. Because of use of various drugs during anesthesia and use of endotracheal tube or laryngeal maskairway's patient may complains of sortthroat, dryness . Patient may experience difficulty in speech or swallowing. These are temporary problems .
4. Other problems like muscle pain, headache or blurring of vision can occur temporarily.

Uncommon Risk:
1. Rarely patient may remain aware during procedure under general anesthesia. This is more common in emergency operations.
2. Redness, pain or swelling of eye can occur which require simple medications
3. Injury to tooth or dental implants, lips or tongue can occur during general anesthesia.

Rare Risk:
1. Difficulty in breathing can occur during operation and may require artificial respirator to control the situation.
2. Allergy to any medicine can cause breathing difficulty, and skin lesions. Rarely it may affect cardiovascular system, causing hypotension and swellings on the body.
3. Patients with genetic predisposition may develop condition called malignant hyperthermia. Patient develops high grade fever, hyper contracted muscles and other problems of irregular heart rhythm. Malignant hyperthermia can cause cardiac arrest.
4. Patient rarely develops heart attack, paralysis or pneumonia. The patient s with coronary heart disease, lung disease or smocker or drug abuse has higher chances of developing such complications.

Over and above all previously mentioned complication , regional anesthesia can have additional risks and sequel.
1. Patient may feel weakness in arms or legs where local anesthesia is given for some period after operations. Patient may have difficulty in passing urine. These problems are solved after effects of anesthesia drug is over. Doctor may need to keep catheter prevent bladder distension and discomfort.
2. Head ache can occur following spinal anesthesia. Headache last for few days.
3. Injury to surrounding organs like lungs , blood vessels can occur while giving local injections. Epidural or spinal injections may cause backache which may last for varying duration.
4. Rarely injection site may develop infection or bleeding. These may require antibiotics or surgery.
5. Very rarely injury to nerves can cause numbness, pain or weakness or paralysis .

Special risk in particular cases
1. _____ 3. _____
2. _____ 4. _____

All above information has been explained to me and I have understood it well.
I am also aware that anesthesiologist other than ,who has explained to me can give anesthesia.

Elective/Emergency surgery LA

Name of Doctor _____ Sign_____ Date_____ Time _____
Name of Patient_____ Sign_____ Date_____ Time _____
Name of Relative Hemant J Surti Sign [signature] Date 17/3/17 Time 11am
Witness: Dipikar. H Surti. Sign [signature] Date 17/3/17 Time 11 am.

With Skilled Anesthesiologist , newer medicines, state of art technology , risk of complication with the anesthesia has reduced.

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCE
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara.
Ph. : 2331343 Mobile : 9978999940

F/IPD/64

એનેસ્થેસીયા વિષે માહિતી તથા સંમતિ

નાનામાં નાની ઈજા પણ દુઃખાવો આપે છે જ્યારે ઓપરેશન જેમાં કાપકૂપ કરવાની હોય છે તેમાં તો ચોકસપણે દુઃખાવો થાય જ. દર્દીને દુઃખાવો ન થાય તે માટે એનેસ્થેસીયા આપવામાં આવે છે. જેના લીધે દર્દી ઓપરેશન દરમ્યાન બેભાન / આરામ દાયક રહે છે. આ એનેસ્થેસીયા જનરલ, લોકલ અને રીજીયોનલ (શરીરના કોઈ એક ભાગ) હોઈ શકે છે.

જનરલ એનેસ્થેસીયા : આ એનેસ્થેસીયામાં દર્દીને ઓપરેશન પહેલા સંપૂર્ણપણે બેભાન કરવામાં આવે છે. આનાથી દર્દીને ઓપરેશન દરમ્યાન દુઃખાવો થતો નથી ઓપરેશન દરમ્યાન બનતા પ્રસંગો મોટાભાગે યાદ રહેતા નથી. આ એનેસ્થેસીયા નસ વાટે આપવામાં આવે છે અથવા મશીન માંથી દવાઓ નાક કે મોં વાટે સુંઘાડીને આપવામાં આવે છે.

રીજીયોનલ એનેસ્થેશીયા : આ એનેસ્થેશીયામાં જે ભાગે ઓપરેશન કરવાનું હોય તે ભાગ લોકલ એનેસ્થેટીક દવાનો ઉપયોગ કરીને બહેરો કરવામાં આવે છે. આ રીતના એનેસ્થેશીયામાં દર્દીને વધુ સમય સુધી ઓપરેશન પછી પણ દુઃખાવામાં રાહત મળે તે માટે ઓછી માત્રામાં લોકલ એનેસ્થેટીક અથવા દુખાવાની દવા કેથેટર વાટે પણ આપી શકાય છે. એનેસ્થેસીયા દર્દી નો શ્વાસોશ્વાસ, હૃદય, રક્તવાહીનીઓ અને ચેતાતંત્ર ને અસર કરે છે. જ્યારે ઓપરેશનથી પણ દર્દીના શરીરમાં હેરફાર થાય છે. એનેસ્થેશીયા આપનાર ડૉક્ટર પોતાની વિશેષ આવડતથી અને આધુનિક સાધનોની મદદ વડે દર્દીનું ઓપરેશન અને એનેસ્થેશીયા દરમ્યાન રહેતા જોખમોથી દર્દીને સલામત રાખે છે.

જોખમો : – એનેસ્થેશીયાને લીધે મૃત્યુ કે કાયમી ખોડ જવલ્લેજ થાય છે.

સામાન્ય જોખમો (બધાં જ દર્દીઓ માટે)

(૧) નસમાં નાખેલ સોયની જગ્યાએ ઈન્જેકશનની જગ્યાએ સોજો કે ચકામો પડવો.
(૨) ઉબકા અને ઉલટી થવી. એનેસ્થેશીયા આપનાર ડૉક્ટર આ તકલીફને શકય હોય ત્યાં સુધી રોકે છે. અથવા તો તેનું નિયમન કરેછે.
(૩) એન્સ્થેશીયા માટે વાપરવામાં આવતા એનેસ્થટીક એજન્ટો અને ગળામાં નાખવામાં આવતી નળી ને લીધે ગળામાં સોજો આવી શકે છે. જેનાથી થોડાક સમય સુધી બોલવામાં કે થૂક ગળવામાં તકલીફ પડી શકે છે. આ તકલીફો થોડા સમય પછી ઓછી થઈ જાય છે.
(૪) સ્નાયુઓનો દુઃખાવો, માથું દુઃખવું તથા ઝાંખું દેખાવું થોડાક સમય સુધી થઈ શકે છે.

અસામાન્ય જોખમો (બધાં જ દર્દીઓ માટે)

(૧) એનેસ્થેશીયામાં ઘણીવાર ઓપરાશન દરમ્યાન તથા કાર્યો વિશે દર્દી સભાન રહે છે. ઈમરજન્સી ઓપરેશનતેમજ અમુક ખાસ પ્રકારનાં ઓપરેશનોમાં આની શકયતા વધુ રહે છે.
(૨) આખમાં ઉજરડો પડવો કે આંખ લાલ થઈ શકે છે અને દુઃખાવો થાય જેની સારવાર લઈ શકાય છે.
(૩) દાંત કે દાંતને લગતી કરાયેલ સારવાર હોઠ તથા જીભને નુકશાન તેમજ ઈજા થઈ શકે છે.

ખૂબજ નહિવત જોખમો (બધાં જ દર્દીઓ માટે) આજોખમોમાં મૃત્યુ કે મગજ ને ઈજા થઈ શકે છે.

(૧) શ્વાસોશ્વાસના માર્ગમાં અવરોધ ઉભો થાય જેને તુરંત નિયંત્રિત ન પણ કરી શકાય. આનાથી શ્વાસ લેવામા ગંભીર તકલીફ પડી શકે. તેમજ કૃત્રિમ શ્વાસોશ્વાસ ની પણ જરૂર પડી શકે છે.
(૨) દવા ને લીધે એલર્જી ઉભી થાય તો તેનાથી શ્વાસ લેતી વખતે સસણી બોલતી તથ ચામડી પર લાલ ચકામાં થઈ શકે છે. જુજ કેસમાં બ્લડ પ્રેશરનું ઘટી જંવુ શરીર પર સોજા આવવા અને રૂધિરાભિસરણ નબળું થઈ શકે છે.
(૩) કોઈવાર એનેસ્થેશીયાની દવા થી વારસાગત સ્નાયઓની સંવેદનશીલતાવાળા દર્દીને ખૂબ ઝડપથી વધારે તાવ આવવો, બ્લડ પ્રેશરનું વધી જવું ધબકારા વધવા, શ્વાસ ઝડપી લેવો, સ્નાયુઓ જકડાઈ જવા વગેરે થઈ શકે છે.
(૪) હાર્ટ એટેક અવવો, લકવો થવો, ન્યુમોનિયા થવો વગેરે અસામાન્ય છે. પણ જે દર્દીઓને ધમનીના રોગો, હૃદયનાં રોગો, માદક દ્રવ્યોનું સેવન અથવા તો ધુમ્રપાનની ટેવ હોય તેમનામાં આ બંધુ થવાની શકયતા વધારે રહેલી છે.

રીજયોનલ એનસેથેશીયા માં ઉપર બતાવેલ । જોખમો તેમજ કેટલાંક વધારાનાં જોખમો અને તેના પરિણામો નીચે મુજબ છે.

(૧) બહેરાકે સુના કરેલા હાથ કે પગનાં સ્નાયુઓની નબળાઈ આવવી, પેશાબ કરવામાં તકલીફ થવી વગેરે થઈ શકે છે. પરંતુ દવા ની અસર પુરી થતા આબધી તકલીફો દુર થઈ જાય છે. પરંતુ ત્યાં સુધી પેશાબ માટે કેથેટર રાખવું કોઈવાર જરૂરી પડે છે.
(૨) માથાનો દુઃખાવો થોડા સમય માટે થાય છે. પણ ઘણીવાર જુજ વધારે દિવસો સુધી રહી શકે છે.
(૩) ઈન્જેકશનની નજીકનાં અવયવો જેવા કે લોહીની નળીઓ અને હૃદયાંને ઈજા થઈ શકે છે. કમરમાં સોય અને ઈન્જેકશન (સ્પાઈનલ કે એપીડયુરલ) આપ્યા પછી કમરનો દુઃખાવો થઈ શકે છે. જે મટી જાય છે. પણ ઘણીવાર લાબો વખત સુધી રહી શકે છે.
(૪) ઈન્જેકશન આપેલ જગ્યાએ ચેપ લાગવો કે લોહી નીકળવાનું કે જામવાનું નહિવત જોખમ રહેલ છે. જેના માટે એન્ટીબાયોટીક કે ઓપરેશનની જરૂર પડી શકે છે.
(૫) ચેતાઓને ઈજા થવાથી લાંબા સમય માટે અશકિત, દુઃખાવો અને સંવેદનાં ગ્રહણ શકિતમાં હેરફાર થવો તથા લકવો થઈ શકે છે. પરતું આ બધું ભાગ્યેજ જોવા મળે છે.

વ્યકિતગત જોખમો : દર્દી ને એનેસ્થેશીયા તથા ઓપરેશનનાં નીચે પ્રમાણેના જોખમો અને પરિણામોની શકયતાઓ રહેલી છે.

(૧) ..... (૨) ..... (૩) .....

- ઉપરોકત માહિતી ડૉક્ટર સાહેબે મને વિસ્તારથી સમજાવી છે. અને મારા સવાલોનાં સંતોષકારક જવાબ આપેલ છે
- હું જાણું છું કે મારી સાથે વાત કરનાર ડૉક્ટર સાહેબ સિવાયના અન્ય ડૉકટર સાહેબ પણ મને એનેસ્થેશીયા આપી શકે છે.
- તાત્કાલીક ઓપરેશન હા / ના આયોજીત ઓપરેશન હા / ના

ડૉ. સાહેબ નું નામ : ..... સહી. : ..... તારીખ : .....

દર્દી નું નામ : ..... સહી. : .....

સગાનું નામ (૧) : ..... સહી : ..... સગપણ : .....

(૨) : ..... સહી : ..... સગપણ : .....

તારીખ : ..... સમય : .....

નિષ્ણાંત એનેસ્થેસીયોલોજીસ્ટ ડૉકટરો, આધુનિક દવાઓ, પરિક્ષણ સાધનો (મોનીટર) તથા ટેકનોલાજી (આવડત) ને લીધે આજકાલ એનેસ્થેશીયામાં રહેલ જાખમો ઘણાં ઓછા થાય છે. અને એનેસ્થેસીયા સુરક્ષિત છે.

F/OTR/01

VADODARA INSTITUTE OF NEUR

VINS

99, Urmi Society, Opp. Haveli Productivit
Ph. : (0265) 2331343 Mobile

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Pre-OT check list

OT Planning Time : on call — **Date :** 17/3/17

OT Procedure Time : 8pm — **Date :** 17/3/17

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

		YES	NO.	REMARKS
A	Room No.	302		
B	Case Paper Completed to Date	✓		
c	NBM Status Since	10 am		
D	Consent for Surgery / Anaesthesia	✓		
E	Investigations			
	1. Pre-OT Package - Blood Investigations HIV / HBsAg / HCV	-ve.		
	- MRI / CT / X-Rays / Doppler / Angiography - ECG / X-Rays Chest PA	—		
	2 - DSE			
	- ECHO			
F	PAC Date Time		—	
G	OT Dress Changed	✓		
H	Pre Operative Medicines			
	1 Anti Diabetic	✓		
	2 Anti HT			
	3 Anticonvulsant			
	No of Blood product BT PCV-FFP-PRP		No.	
	- Antibiotics (1hr. before)	✓		
	- Other			
I	Transfusion Cross Matching Done			
K	Relative's presence-Ornament (Earring/chain/ring/bangle/other) Dentures/Implants Removed & handed over to relatives)	✓		
L	I. V. Access	✓		
M	Skin Preparation / Shaving	✓		
N	Known Allergies		—	
O	Any Special Instructions		—	

Name / Signature of In-charge.

Name / Signature of Staff
Over given by
Ward
Date & Time

Ornament/s removed (Earring/Chain/ring/bangle/other).
Dentures / Implants Removed & handed over to :
IV Access : Right Arm / Right Forearm / Left Arm / Left Forearm

Over given to — Peryu 17/3/17
Name & Signature of OT Staff
Date & Time — 8:00 PM

Name of Relative : Hemant surti
Date & Time :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

SURGICAL SAFETY CHECKLIST

F/OTR/01

Before induction of Anesthesia (1)

SIGN IN

- Patient has Confirmed
  - Identity
  - Site
  - Procedure
  - Consent
- Site Marked / Not Applicable
- Anesthesia Safety Check Complete
- All Monitors On Patient and functioning (ECG/Pulse Oximeter NIBP)

Does Patient Have A Known Allergy ?

- Yes
- No.

Difficult Airway / Aspiration Risk ?

- Yes, and Equipment / Assistance Available
- No. L.A

Risk Of > 500ml. Blood Loss

- 7ml/Kg In Children ?
- Yes, and Adequate Intervenous Access and Fluids Planned
- Blood Component Therapy Need Anticipated
- Yes/and Components are Ready/Available
- No.

Before skin incision (2)

TIME OUT

- Confirm All Team Members Have Introduced Themselves By Name And Role
- Surgeon, Anesthesia Professional And Nurse Verbally Confirm
  - Patient • Site • Procedure

Anticipated Critical Events :

- Surgeon Reviews : Are There Critical Or Unexpected Steps, Operative Duration, Anticipated Blood Loss ?
- Anesthesia Team Reviews : Are There Any Patient Specific Concerns ?
- Nursing Team Reviews : Has Sterility (Including Indicator Results) been confirmed ? Are There Equipment Or any Concerns ?

Has Antibiotic Prophylaxis been Given Within The Last 60 Minutes ?

- Yes
- Not Applicable

Is Essential Imaging Displayed ?

- Yes
- Not Applicable

After Patients Positioning

- Pressure Points Padded / Checked
- Surgeon Confirms Patient Position
- Anesthetist confirms Airway / Lines
- Parts Prepped / Draped
- Cautery / Suction Connected / Functioning
- Patient Electrode Connected / Functioning
- Light / Trolleys / Instruments Checked.

Before Patient Leaves Operating Room (3)

SIGN OUT

Nurse Verbally Confirms With The Team :

- The Name Of the Procedure recorded
- That Instrument, Sponge And needle Counts are Correct (Or Not Applicable)
- How The Specimen Is Labeled (Including Patient's Name & Id No.)
- Whether There Are Any Equipment Problems Tube Addressed.
- Surgeon, Anesthesia Professional And Nurse Review The Key Concerns For Recovery and Management Of Patient.
- Anesthetist Confirm : Immediate Post Operation Clinical Assessment (Vitals/Spo_2)

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
PTS. NAME JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
IPD No. : Gender/Age:Male / 74 Yrs

SURGEON DETAILS

PTS. NAME : Dr. R[illegible]
IPD No. : Date : [illegible]20

ANAESTHESIA DETAILS

PTS. NAME :
IPD No. : Date :

19/03/2017 10:47:04

VINS HOSPITAL

Dept: ICU

Rate	78	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm.....normal P axis, V-rate 60- 99
PR	115	. Borderline short PR interval.....PR int <120mS
QRSD	83	. Borderline repolarization abnormality.....ST dep & abnormal T
QT	345	. Baseline wander in lead(s) V4
QTc	393	

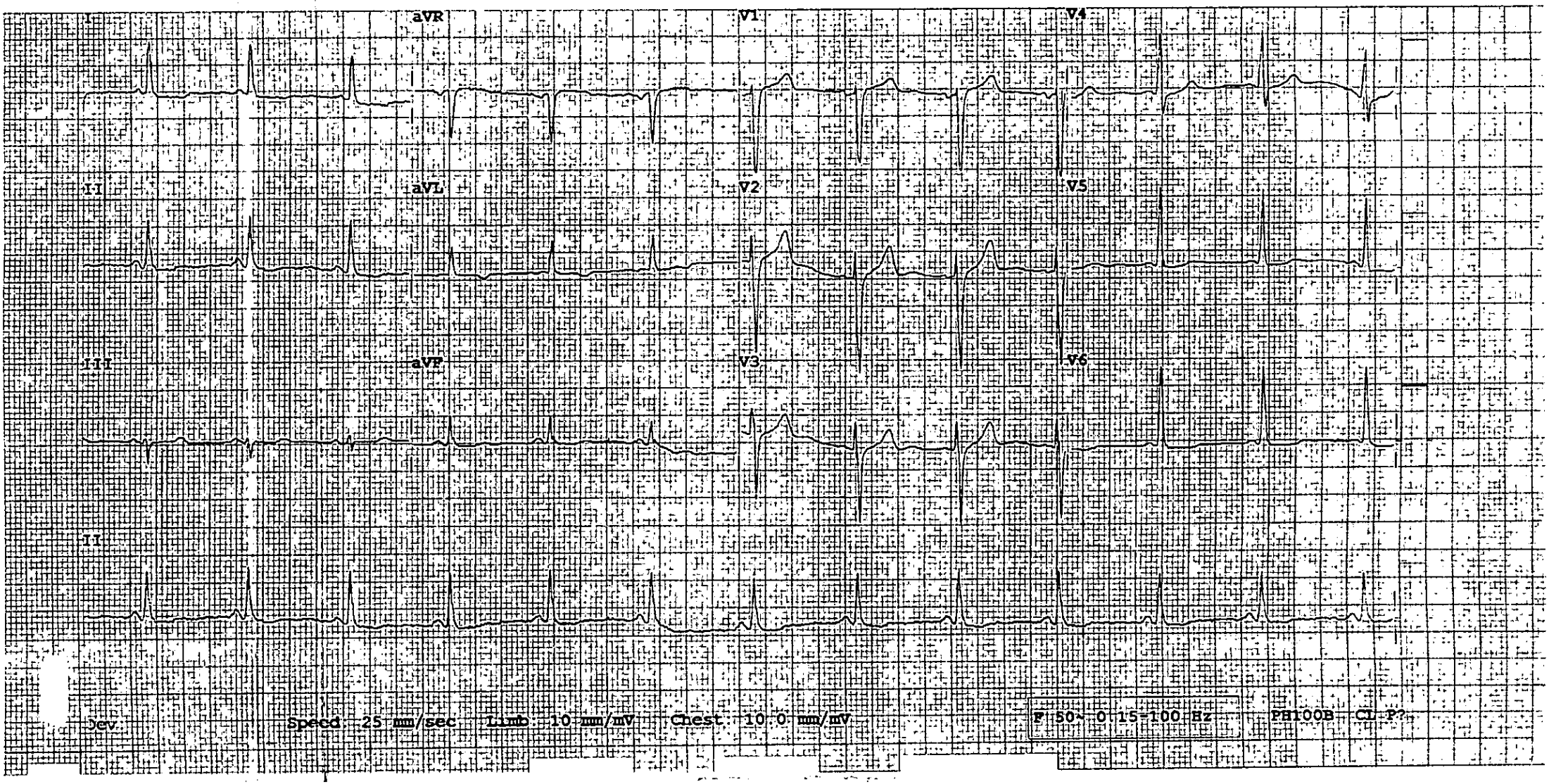
--AXIS--

P	61
QRS	29
T	160

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

- BORDERLINE ECG -

Unconfirmed Diagnosis



18/03/2017 10:46:53

Dept: ICU

Rate	64
PR	108
QRSD	86
QT	398
QTc	411

--AXIS--

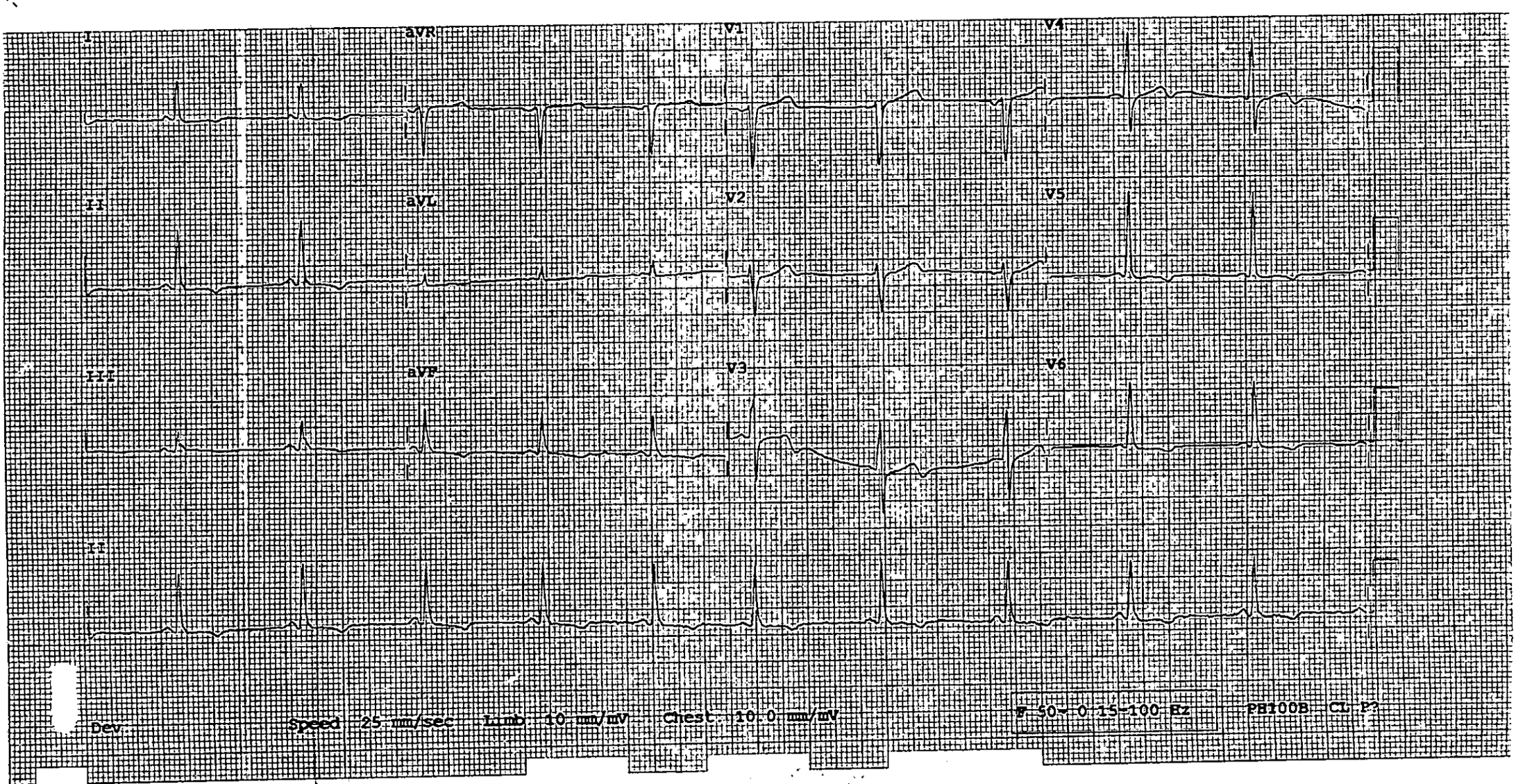
P	69
QRS	52
T	224

. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
. Sinus rhythm.....normal P axis, V-rate 60- 99
. Atrial premature complex.....SV complex w/ short R-R interval
. Short PR interval.....PR <110mS
. Nonspecific T abnormalities, diffuse leads.....T <-0.10mV, ant/lat/inf

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

- ABNORMAL ECG -

Unconfirmed Diagnosis



13/03/2017 10:41:07

VINS HOSPITAL

Dept: ICU

Rate	69	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm.....normal P axis, V-rate 60- 99
PR	125	. Probable left atrial enlargement.....P >50mS, <-0.10mV V1
QRSD	86	. Anteroseptal infarct, age indeterminate.....Q >35mS, T neg, V1-V2
QT	417	
QTc	447	

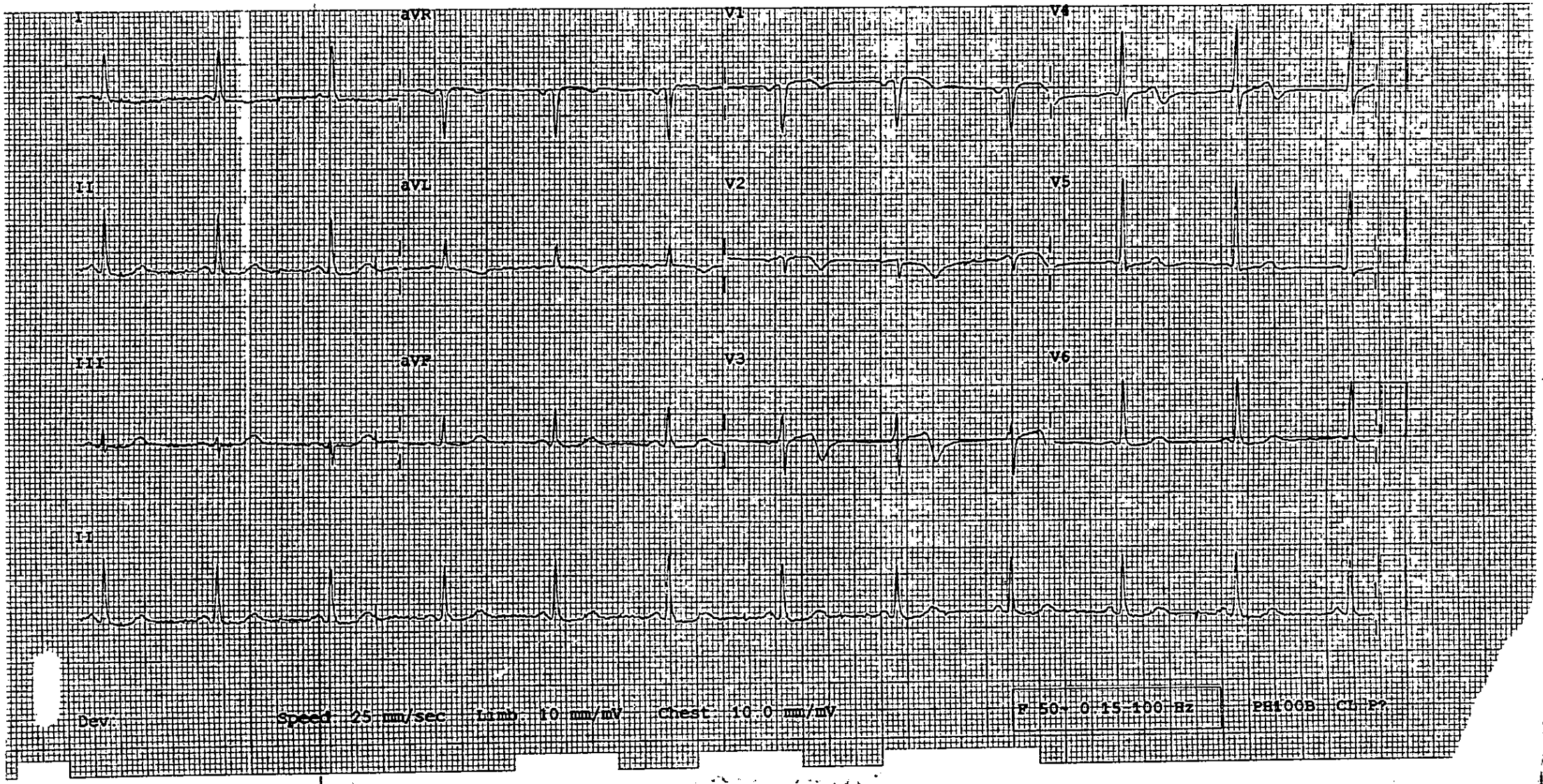
--AXIS--

P	69
QRS	36
T	117

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

- ABNORMAL ECG -

Unconfirmed Diagnosis



10/03/2017 01:46:05

VINS HOSPITAL

Dept: ICU

Rate	97	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm.....normal P axis, V-rate 60- 99
PR	139	. Probable left atrial enlargement.....P >50mS, <-0.10mV V1
QRSD	135	. Left bundle branch block.....QRSd>120, broad/notched R
QT	373	. Baseline wander in lead(s) V3
QTc	474	

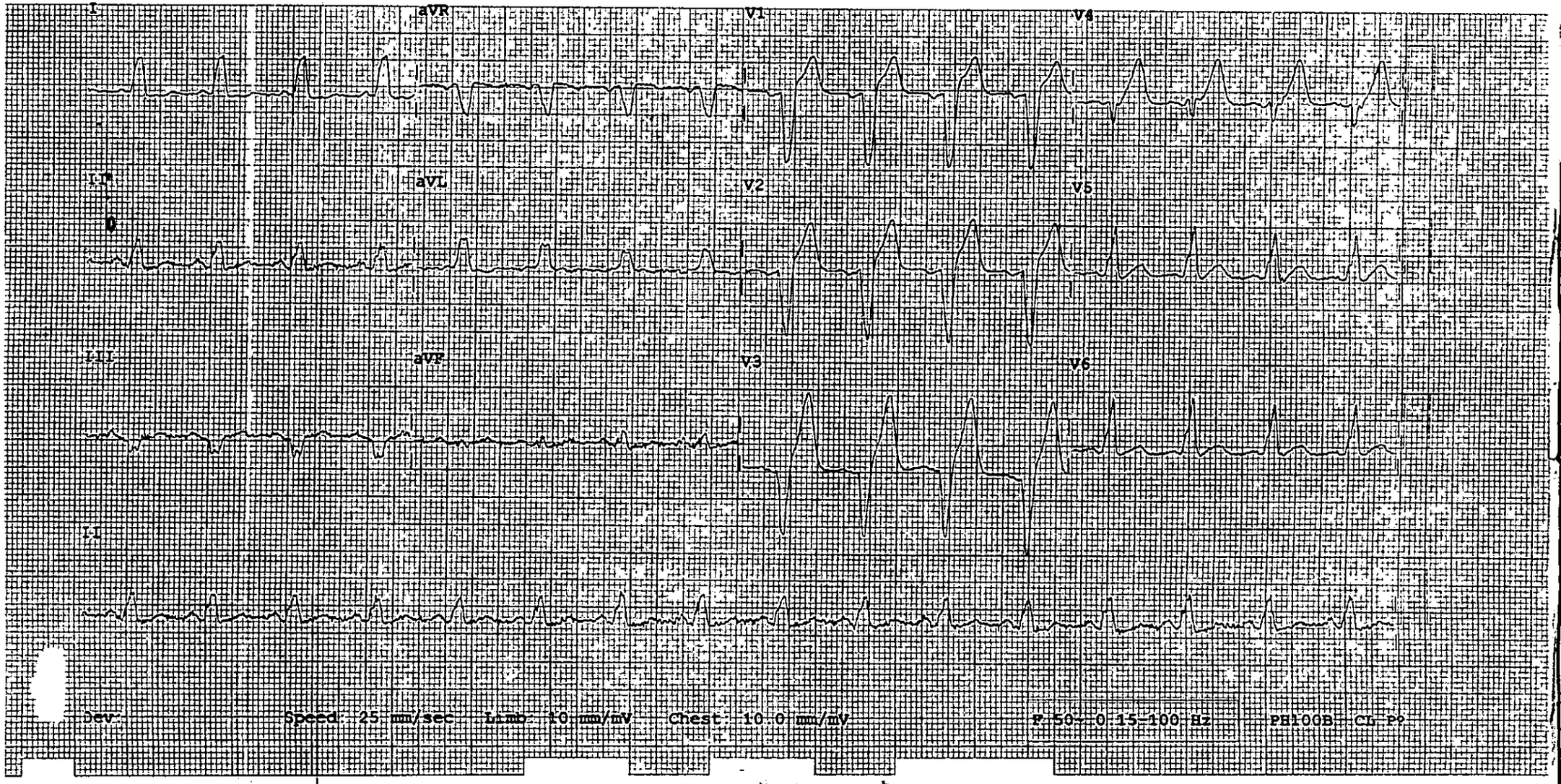
UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

--AXIS--

P	70
QRS	9
T	91

- ABNORMAL ECG -

Unconfirmed Diagnosis



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F / IPD / 11

VINS

R'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

Attending Consulta ..... Date : 2/4/17

DIAG : Myasthenic crisis (HTN | DM)
hypothyroidism

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr. Hitesh

C/o - stable

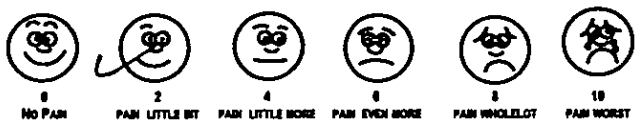
O/E - PULSE 66/min

TEMP 98.3°F

BP- 130/80

RESP/SPO$_2$ 96%

PAIN-



CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 A.M S / B- Dr Jyoti

C/o -

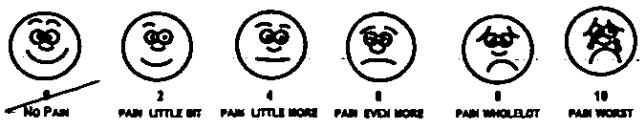
O/E - PULSE 81

TEMP

BP- 130/80 mmHg

RESP/SPO$_2$ 98%

PAIN-



CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT No

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

Dr. SUVORIT BHOWMICK
MD.
Consultant Neurophysician
Reg No. 8423

Signature :

Doctors Name :

Date of Signature : 2/4/17

Time of Signature : 10 AM

3 P.M. *S / B-*

C/o -

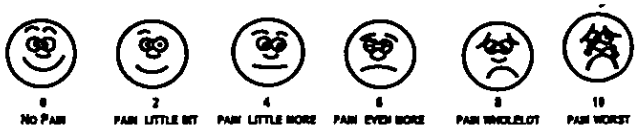
O/E - PULSE

TEMP

BP-

RESP/SPO$_2$

PAIN-



CNS — *GCS*

PUPILS

MOTOR DEFICIT

OTHER S/E -

Figure Assistant

RMO Name & SIGN.....

9 P.M *S / B-*

C/o -

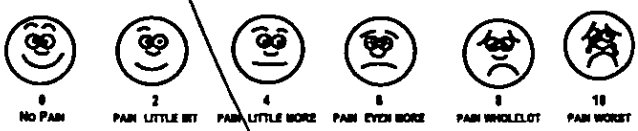
O/E - PULSE

TEMP

BP-

RESP/SPO$_2$

PAIN-



CNS — *GCS*

PUPILS

MOTOR DEFICIT

OTHER S/E -

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

..... Date : 1/4/17

Myasthenic Crisis

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr Hitesh

C/o - Stable

O/E - PULSE

TEMP 97.3°F

BP- 130/80

RESP/SPO$_2$ 97%

PAIN- 0 No Pain; 2 PAIN LITTLE BIT; 4 PAIN LITTLE MORE; 6 PAIN EVEN MORE; 8 PAIN WHOLE LOT; 10 PAIN WORST

CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

Physician's Assistant

RMO Name & SIGN.....

9 A.M S / B- Dr. [illegible]

C/o -

O/E - PULSE 80/min

TEMP 0

BP-

RESP/SPO$_2$ 130/80

PAIN- 0 No Pain; 2 PAIN LITTLE BIT; 4 PAIN LITTLE MORE; 6 PAIN EVEN MORE; 8 PAIN WHOLE LOT; 10 PAIN WORST

CNS — GCS 15/15

PUPILS

MOTOR DEFICIT

OTHER S/E -

Physician's Assistant

RMO Name & SIGN.....

Dr. SUVORIT BHOWMICK
MD DM
Consultant Neurophysician
Reg No G-42383

Signature

Doctors Name :

Date of Signature : 1/4/17

Time of Signature : 10 am

3 P.M. S / B- Dr Jayendusinh

C/o - Stable

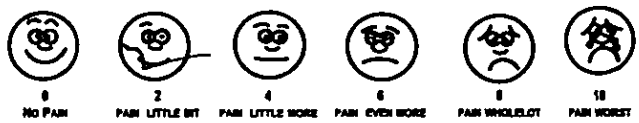
O/E - PULSE 88/min

TEMP

BP- 120/80

RESP/SPO2 98%

PAIN-



CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT no

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr. Hitesh

C/o - Stable

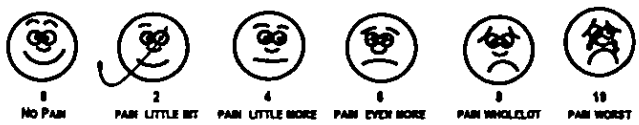
O/E - PULSE 100/min

TEMP 98.2°F

BP- 130/80

RESP/SPO2 94%

PAIN-



CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

VINS

'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant : ..... Date : 31/3/17

DIAG : Myasthenic crisis / DM / HTN / Hypothyroidism

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr. Sagar

C/o -

O/E - PULSE 77/min

TEMP Afebrile

BP- 132/50 mmHg

RESP/SPO$_2$ 94% on RA

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS 15/15

PUPILS

MOTOR DEFICIT Nil

OTHER S/E - RS: AE bilat clear

BP: 2480/2250

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. G-38277
INTENSIVIST

RMO Name & SIGN.....

9 A.M S / B- Nayan
No any fever

C/o -

O/E - PULSE 80/min

TEMP

BP- 134/80 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS 15/15

PUPILS Bene

MOTOR DEFICIT No

OTHER S/E -

No - due

plan
shift
to ward

Dr. SUVORIT BHOWMICK
MD. DM
Consultant Neurophysician
Reg. No. 042383

Signature :

Doctors Name
Date of Signature 31/3/17
Time of Signature : 10 am

INTENSIVIST
Physician Assistant

RMO Name & SIGN.....

3 P.M. S / B- NCM am
No any fi

C/o -

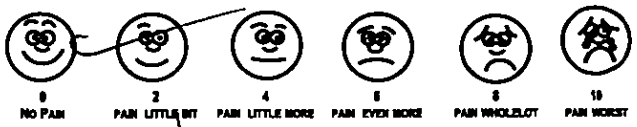
O/E - PULSE

TEMP

BP-

RESP/SPO$_2$ 98

PAIN-



CNS — GCS

PUPILS

MOTOR DEFICIT

OTHER S/E -

INTENSIVIST
Physician Assistant
RMO Name & SIGN.....

9 P.M S / B- Dr. Hitesh

C/o - Stable

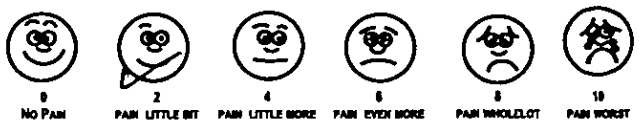
O/E - PULSE 68/min

TEMP 98.4°F

BP- 130/80

RESP/SPO$_2$ 98%

PAIN-



CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT

OTHER S/E

Signature :

Doctor's Name :

Date of Signature :

Time of Signature :

INTENSIVIST
Physician Assistant
RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Cons ..... Date : 30/3/17

DIAG : Myeathenia gravis

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr Amrutchandan

C/o -

O/E - PULSE 86/m

TEMP 125/80

BP-

RESP/SPO$_2$ 88%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS conscious

PUPILS

MOTOR DEFICIT

OTHER S/E -

2.0
13000

Physician Assistant INTENSIVIST
RMO Name & SIGN.....

9 A.M S / B- Nil

C/o - difficulty in breathing

O/E - PULSE - 86/min

TEMP

BP- 146/70 mmHg

RESP/SPO$_2$ 97% ON O2

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V5M6

PUPILS BE

MOTOR DEFICIT

OTHER S/E - NO

2080/1200 ml
I/O.

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. 22734

Signature :
Doctors Name :
Date of Signature : 30/3/17
Time of Signature :

Physician Assistant INTENSIVIST
RMO Name & SIGN.....

3 P.M. S / B- NNYCM

C/o - NO any fic

O/E - PULSE - 90/m

TEMP

BP-

RESP/SPO$_2$

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Wholelot | 10 Pain Worst

CNS — GCS 15/15

PUPILS BNR

MOTOR DEFICIT NO

OTHER S/E -

RMO Name & SIGN INTENSIVIST

9 P.M S / B- Dr Sagar

C/o -

O/E - PULSE 72/min (R)

TEMP Afebrile

BP- 112/50

RESP/SPO$_2$ 99% c̄ O$_2$ @ 3L/min c̄ NP.

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Wholelot | 10 Pain Worst

CNS — GCS Awake, Alert

PUPILS

MOTOR DEFICIT

OTHER S/E - RS AEBE, clear

RMO Name & SIGN TN

CONSULTANT SIGN

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

Patient's Name .: .... UHID:VN4160 / IPD:i20162776 Admission Dt:10/03/2017 JAYANTIBHAI M SURTI Adm. Dr.:DR.RS/DR.AV/DR.S.B Gender/Age:Male / 74 Yrs ..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 29/3/17

DIAG : Myasthenic crisis / HFTN / DM / Hypothyroidism

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr Sagar

C/o -

O/E - PULSE 74/min

TEMP Afebrile

BP- 147/100mmHg

RESP/SPO₂ 99% on T-piece (TT) c O₂ @ 2-3 L/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS E4V5M6 INTUBATED

PUPILS

MOTOR DEFICIT —

OTHER S/E - RS AE-BE, I/O : 2460/1700

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. G-38277
INTENSIVIST

RMO Name & SIGN.....

9 A.M S / B- NM/MM No any fic

C/o -

O/E - PULSE 88/min

TEMP —

BP- 140/78 mmHg

RESP/SPO₂ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS E4V4M6

PUPILS Bone

MOTOR DEFICIT NO

OTHER S/E -

→ plan strapping today

→ strapping done 11 AM

maintain

Dr. Anand Vaishnav
M.D. (Neurology), U.S.A.
M.D. (Stroke Neurology), U.S.A.
Consultant Stroke Neurologist
Signature : Reg No. G-22641
Doctors Name :
Date of Signature : 29/3/17
Time of Signature : 10am

INTENSIVIST

RMO Name & SIGN.....

3 P.M. S / B- Dr. Yogesh

C/o -

O/E - PULSE 76/min (R)

TEMP Afebrile

BP- 146/80 mm of Hg

RESP/SPO$_2$ 98% (O) ~~Room air~~ with O_2 mask O_2 = 2-3 lit/min

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT NO

I/O = 1000/400 cm

OTHER S/E -

RS: Chest AEBE clear

RMO Name & SIGN..... INTENSIVIST

9 P.M S / B- Dr Amit Shankar

C/o -

O/E - PULSE 72/min

TEMP No fever

BP- 150/70

RESP/SPO$_2$ 98% O2 mask 2-3 lit

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS awake alert

PUPILS —

MOTOR DEFICIT

OTHER S/E - RS AEBE

DR. RAKESH SHAH
MD
REG. NO. 27734
INTENSIVIST

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD No. :..... Age .: ..... Sex M ☐ F ☐

Date : 28/03/17

DIAG : M. gram

Investigations /Change in Treatment / Reference

Overnight T-piece weaning

7 A.M S / B- Dr. Sanket

C/o - –

O/E - PULSE 66/min.

TEMP

BP- 160/90 mmHg

RESP/SPO$_2$ 16/100% on 2 L min O2

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4M6V5

PUPILS BERTL

MOTOR DEFICIT –

OTHER S/E -

DR. SANKET MAHAJAN
M.D. (MEDICINE)
Reg No. 2008052167
INTENSIVIST
RMO Name & SIGN.....

9 A.M S / B- Nayan

C/o - No any fec

O/E - PULSE 66/min

TEMP

BP- 160/80 mmHg

RESP/SPO$_2$ 98% → over night on "T" piece

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V4M6

PUPILS BERL

MOTOR DEFICIT NO

OTHER S/E -

2280/2150 ml
Ilo

Dr. Chirag

INTENSIVIST
RMO Name & SIGN.....

Signature : Dr. Anand Vaishnav
M.D.(Neurology, U.S.A.)
M.D.(Surg. Neurology, U.S.A.)
Consultant Stroke Neurologist
Doctors Name Reg No. G-22646
Date of Signature : 28/3/17
Time of Signature : 10 am

3 P.M. S / B- Dr. Yogesh.

C/o -

O/E - PULSE 70/min, (R)

TEMP Afebrile

BP- 140/84 mm of Hg

RESP/SPO$_2$ 96% with O_2 = 3-4 lit/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS awake, alert

PUPILS

MOTOR DEFICIT NO.

OTHER S/E -

I/O = 960/300 ml

INTENSIVIST

RMO Name & SIGN.....

9 P.M S / B- Dr. Sagar

C/o -

O/E - PULSE 68/min (R)

TEMP Afebrile

BP- 144/73

RESP/SPO$_2$ 99% on T-piece (TT) @ 2-3 L/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS 15/15

PUPILS

MOTOR DEFICIT No

OTHER S/E -

RS: AERE, clear

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. G-30277

INTENSIVIST

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

..... Date : 27/3/17

DIAG : Myelomalacia gravis

Investigations /Change In Treatment / Reference

Z.A.M S / B- Dr. Gopal

C/o -

O/E - PULSE 70/min

TEMP (N)

BP- 116/80 MM/Hg

RESP/SPO$_2$ 98% c̄ Nasal support

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Alert, cyst

PUPILS Bilat

MOTOR DEFICIT

OTHER S/E -

INTENSIVIST

RMO Name & SIGN.....

I/O - 2460/1900

9 A.M S / B- Noorjan

No any pc

C/o -

O/E - PULSE 68/min

TEMP (P)

BP- 148/76 mm

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V4M6

PUPILS Bilat

MOTOR DEFICIT

OTHER S/E -

INTENSIVIST

RMO Name & SIGN.....

→ ON T piece since from from 5 pm

2460/1400 ml

DR. RAKESH SHAH
Signature : (M.D.,D.M.)
REG. NO. G - 22734

Doctors Name :
Date of Signature : 27/3/17
Time of Signature : 10am

3 P.M. S / B- Dr. Yogesh

C/o -

O/E - PULSE 64/min, (R)

TEMP Afebrile

BP- 180/68 mm of Hg

RESP/SPO$_2$ 98% with O_2 - 2-3 lit/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS awake, alert

PUPILS

MOTOR DEFICIT NO

OTHER S/E -

RS: Chest AEBE Clear

INTENSIVIST

RMO Name & SIGN.....

9 P.M S / B- Dr. Sanket

C/o - —

O/E - PULSE 88/min.

TEMP (N)

BP- 130/70 mmHg

RESP/SPO$_2$ 16/100 % on nasal O_2 via T-piece

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS $E_4M_6V_T$

PUPILS B Grade

MOTOR DEFICIT —

OTHER S/E -

INTENSIVIST

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
Pa JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
At

IPD No. : ..... Age : ..... Sex M ☐ F ☐

Date : 26/03/17

DIAG : myesthenia crisis / HT / DM / hypothyroidism

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr- AAKASH.

C/o -

O/E - PULSE 69 / min

TEMP afebrile

BP- 101/54 mm Hg

RESP/SPO$_2$ 96% on ~~room air~~ SIMV mode of ventilation

PAIN- 0 No Pain, 2 Pain little bit, 4 Pain little more, 6 Pain even more, 8 Pain wholelot, 10 Pain worst

CNS — GCS awake / alert.

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E -

I/O 2700 / 1670

INTENSIVIST

RMO Name & SIGN.....

9 A.M S / B- Dr. Yogesh.

C/o - Burning in stomach

O/E - PULSE 80/min, irregular

TEMP Afebrile

BP- 146/84 mm of Hg

RESP/SPO$_2$ 98% with O_2 - 3-4 lit/min

PAIN- 0 No Pain, 2 Pain little bit, 4 Pain little more, 6 Pain even more, 8 Pain wholelot, 10 Pain worst

CNS — GCS awake & alert

PUPILS

MOTOR DEFICIT NO

OTHER S/E -

RS: Chest A&E clear

I/O = 2780 / 1670 ml

→ Liq. mucaine gel (10ml) stat

Dr. SUVORIT BHOWMICK
Consultant Neurosurgeon
Reg. No. 2303

Signature :
Doctors Name :
Date of Signature : 26/3/17
Time of Signature : 10a

INTENSIVIST

RMO Name & SIGN.....

3 P.M. S / B- Dr. Yogesh.

C/o -

O/E - PULSE 70/min, (R)

TEMP Afebrile

BP- 160/80 mm of Hg

RESP/SPO$_2$ 98% with O_2 2-3lit/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Awake alert

PUPILS BERL

MOTOR DEFICIT NO

I/O = 960/450ml

OTHER S/E - RS: Chest AEBE clear

INTENSIVIST

RMO Name & SIGN.....

9 P.M S / B- Dr. Gopal

C/o -

O/E - PULSE 66/min

TEMP (N)

BP- 118/80 mmHg

RESP/SPO$_2$ 98% ⊤ venti support

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Awake alert

PUPILS BERL

MOTOR DEFICIT

OTHER S/E

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

INTENSIVIST

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Patie Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Atter Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Date : 25/3/17

DIAG : Myasthenic crisis / DM / HTN / Hypothyroid

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr Sagar

C/o -

O/E - PULSE 84/min

TEMP Afebrile

BP- 130/70

RESP/SPO₂ 99% on SIMV + FiO₂ 40%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS 15/15

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E - RS: AEBE, ~~[illegible]~~ Clear

I/O : 2580/1450

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. G-38277
RMO Name & SIGN

9 A.M S / B- Nuyam
No any flc

C/o -

O/E - PULSE → 70/min

TEMP —

BP- 160/80 mmHg

RESP/SPO₂ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT NO

OTHER S/E - Pt - clear

→ on SIMV
↓
Now "T" piece trial

2580 / 1450 ml
I/O

INTENSIVIST
RMO Name & SIGN

Dr. SUVOPRIYO MOWMICK
MD DM
Consultant Neurophysician
Reg No G-42383
Signature :
Doctors Name :
Date of Signature : 25/3/17
Time of Signature : 10 am

3 P.M. S / B- Dr. Yogesh

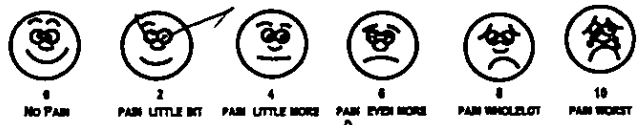
C/o - Better

O/E - PULSE 66/min, (R)

TEMP Afebrile

BP- 160/66 mm of Hg

RESP/SPO$_2$ 98% with O_2 = 8-4 lit/min

PAIN- 

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT NO

I/O = 960/500 ml

OTHER S/E -

INTENSIVIST

RMO Name & SIGN.....

9 P.M S / B- Dr. [illegible]

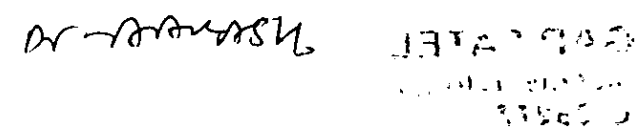
C/o -

O/E - PULSE 76/min

TEMP afebrile

BP- 164/74 mm Hg stool passed at 10 Pm

RESP/SPO$_2$ 98% with O_2 3-4 lit/min

PAIN- 

CNS — GCS awake, alert

PUPILS

MOTOR DEFICIT -

OTHER S/E -

INTENSIVIST

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Cor ..... Date : 24-3-12

DIAG : Myasthenic Crisis / HTN / DM / hypothyroid

Investigations /Change In Treatment / Reference

7 AM S / B- Dr. Sagar

C/o -

O/E - PULSE 64/min (R)

TEMP Afebrile

BP- 130/66

RESP/SPO$_2$ 98 - on SIMV c FiO2 40%

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS 15/15 TEMPORARILY

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E RS AEBE, ocu. Ronchi (D) U2

Io : 2580/1800

INTENSIVIST

RMO Name & SIGN.....

9 AM S / B- NVGM

No any fit

C/o -

O/E - PULSE - 88/min

TEMP —

BP- 190/90 mmHg

RESP/SPO$_2$ 98

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS E4V1TM6

PUPILS BERL

MOTOR DEFICIT moving all 4 limbs

OTHER S/E -

2580/1800 ml
Ilo

ON SIMV
↓
CPAP → 8:15 am
↓
"T" piece → 9:00 am

Dr. Anand Vaishnav
M.D. Neurology U.S.A.
M.D. Stroke Neurology U.S.A.
Consultant Stroke Neurologist
Reg No. G-22646

Signature :
Doctors Name :
Date of Signature : 24/3/12
Time of Signature : 10:00

RMO Name & SIGN

INTENSIVIST

3 P.M. S / B- Dr. Yogesh

C/o - NO any fresh complaint

O/E - PULSE 70/min, (R)

TEMP Afebrile

BP- 156/80 mm of Hg

RESP/SPO$_2$ 98% (a) Room air

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Awake alert

PUPILS

MOTOR DEFICIT NO

OTHER S/E -

I/O = 960/550 ml

RMO Name & SIGN..... INTENSIVIST

9 P.M S / B- Dr. Sagar

C/o -

O/E - PULSE 72/min (R)

TEMP Afebrile

BP- 104/66

RESP/SPO$_2$ 99% on SIMV c FiO$_2$ 40%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS 15/15

PUPILS

MOTOR DEFICIT Nil

OTHER S/E -

RS; AEBE, clear
CVS. Rhythm

DR. SAGAR PATEL
D.N.B. (Anesthesiology)
Reg. No. ...
INTENSIVIST

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN41607 IPD:I20162776
Admission Dt.10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 23/3/17

DIAG : MYASTHENIC CRISIS. | DM HTN

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr Sawhney

C/o - —

O/E - PULSE [illegible]

TEMP [illegible]

BP- [illegible]

RESP/SPO$_2$ [illegible] on [illegible]

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Wholelot | 10 Pain Worst

CNS — GCS E4M6V T

PUPILS [illegible]

MOTOR DEFICIT —

OTHER S/E -

RMO Name & SIGN..... Physician Assistant

9 A.M S / B- Dr. Nayan

C/o - no any fc

O/E - PULSE - 88/min

TEMP [illegible]

BP- 140/98 mg

RESP/SPO$_2$ 98

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Wholelot | 10 Pain Worst

CNS — GCS

PUPILS

MOTOR DEFICIT

OTHER S/E -

Dr. SUVORIT CHOWMICK
Signature : MD DM
Consultant Neurophysician
Doctor Reg No. 42383
Date of Signature : 23/3/17
Time of Signature : 10 am

RMO Name & SIGN..... Physician Assistant

3 P.M. S / B- Dr. yogesh.

C/o - NO any fresh complaint

O/E - PULSE 70/min, (R)

TEMP Afebrile

BP- 164/80 mm OF Hg

RESP/SPO$_2$ 98% with O_2 = 8-4L/min via T piece

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT NO

I/O = 860/1000 ml

OTHER S/E -

RS: Chest AEBE clear

RMO Name & SIGN..... Physician Assistant

9 P.M S / B- Dr. Sagar

C/o -

O/E - PULSE 84/min (R)

TEMP Afebrile

BP- 100/66 mmHg

RESP/SPO$_2$ 98% on SIMV c FIO$_2$ 40%.

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS E4VTM6

PUPILS

MOTOR DEFICIT —

OTHER S/E -

RS AEBE clear

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. [illegible]
Consultant

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD No. :..... Age .: ..... Sex M ☐ F ☐

Date : 22/3/17

DIAG : Myesthenia gravis

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr Jankat

C/o - —

O/E - PULSE 78/min

TEMP (P)

BP- 140/80 mmHg

RESP/SPO$_2$ (G) 100% on SIMV

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS E4M6V5

PUPILS Bilat

MOTOR DEFICIT —

OTHER S/E -

Physician Assistant
RMO Name & SIGN.....

9 A.M S / B- NVT/CMV

C/o - No any f/c → ON SIMV

O/E - PULSE - 74/min

TEMP (P)

BP- 170/80 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT NO

OTHER S/E -

FiO$_2$ - 40

Signature DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22734

Doctors ... 22/3/17 10 am

Physician Assistant
RMO Name & SIGN.....

3 P.M. S / B- Dr. Yogesh.

C/o -

O/E - PULSE 76/min, (R)

TEMP Afebrile

BP- 146/80 mm of Hg.

RESP/SPO$_2$ 98% with CPAP mode ventilation

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

CNS — GCS Awake alert

PUPILS

MOTOR DEFICIT NO.

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr. Sanket

C/o -

O/E - PULSE

TEMP (R)

BP- 100/60 mmHg

RESP/SPO$_2$ 16/100% on ~~CPAP~~ SIMV

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

CNS — GCS E4M6V$_T$

PUPILS B Equal

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

..... Date : 21/3/17

DIAG : M. gravis

Investigations /Change in Treatment / Reference

7 A.M S / B- D.Amrutchandan

C/o -

O/E - PULSE 70/h

TEMP 130/60

BP- 130/70 mm - 100/-

RESP/SPO$_2$

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS conscious. Eyes open

PUPILS Bilat

MOTOR DEFICIT

OTHER S/E -

Physician Assistant
RMO Name & Sign.....

9 A.M S / B- Nyam

C/o - No any flc

O/E - PULSE — 90/mm

TEMP

BP- 160/94 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V1TM6

PUPILS BEL

MOTOR DEFICIT —

OTHER S/E -

Physician Assistant
RMO Name & SIGN.....

2680/2000ml
I/O -

Signature: Dr. Anurag Vaishnav
D.M. (Neurology, U.S.A.)
D.N.B. (Stroke Neurologist, U.S.A.)
Doctors Name: Consultant Stroke Neurologist
Reg. No. G-32546
Date of Signature :
Time of Signature : 10 am

3 P.M. S / B- Dr. Yogesh.

C/o -

O/E - PULSE 80/min (R)

TEMP Afebrile

BP- 140/80 mm of Hg

RESP/SPO$_2$ 98% with CPAP mode ventilator

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS Awake alert

PUPILS

MOTOR DEFICIT NO

OTHER S/E -

I/O = 860/1000 ml

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr. [illegible]

C/o -

O/E - PULSE 86/min

TEMP (N)

BP- 120/70 mmHg

RESP/SPO$_2$ 16/min 98% [illegible]

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS 15/15

PUPILS Bilat

MOTOR DEFICIT —

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M.
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

..... Date : 20/3/17

DIAG : Myesthenia gravis

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr. Gopal

C/o -

O/E - PULSE 76/min

TEMP (N)

BP- 170/80 mmHg

RESP/SPO$_2$ 09 % SIMV mode — Vent support

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4VTM5

PUPILS BERL

MOTOR DEFICIT

OTHER S/E - P/S - Clear

Physician Assistant

RMO Name & SIGN.....

FIO$_2$ - 50 %

PEEP - 4

9 A.M S / B- Nil

C/o - No any pc

O/E - PULSE - 96/min

TEMP

BP- 136/74 mmHg

RESP/SPO$_2$ 98

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT NO

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

2440 | 2450 ml

I/O

ON SIMV

PS - 12

FIO2 - 40

DR. RAKESH SHAH
Signature: M.D. (Med.)
REG. NO. G - 22734
Doctors Name :
Date of Signature : 20/3/17
Time of Signature : 10am

3 P.M. S / B- NOW OM
NO any fe

C/o -

O/E - PULSE — 61 mm

TEMP

BP- 138/76 mm

RESP/SPO2 98%

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

CNS — GCS E4V5M6

PUPILS BERL

MOTOR DEFICIT

OTHER S/E - No-dem

Physician Assistant
RMO Name & SIGN.....

"T" piece trial given
given from 11 am to 2 pm
↓
from 2 → 4 - again
consider
↓
now again on
"T" piece from

9 P.M S / B- Ramachandran

C/o -

O/E - PULSE 72/m

TEMP

BP- 140/80

RESP/SPO2 [illegible] - 98% 12/4 / [illegible] - 99.1

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

CNS — GCS Conscious E4V5M6

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

[illegible]

Physician Assistant
RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
Pa JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
At:

IPD No. : ..... Age : ..... Sex M ☐ F ☐

Date : 19/3/17

DIAG : MYAESTHENIA CRISIS | DM HTN | HYPOTHYROIDISM

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr Jayandusim

C/o - Stable

O/E - PULSE 78 / min

TEMP

BP- 150/70 mm of Hg

RESP/SPO2 98% 7 L SIMV NO 1 O2

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V5 M6

PUPILS B2 R2

MOTOR DEFICIT

I/O - 2860/1850

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 A.M S / B- Dr. Yogesh.

C/o -

O/E - PULSE 90/min, (R)

TEMP Afebrile

BP- 170/86 mm of

RESP/SPO2 98% (a) Room air.

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

I/O - 2860/1050 ml

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT No

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

DR. RAKESH SHAH
(M.D.D.M.)
Signature : REG. NO. G - 22734

Doctors Name :
Date of Signature : 19/3/17
Time of Signature : 1000

3 P.M. S / B- Bonogesh.

C/o -

O/E - PULSE 76/min, (R)

TEMP Afebrile

BP- 160/86 mm of Hg

RESP/SPO$_2$ 98% with CPAP mode ventilation

PAIN- 0 No Pain, 2 Pain little bit, 4 Pain little more, 6 Pain even more, 8 Pain whole lot, 10 Pain worst

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT NO.

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- D.S. Gopal

C/o -

O/E - PULSE 66/min

TEMP (N)

BP- 138/80 mmHg

RESP/SPO$_2$ 98% on SIMV mode ventilation

PAIN- 0 No Pain, 2 Pain little bit, 4 Pain little more, 6 Pain even more, 8 Pain whole lot, 10 Pain worst

CNS — GCS awake, alert

PUPILS

MOTOR DEFICIT No

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

DR. RAKESH SHAH (M.D.D.M.)
Signature : REG. NO. G - 22734
Doctors Name :
Date of Signature : 19/3/17
CONSULTANT SIGN.
Time of Signature :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD No. :..... Age .: ..... Sex M ☐ F ☐

Date : 18/3/17

DIAG : [illegible]

Investigations /Change In Treatment / Reference

Z.A.M S / B- [illegible]

C/o - –

O/E - PULSE [illegible]

TEMP [illegible]

BP- [illegible]

RESP/SPO$_2$ [illegible]

PAIN- 0 No Pain; 2 PAIN LITTLE BIT; 4 PAIN LITTLE MORE; 6 PAIN EVEN MORE; 8 PAIN WHOLE LOT; 10 PAIN WORST

CNS — GCS [illegible]

PUPILS [illegible]

MOTOR DEFICIT –

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

[illegible]

9 A.M S / B- [illegible]

C/o - No any [illegible]

O/E - PULSE - 62/min

TEMP [illegible]

BP- 160/80 mmHg

RESP/SPO$_2$ 98

PAIN- 0 No Pain; 2 PAIN LITTLE BIT; 4 PAIN LITTLE MORE; 6 PAIN EVEN MORE; 8 PAIN WHOLE LOT; 10 PAIN WORST

CNS — GCS E4VTM6

PUPILS BER

MOTOR DEFICIT –

OTHER S/E -

[illegible]

Physician Assistant

RMO Name & SIGN.....

→ON CMV

peep - 4

FiO$_2$ - 40

2320 | 1650 ml

Flu

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G-22734

18/3/17
10am

3 P.M. S / B- Dr. Yogesh.

C/o - Better.

O/E - PULSE 90/min (R)

TEMP Afebrile

BP- 164/86 mm of Hg

RESP/SPO$_2$ 98% with CPAP mode ventilation

PSV: 12.

PEEP: 4

PAIN- 0 No Pain | 2 PAIN LITTLE BIT | 4 PAIN LITTLE MORE | 6 PAIN EVEN MORE | 8 PAIN WHOLE LOT | 10 PAIN WORST

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT NO.

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr Jogendrasinh

C/o - Stable

O/E - PULSE 80/min

TEMP

BP- 120/60 mm of Hg

RESP/SPO$_2$ 100% c SIMV 40/min

PAIN- 0 No Pain | 2 PAIN LITTLE BIT | 4 PAIN LITTLE MORE | 6 PAIN EVEN MORE | 8 PAIN WHOLE LOT | 10 PAIN WORST

CNS — GCS awake alert

PUPILS BGR

MOTOR DEFICIT

OTHER S/E

Physician Assistant

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 17-3-17

DIAG : tMyelitis
gnm

Investigations /Change In Treatment / Reference

Inj Lasix dyur

7 A.M S / B- Dr Anuchandan

C/o -

O/E - PULSE 80/m

TEMP C

BP- 130/80

RESP/SPO$_2$ on CMV. 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Comatose

PUPILS BERL

MOTOR DEFICIT

OTHER S/E - Res cul MAD

Physician Assistant

RMO Name & SIGN.....

9 A.M S / B- NAD

C/o - No any pt

O/E - PULSE – 98/mm

TEMP

BP- 140/80 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4VETM6

PUPILS BERL

MOTOR DEFICIT moving all 4 limbs

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

2980/1700ml
I/o

→ON CMV FIO2-40%.

PLAN → T'stomy

Signature
DR. RAKESH SHAH
Doctors Name : G-22734
REGISTRAR
Date of Signature : 17/3/17
Time of Signature : 10:00

3 P.M. S / B- Dr. Yogesh.

→ Pt is NBM

C/o -

O/E - PULSE 70/min, (R)

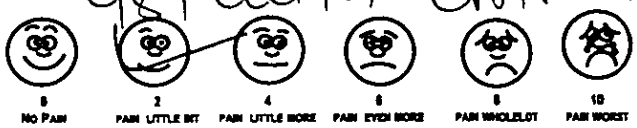
TEMP Afebrile

BP- 160/80 mm of Hg

RESP/SPO$_2$ 95% with CMV mode ventilation

→ Plan T'stomy on call.

PAIN-



CNS — GCS E4 V$_{ET}$ M5

PUPILS BERL

MOTOR DEFICIT NO

I/O = 1080/1100 ml

OTHER S/E -

RS: Chest AEBE clear

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- [illegible]

C/o - [illegible]

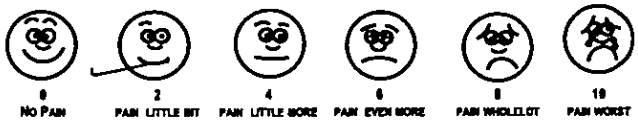
O/E - PULSE (P)

TEMP

BP- 150/[illegible]

RESP/SPO$_2$ [illegible] on CMV

PAIN-



CNS — GCS [illegible]

PUPILS [illegible]

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
Patient's Name .: JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

Attending Consult ..... Date : 16-3-17

DIAG : Myesthenia gravis

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr Amrutchandran

C/o -

O/E - PULSE

TEMP

BP-

RESP/SPO$_2$

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS

PUPILS

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 A.M S / B- Nayan

C/o - No any fc

O/E - PULSE - 84/min

TEMP

BP- 160/90 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS E4V5M6

PUPILS BER

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

2960 | 1900 ml

Flo.

→ ON CMV → FiO$_2$ 40%

peep - 4

Signature : DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22734

Doctors Name :

Date of Signature : 16/3/17

Time of Signature : 10am

3 P.M. S / B- Dr. Yogesh

C/o - Breathlessness (+ve) → UOP ↓

O/E - PULSE 70/min, (R)

TEMP Afebrile

BP- 150/80 mmHg

RESP/SPO$_2$ 95% with CMV mode

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V$_E$T M6

PUPILS

MOTOR DEFICIT NO

OTHER S/E -

RS: Chest AE BE ⊂ (B+) basal crepitation

I/O = 1500/1050 ml

Inj. Dytor (20mg) stat IV

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr Amirthalan

C/o -

O/E - PULSE 92

TEMP

BP- 130/70

RESP/SPO$_2$ CMV - 45%/5cm.

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS Comatose

PUPILS Bilat

MOTOR DEFICIT

OTHER S/E -

equal balance / -ve balance

Physician Assistant

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Co ..... Date : 15-3-17

DIAG : Crisis in Myesthenia gravis / DM / HTN / Hypothyroidism

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr Sagar

C/o -

O/E - PULSE 78/min (R)

TEMP Afebrile

BP- 155/75 mmHg

RESP/SPO$_2$ 99% on CMV (FiO$_2$ 40%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E - RS: AEBE clear

I/O : 3020/1850

Physician Assistant

RMO Name & SIGN.....

9 A.M S / B- NVM/GM

C/o - no any pt

O/E - PULSE – 76/min

TEMP —

BP- 170/80 mmHg

RESP/SPO$_2$ 98% CMV FiO$_2$ 40%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst

CNS — GCS E4VTM6

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

3020/1850 ml

I/O.

→ patient was only able to keep 1 HR on "T" piece. again put on CMV

Signature DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 2273

Doctor's Name :

Date of Signature : 15-3-17

Time of Signature : 10 A

3 P.M. S / B- Dr. Yogesh.

C/o -

O/E - PULSE 76/min, (R)

TEMP Afebrile

BP- 150/86 mm of Hg

RESP/SPO$_2$ 98% with T piece

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

CNS — GCS E4VETM5

PUPILS BERL

MOTOR DEFICIT NO

I/O = 1400 / 1000 ml

OTHER S/E -

RS: Chest AEBE Clear

Physician Assistant

RMO Name & SIGN.....

9 P.M S / B- Dr Amrutanandan

C/o -

O/E - PULSE 82

TEMP 16/80

BP-

RESP/SPO$_2$ labored

PAIN- 0 No Pain | 2 Pain Little Bit | 4 Pain Little More | 6 Pain Even More | 8 Pain Whole Lot | 10 Pain Worst

No fever

→ overnight care

CNS — GCS Conscious

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD No. : ..... Age : ..... Sex M ☐ F ☐

Date : 14/3/17

DIAG : myesthenia crisis

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr. RAKESH

C/o -

O/E - PULSE 79/min.

TEMP afebrile

BP- 157/76 mm Hg

RESP/SPO$_2$ 98% on CMV ventilation.

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS awake E4 V5 T M6

PUPILS BERL

MOTOR DEFICIT ←

OTHER S/E -

Physician

RMO Name & SIGN.

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

2/0 2/20/1200

9 A.M S / B- NCM/cm

C/o - No any fc

O/E - PULSE 74/mm

TEMP

BP- 140/72 mm

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V5 T M6

PUPILS BERL

MOTOR DEFICIT IV+ / IV+

OTHER S/E -

Physician

RMO Name & SIGN.

2/20/1200 ml
Ilo.

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G-22724
14/3/17
10am

3 P.M. S / B- Dr. yogesh.

C/o -

O/E - PULSE. 80/min, irregular

TEMP Afebrile

BP- 168/78 mm of Hg

RESP/SPO₂ 98% with cmv mode ventilation.

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS E4VETM6

PUPILS BERL

MOTOR DEFICIT NO

I/O - ~~1350~~/450ml

OTHER S/E -

RS: Chest AEBE clear

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

RMO Name & SIGN.....

9 P.M S / B- Dr. Sagar

C/o -

O/E - PULSE 72/min

TEMP Afebrile

BP- 113/78

RESP/SPO₂ 98% on cmv c FIO₂ 40%

PAIN- 0 No Pain, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST

CNS — GCS E4VTM6

PUPILS

MOTOR DEFICIT —

OTHER S/E -

RS: AEBE, clear

DR. RAKESH RG
(M.D.S.M)
REG NO. 2272

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 13/3/17

DIAG : my enhr gram

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr. Gopal.

C/o -

O/E - PULSE 75/min

TEMP (N)

BP- 160/90 mm Hg

RESP/SPO2 99%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V5 M6

PUPILS Bell

MOTOR DEFICIT No

OTHER S/E -

P/S - Clear.

Physician Assistant
RMO Name & SIGN.....

F/O - 2500/1850

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

9 A.M S / B- Dr Lata

C/o -

O/E - PULSE 64

TEMP (N)

BP- 134/80 mm Hg

RESP/SPO2 99% on SIMV mode of ventilation

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

RR = 15/min

CNS — GCS 15/15

PUPILS Bell

MOTOR DEFICIT N

OTHER S/E -

Physician Assistant
RMO Name & SIGN.....

DR. RAKESH SHAH
M.D.D.M.)
REG. NO. G-22734

Signature :
Doctors Name :
Date of Signature : 13/3/17
Time of Signature : 10.0

3 P.M. S / B- Dr. MAVIMA

C/o -

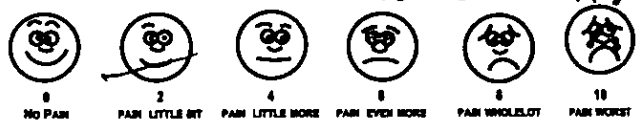
O/E - PULSE 80/min

TEMP

BP- 0

RESP/SPO$_2$ 150/60 mm 100% vent

PAIN-



CNS — GCS E4M6V1 Ventilated

PUPILS B ⊂ ⊃

MOTOR DEFICIT 4 ⊃

OTHER S/E -

1/01/600/800

RMO Name & SIGN.....

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

CMV mode

CMV mode

T: 450.

FiO2: 40%

PEEP: 4

Rate: 13

9 P.M S / B- Dr- MAKASH.

C/o -

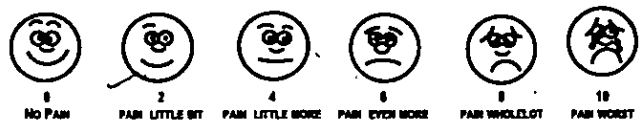
O/E - PULSE 81/min

TEMP afebrile

BP- 172 / 88 mmHg

RESP/SPO$_2$ 96% on CPPV ventilation mode

PAIN-



CNS — GCS E4 VET M6.

PUPILS BERL.

MOTOR DEFICIT

OTHER S/E -

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 12/3/17

DIAG : crisis in K/C/O my esthenia gravis. DM/HT./H.Y.O Thyroidism

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr. Akash

C/o -

O/E - PULSE - 79/min.

TEMP afebile

BP- 128/76 mm Hg

RESP/SPO$_2$ 99% on O$_2$ 3-4 lit/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS awake, Alert 15/15

PUPILS BERL

MOTOR DEFICIT —

OTHER S/E -

210 / 700 / 1100

(alternate BIPAP & nasal prongs)

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

Physician Assistant
RMO Name & SIGN.....

9 A.M S / B- Dr. Yogesh

C/o - Episodic breathlessness +ve

O/E - PULSE 78/min, (R)

TEMP Afebile

BP- 140/86 mm of Hg

RESP/SPO$_2$ 98% (G) ~~Room air~~ with BIPAP mode ventilation

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT No.

OTHER S/E -

Dr. Anand Vaishnav
M.D.(Neurology, U.S.A.)
M.D.(Stroke Neurology, U.S.A.)
Consultant Stroke Neurologist
Reg.No. G-22646
Signature
Doctors Name
Date of Signature : 12/3/17
Time of Signature : 1 P.M.

Physician Assistant
RMO Name & SIGN.....

3 P.M. S / B- Dr. Yogesh

C/o - In view of Respiratory distress with use of accessory muscle

O/E - PULSE 84/min, (R)

TEMP Afebrile

BP- 170/100 mm of Hg

RESP/SPO$_2$ 98% with O_2 = 3-4 lit/min

Intubation done

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V4M6

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

RS: Chest AEBE

Acute.

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

Physician Assistant

RMO Name & Sign.....

9 P.M S / B- Dr. Gopal

C/o -

O/E - PULSE 75/min

TEMP (N)

BP- 160/80 mmHg.

RESP/SPO$_2$ 99% T SFMV Mode

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4V4M6

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

P/S - Clear.

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

Physician Assistant

RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

DOCTOR'S DAILY NOTES

Patient's Name ..... IPD No. :..... Age : ..... Sex M ☐ F ☐

Attending Consultant : ..... Date : 11/3/17

DIAG : Crisis in K/C/O Myasthenia gravis / DM/HTN/ hypothyroidism

Investigations /Change in Treatment / Reference

7 A.M S / B- Dr. Sagar

C/o -

O/E - PULSE 78/min (R)

TEMP Afebrile

BP- 120/70

RESP/SPO$_2$ 99% on BiPAP c̄ 40% FiO$_2$

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS 15/15

PUPILS

MOTOR DEFICIT —

OTHER S/E - RS: AEBE, clear

I/O: 1950/1075

Physician Assistant
RMO Name & SIGN.....

9 A.M S / B- NCV/CM

C/o - No any fever

O/E - PULSE - 80/min

TEMP

BP- 130/80 mmHg

RESP/SPO$_2$ 98%

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS 15/15 LT Eye ptosis

PUPILS BERL

MOTOR DEFICIT NO

OTHER S/E -

Physician Assistant
RMO Name & SIGN.....

1950/1075 ml
I/O.

DR. RAKESH SHAH
M.D.
Signature : REG. NO. 16-2273
Doctors Name :
Date of Signature : 11/3/17
Time of Signature : 10 am

3 P.M. S / B- Dr. Yogesh.

C/o - episodic breathlessness (+ve)

O/E - PULSE 80/min, (R)

TEMP Afebrile

BP- 120/80 mm of Hg.

RESP/SPO$_2$ 98% with O_2 = 2-3 lit/min

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V4 M6

PUPILS BERL.

MOTOR DEFICIT

OTHER S/E -

RS: Chest AEBE: Clear

I/O = 1350/900ml

Physician Assistant
RMO Name & SIGN.....

---

9 P.M S / B- Dr - Anukash

C/o -

O/E - PULSE 80 /min

TEMP afebrile

BP- 124/86/mm Hg

RESP/SPO$_2$ 97% with O_2 - 2-3 lit/min. → Alternate BiPap & nasal prongs

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS E4 V5 M6

PUPILS BERL

MOTOR DEFICIT

OTHER S/E -

RS: B/L AE clear tng

Physician Assistant
RMO Name & SIGN.....

CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

F / IPD / 11

DOCTOR'S DAILY NOTES

Patient's Name .: ..... IPD No. :..... Age .: ..... Sex M ☐ F ☐

Attending Consultant ..... Date : 10/3/17

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

DIAG : Myelomeningocele

Investigations /Change In Treatment / Reference

7 A.M S / B- Dr Anuschaman

Overnight Bupap

C/o -

O/E - PULSE 90

TEMP

BP- 150/90

RESP/SPO$_2$

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

Abx @ 7.15 Am

CNS — GCS Conscious

PUPILS Conscious

MOTOR DEFICIT

OTHER S/E -

Signature :
Doctors Name :
Date of Signature :
Time of Signature :

Physician Assistant
RMO Name & SIGN.....

9 A.M S / B- NCM/CM

C/o - LT Eye ptosis + mt

O/E - PULSE 98/min

TEMP

BP- 164/90 mmHg

RESP/SPO$_2$ 98%

No breathlessness

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst

CNS — GCS 15/15

PUPILS Bilat

MOTOR DEFICIT NO

OTHER S/E -

Signature : DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22734
Doctors Name :
Date of Signature : 10/3/17
Time of Signature :

Physician Assistant
RMO Name & SIGN.....

3 P.M. S / B- Dr. Yogesh.

C/o - NO shortness of breath

O/E - PULSE 80/min, (R)

TEMP Afebrile

BP- 140/86 mm of Hg

RESP/SPO$_2$ 98% (A) Room air

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

CNS — GCS awake alert

PUPILS

MOTOR DEFICIT NO.

OTHER S/E -

Signature

Doctors Name :

Date of Signature :

Time of Signature :

RMO Name & SIGN Physician Assistant

9 P.M S / B- Dr. Sagar

C/o -

O/E - PULSE 70/min

TEMP Afebrile

BP- 137/79

RESP/SPO$_2$ 99% on PSV (760, 40) (NIV)

PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst

Signature :

Doctors Name :

Date of Signature :

Time of Signature :

CNS — GCS Awake, Alert

PUPILS

MOTOR DEFICIT

OTHER S/E -

RS: AEBE, clear

Physician Assistant

RMO Name & SIGN..... CONSULTANT SIGN.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

F / IPD / 11

DOCTOR'S DAILY NOTES

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name .: ..... IPD No. :.....Age .: ..... Sex M ☐ F ☐

Attending Consulta ..... Date : 10/3/17

DIAG :	Investigations /Change in Treatment / Reference
7 A.M S / B- C/o - O/E - PULSE TEMP BP- RESP/SPO$_2$ PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst CNS — GCS PUPILS MOTOR DEFICIT OTHER S/E - NA Physician Assistant RMO Name & SIGN.....	
9 A.M S / B- C/o - O/E - PULSE TEMP BP- RESP/SPO$_2$ PAIN- 0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholelot, 10 Pain Worst CNS — GCS PUPILS MOTOR DEFICIT OTHER S/E - Physician Assistant RMO Name & SIGN.....	DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22734 Signature : Doctors Name : 10/3/17 Date of Signature : Time of Signature : Time :

3 P.M. *S / B-*

C/o -

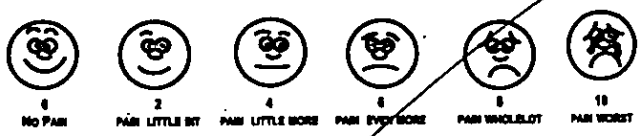
O/E - PULSE

TEMP

BP-

RESP/SPO$_2$

PAIN-



CNS — *GCS*

PUPILS

MOTOR DEFICIT

OTHER S/E -

Physician Assistant

RMO Name & SIGN.....

9 P.M *S / B-* Dr Amochaulan

C/o - on admission

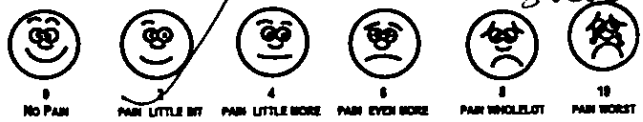
O/E - PULSE 100/L

TEMP C

BP- 180/100

RESP/SPO$_2$ 85% RA . RR. 15/L shallow

PAIN-



CNS — *GCS* Conscious

PUPILS BLR

MOTOR DEFICIT resp muscle weakness

OTHER S/E -

RMO Name & SIGN.....

CONSULTANT SIGN.....

104-2

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS | HTN | DM | HYPOTHYROIDISM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 2/4/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Gidiani / Evening Rashmika. / Night

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP						
✓	TAB. OMNACORTIL 40 mg	1½ OD	~~RT~~ PO	8 am			
✓	TAB AZORAN 50 mg	BD	PO	10 am			10 pm
✓	TAB. ECOSPRIN 150 mg	OD	PO			2 pm	
✓	TAB. THYRONORM 25 µg	OD	PO	6 am			
✓	TAB. IMDUR 30 mg	OD	PO			6 pm	
✓	TAB. PANTOCID 40 mg	BD	PO	6 am		6 pm	
✓	TAB. GRAVITOR 60 mg (IF HR > 70/min)	QDS	PO	6 am	12 pm	6 pm	12 MN
✓	TAB. GLYCOPYROLATE 1mg	OD	PO	10 am			
	LIQ. DUPHALAC 30 ml	HS	PO				10 pm
✓	SYP. ~~LIQ~~. MUCCAIN GEL 10 ml	BD	PO	10 am			10 pm
✓	TAB TRIBET (1 mg) ½	BL – ½ BD					

6. IV Fluids :
INJ. NS @ 20 ml/HR
STOP

7. Diet :
SEMISOLID | CRUSHED
↓ SUPERVISION (ADD+SRD)

8. Investigation Today :

9. Special Orders if any / Allergies if Any
- RBS × (5) times/day
- INJ. HAI ACC. TO RBS
- PHYSIOTHERAPY
- WK MOBILISATION

10. Reference if any

Dr. SUVORIT BHOWMICK
Signature MD. DM
Consultant Neurophysician
Reg No G-42303
Consultant Name & Sign
Doctors Name
Date of Sign 2/4/17
Time

Dr. Name & Signature
Physician's Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

VFD4

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017

Stool passed

F / IPD / 13 JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Patient's N. Gender/Age:Male / 74 Yrs

Date : 2/4/17 Time:

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Age .: .....Sex M ☐F ☐ Previous 24 Hours Intake 2940 Previous Output 24 Hours : urine pass. Balance : the

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.3F	98.6F	98.1F	98.2F								
Pulse Rate / min.	72/m	85/m	81/m	88/m								
Blood Pressure (mm of Hg)	120/80	130/80		120/80								
Resp. rate / min. SPaO2 / CVP	95%	96%	96%	95%								
UNIVERSAL PAIN ASSESSMENT	2	2	2	2								
INTAKE IV Line 1												
2 Inj. N.S. 20 ml/hr Continuous	40	40	40	40								
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40								
TOTAL IV (SUMMATION) (ml.)	40	80	120	160								
Oral / N.G. (ml.)	200	200	200	900								
TOTAL ORAL / N.G. (ml.)	200	400	600	900								
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	1060								
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		urine passed	urine passed	urine passed								
TOTAL URINE OUTPUT (ml.)												
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)												
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :												

Discharge

104-2

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS | HTN | DM | HYPOTHYROIDISM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 1/4/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Nita/SIO
NURSE NAME : Evening Nita/SIO
Night Suresh

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP						
	TAB. OMNACORTIL 40 mg	1½ OD	RT	8 am			
	TAB. ALORAN 50 mg	BD	RT	10 am			10 pm
	TAB. ECOSPRIN 150 mg	OD	RT			12 pm	
	TAB. THYRONORM 25 µg	OD	RT	6 am			
	TAB. IMDUR 30 mg	OD	RT			6 pm	
	TAB. PANTOCID 40 mg	BD	RT	6 am		6 pm	
	TAB. GRAVITOR 60 mg	QDS	RT	6 am	12 pm	6 pm	12 mn
	(IF HR > 70/min)						
	TAB. GLYCOPYROLATE 1 mg	OD	RT	10 am			
	LIQ DUPHALAC 30 ml	HS	RT				10 pm
	LIQ MUCAIN GEL 10 ml	BD	RT	10 am			10 pm

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	As						

6. IV Fluids :
INJ. NS @ 20 ml/HR

7. Diet :
RTF @ 200 ml / 2 hrly (ADD+SRD) orally
Liquid / Semisolids / Crushed under supervision

8. Investigation Today :

9. Special Orders if any / Allergies if Any
- RBS - 6 hrly / day
- INJ HAI ACC. TO RBS
- PHYSIOTHERAPY
- W/C MOBILISATION

10. Reference if any

Signature : Dr. SUVARIT BHOWMICK MD. DM
Consultant Name & Sign : Neuropsychiatrist
Doctor Reg No. G-42303
Date of Signature : 1/4/17

Dr. Name & Signature : Physician's Assistant

UFD3
RT -D2 | Remove

Stool passed

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Age : .....

Date : 1/4/17 Time: 8AM

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

VINS

Previous 24 Hours Intake : 2440 Previous Output 24 Hours : 1850 Balance : 590

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.1F	98.2F	98.1F	98.2F	96.9F	98.1F	98.2F	98.2F	98.4F			98.3F
Pulse Rate / min.	98/m	100/min	81/min	82/min	71/min	91/min	106/min	68/m	74/m			66/m
Blood Pressure (mm of Hg)	120/80	120/80	120/80	120/80	120/80	120/80	130/80	120/80	120/80	pt. sleeping		130/80
Resp. rate / min. SPaO2 / CVP	97%	94%	97%	98%	98%	93%	94%	96%	93%			96%
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst)	2	2	2	2	2	2	2	2	2	2	2	2
INTAKE IV Line 1												
2 DGKL 200ml/hr	40	40	40	40	40	40	40	40	40	40	40	40
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	40	80	120	160	200	240	280	320	360	400	440
Oral / N.G. (ml.)	200	200	300	200	200	300	500	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	700	900	1100	1400	1900	2100	2300	2300	2300	2500
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	200	440	720	1020	1260	1600	2140	2380	2620	2660	2300	2940
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N.G.Aspirate or Vomiting (ml.)												
Urine Output (ml.)		Urine passed		Urine passed		Urine passed		urine passed	urine passed			urine passed
TOTAL URINE OUTPUT (ml.)												
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)												
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :												

10H. 2 Rec-h 10 1

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / HTN / DM / HYPOTHYROIDISM

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 31/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Shailesh
Evening Fatma
Night Ashish

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP.						
	TAB. OMNACORTIL 40mg	1½ OD	RT	8am			
	TAB. ACOLAN 50mg	BD	RT	10am		10pm	
	TAB. ECOSPRIN 150mg	OD	RT		2pm		
	TAB. THYRONORM 25 µg	OD	RT	6am			
	TAB. EMDUR 30mg	OD	RT		6pm		
	TAB. PANTOCID 40mg	BD	RT	6am		6pm	
	TAB. GRAVINOR 60mg	QDS	RT	6am	12mn	6pm	12mn
	(IF HR > 70/min)						
	TAB. GLYCOPYRROLATE 1mg	OD	RT	10am			
	LIQ. DUPHALAC 30ml	HS	RT			10pm	
	LIQ. MUCAIN GEL 1 ml	BD	RT	10am		10pm	

6. IV Fluids :
IND. NS 20 ml/hr

7. Diet :
RTF @ 200ml / 2 hrly (ADD + SRD)

8. Investigation Today :
Shift to wards

9. Special Orders if any / Allergies If Any
- RBS 6 hrly
- HAI ACC. TO RBS
- PHYSIOTHERAPY
- W/C MOBILIZATION

10. Reference if any

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	ASTHALIN NEB	Stat	NASAL			10am	

SHUVRIT BHOWMICK
MD. DM
Consultant Neurophysician
Reg. G-42383

Signature :
Consultant Name & Sign :
Doctor Reg :
Date of Signature :
Time of Signature : 31/3/17

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Reg. No. 58-38277

Dr. Name & Signature

VFD2
RT D20

stool passed

F / IPD UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
Patient JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Age .: .Gender/Age:Male / 74 Yrs

Date : 31/3/17 Time: 8am.
.....IPD No. :.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2480 ml Previous Output 24 Hours : 2250 Balance : +230 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.2F	98.6F	98.7F	98.7F	98.6F	98.2F	98°F	98.4F	98.8F			97.5F
Pulse Rate / min.	70/m	84/m	86/m	82/m	88/m	84/m	82/m	84/m	86/m			
Blood Pressure (mm of Hg)	129/70	151/66	127/60	128/82	120/80	120/80	110/80	130/80	120/80	P.R.	Slept	130/80
Resp. rate / min. SPaO2 / CVP		92 18	95 16	94	96	97%	96%	98%	98%			97%
UNIVERSAL PAIN ASSESSMENT	0	0	0	0	0							
INTAKE IV Line 1 Inj NS @ 20ml/hr	40	40	40	40	Stopped	40	40	40	40	40	40	40
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	-	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	160	200	240	280	320	360	400	440
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1160	1400	1640	1880	2120	2160	2200	2440
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	300	—	400	150	—	300	200	—	300	—	—	200
TOTAL URINE OUTPUT (ml.)	300	300	700	850	850	1150	1350	1350	1650	1650	1650	1850
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	300	300	700	850	850	1150	1350	1350	1650	1650	1650	1850
Balance (ml.)												
R.B.S. mg% / Abd.Girth (c.m.)												
Signature of Staff:												

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VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis: MYASTHENIC CRISIS | HTN | DM | HYPOTHYROIDISM.

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date.: 30/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME: Morning Thersingh
Evening Chetrai.m
Night Ritu

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP						
	TAB OMNACORTIL 4mg	1½ OD	RT	8am			
	TAB AZORAN 50mg	BD	RT		10am		10pm
	TAB GLOSPAN 150mg	OD	RT			2pm	
	TAB THYRONORM 25mg	OD	RT	6am			
	TAB EMDUR 30mg	OD	RT			6pm	
	TAB PANTOCID 40mg	BD	RT	6am		6pm	
	TAB GRANITOR 6mg (HR > 70/m)	OD	RT	6am	12pm	6pm	12am
	UQ DUPHALAC 30ml	HS	RT				10pm
	UQ MUCAIN GEL 10ml	BD	RT		10am		10pm
	TAB. GLYCOPYRROLATE (1mg)	OD	RT		11am		

6. IV Fluids: INS NS 20ml/h

7. Diet: RTF @ 200ml 2hr
ADD HSRD)

8. Investigation Today:

Chest x-ray

9. Special Orders if any / Allergies if Any
RBS 6hrly
HAI ACC TO RBS
PHYSIOTHERAPY
W/C MOBILIZATION

10. Reference if any

O2 Stopped 1m 6am

Signature: DR. ANAND SWARUP RAUHAN
Consultant Name & Sign: M.D. (Anaesthesiology)
Reg. No: G-41737
Date & Time of: 30/3/17 10am

Dr. Name & Signature: INTENSIVIST

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	INJ HYDROCORT 100mg	Stat	IV		8:30 Am		
	ASTHALIN NEB	Stat	NEBUL		8:30 Am		
	Inj. LASIX 40mg	Stat	IV		11am		

VF - D1
RT - D19
FC - D8 removal

Stool Not Passed - D1

F / IPD / 13 F UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
Patient's Name JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Age .: .....Sex Gender/Age:Male / 74 Yrs

te : 30/7/17 Time: 8 Am .....IPD No. :.....

ious 24 Hours Intake : 2080 Previous Output 24 Hours : 1200 Balance : 880

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98°F	98.2°F	98.7°F	98.5°F	98.2°F	98.6°F	98.2°F	98.4°F	98.2°F	98.6°F	98.4°F	98.6°F
Pulse Rate / min.	88 b/m	82 b/m	95 b/m	74 b/m	78 b/m	72	88	80 b/m	78 b/m	73 b/m	82 b/m	74 b/m
Blood Pressure (mm of Hg)	125/70	109/54	96/41	107/49	110/60	120/70	115/60	110/70	110/80	130/80	130/80	132/70
Resp. rate / min. SPaO2 / CVP	92/22	95/23	98/20	100/20	98/20	99	98	99	98	99	100	95
UNIVERSAL PAIN ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 NS 500 ml	40	40	40	40	40	40	40	40	40	40	40	40
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	320	360	400	440	480
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	-		200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)	~~800~~											
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1200	1440	1680	1920	2160	2200	2240	2480
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)	—	—										
Urine Output (ml.)	—	—	300	250	400	200	400	—	400	-	300	-
TOTAL URINE OUTPUT (ml.)			300	550	950	1150	1550	1550	1950	1950	2250	2250
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)			300	550	950	1150	1550	1550	1950	1950	2250	2250
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :												

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 29/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning NILU / 287
NURSE NAME : Evening Sizo / 527
Night Archana

Diagnosis : MYASTHENIC CRISIS / HTN / DM / HYPOTHYROIDISM

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP						
	TAB. OMNACORTIL 40mg	1½ OD	RT	8AM			
	TAB. AZORAN 50mg	BD	RT		10AM		10PM
	TAB. ECOSPIN 150mg	OD	RT			1PM	
	TAB. THYRONORM 25 µg	OD	RT	6AM			
	TAB. IMDUR 30 mg	OD	RT			6PM SN	
	TAB. PANTOCID 40mg	BD	RT	6AM		6PM SN	
	TAB. CRAVITOR 60 mg (IF HR > 70/min)	~~QDS~~	RT	6AM	12MD	6PM SN	12MN
	LIQ. DUPHALAC 30ml	HS	RT				10PM
	LIQ. MYCAINE GEL 10ml	BD	RT		10AM		10PM
	BUDACORT NEB	Stat	RT		10AM		

Dr. Anil

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	INJ HYDROCORT 100mg	Stat	IM		10AM		

6. IV Fluids : INJ. NS @ 20ml/hr

7. Diet : RTF @ 200ml/2hrly (ADD + SRD)

8. Investigation Today :

9. Special Orders if any / Allergies if Any
- RBS 6 hrly
- INJ. HAI ACC. TO RBS.
- PHYSIOTHERAPY
- WR MOBILIZATION

10. Reference if any

Dr. Anand Vaishnav
M.D. (Neurology, U.S.A.)
Consultant Stroke Neurologist
Reg No. G-22648

Signature
Consultant Name & Sign
Doctors Name
Date of Signature : 29/3/17
Time of Signature : 10am

Dr. Name & Signature
DR. SAGAR PATEL
D.N.B. (Anesthesiology)
Reg. No. G-38277

TT - D11 Removed cst 11 Am
RT - D18
VF - D7

STOOL ~~NOT~~ PASSED ~~NOT~~

F / I UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
Pat SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Age

Date : 29-3-17 Time: 8 Am.
IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2480 Previous Output 24 Hours : 1700 Balance : +780 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6°F	98°F	98°F	98°F	98.6°F	98.6°F	98.6°F	98°F	98°F	98°F	98.2°F	98°F
Pulse Rate / min.	85/m	77/m	85/m	81/m	88/m	80/m	86/m	84/m	80/m	71/m	95/m	88/m
Blood Pressure (mm of Hg)	150/70	140/70	130/60	120/60	133/86	138/70	162/82	141/72	139/67	149/69	143/75	141/65
Resp. rate / min. SPaO2 / CVP	16/min	99/19	100/23	99/20	99/14	96/22	98/16	98/20	99/18	99/18	96/22	99/21
UNIVERSAL PAIN ASSESSMENT (0 NO PAIN, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE BIT, 10 PAIN WORST)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 IV5 NS	40	40	40	40	40	40	40	40	40	40	40	40
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	320	360	400	440	480
Oral / N.G. (ml.)	200	~~200~~	200	200	200	200	200	200	200	-	-	
TOTAL ORAL / N.G. (ml.)	200	400	400	600	800	1000	1200	1400	1600	1600	1600	1600
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	520	760	1000	1240	1480	1720	1960	2000	2040	2080
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS,(SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		100	300	-	-	200	-	200	-	200	200	
TOTAL URINE OUTPUT (ml.)		100	400	400	400	600	600	800	800	1000	1200	
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)		100	400	400	400	600	600	800	800	1000	1200	
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff	[illegible]	Nitu	Nitu	Nitu	SNN	SNN	SNN	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

SST

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / HTN / DM / HYPOTHYROIDISM

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 28/3/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Jakir/458
Evening Sherasingh
Night Stanley/534

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP						
✓	TAB. OMNACORTIL 40mg	1tt OD	RT	8AM			
✓	TAB. AZORAN 50mg	BD	RT	10AM			10PM
✓	TAB. ECOSPRIN 150mg	OD	RT		12PM		
✓	TAB. THYRONORM 25mg	OD	RT	8AM			
✓	TAB. IMDUR 30mg	OD	RT			6PM	
✓	TAB. PANTOCID 40mg	BD	RT	8AM		6PM	
✓	TAB. GRAVITOR 60mg	QDS	RT	8AM	12PM	6PM	10PM
	(If H.R. > 70/min.)					N.G.	
✓	LIQ. DUPHARAC 30ml	HS	RT				10PM
✓	LIQ. MUCAINE GEL 10ml	BD	RT	10AM			10PM

6. IV Fluids : Inj. NS @ 20ml/hr. IV

7. Diet : RTF 200ml 2hrly. (ADJ + SMD)

8. Investigation Today ABG 8:PM ✓ CKT 1PM Send

9. Special Orders if any / Allergies If Any
- NAS 6hrly.
- Inj. NAS @ 8hrs
- Physiotherapy
- B/c mobility

10. Reference if any

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Consultant Name & Sign: Ajit Vaishnav M.D. (Neurology, U.S.A.) Consultant Neuro Neurologist Reg. No. G-22646

Signature : 28/3/17

Doctors Name : DR. SHILPEN

Date & Time :

Dr. Name & Signature

Time :

INTENSIVIST

P.O.S.

T-T D10
RT - D17
V/F - D6

stool not passed D2

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 23/3 Time: 8am

IPD No. :

☐ Previous 24 Hours Intake : 2280 Previous Output 24 Hours : 2150 Balance : 130 +ve

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6f	98.4F	98.8F	98.0F	98°f	98.2°f	98.1°f	98.6°f	98.8°f	98.6°f	98.4°f	98.6°f
Pulse Rate / min.	66/m	80/m	82/m	76/m	76 b/m	68b/m	65b/m	80b/m	82b/m	74b/m	76b/m	74b/m
Blood Pressure (mm of Hg)	147/70	159/79	144/68	158/82	148/76	145/71	154/78	130/70	150/80	140/70	150/70	140/90
Resp. rate / min. SPaO2 / CVP	99/16	99/17	100/18	98/16	98/18	99/20	99/16	98/14	99/18	99/18	98/18	98/16
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 IVF NS(500)20ml/hr	40	40	40	40	40	40	40	40	40	40	40	40
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	320	360	400	440	480
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1200	1440	1680	1940	2160	2200	2240	2480
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	—	100	—	200	300	—	300	300	—	—	—	400 + 100
TOTAL URINE OUTPUT (ml.)	—	100	100	300	600	600	900	1200	1200	1200	1200	1700
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	—	100	100	300	600	600	900	1200	1200	1200	1200	1700
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff : -	SDO	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

On T-Pice 10am to 8.30 PM
26/3/17

302

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

TREATMENT AND MAR SHEET

Diagnosis : MYSTHEMIA CRISIS | HTN | DM
HYPOTHYROIDISM.

ADDERSOGRAPH.

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 27/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Stanley/SSN
NURSE NAME : Evening Melmin
Night Stanley/SSN

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP						
	Stop						
(12)	INJ - PIP20 4.50m + NS100ml	TDS	IV	6Am		2Pm	10Pm
	TAB - OMNACORTEL 40mg	1½ OD	RT		8Am		
	TAB - AZORAIN 50mg	BD	RT	10Am			10Pm
	TAB - ECOSPRIN 150mg	OD	RT			2Pm	
	TAB - THYRONORM 25 mg	OD	RT	6Am			
	TAB - IMDUR 30mg	OD	RT			6Pm	
	TAB - PANTOCID 40mg	BD	RT	6Am		6Pm	
	TAB - GRAVITOR 60mg	BDS	RT	6Am	12Am	6Pm	12Am
	(IF PULSE > 70/min)						NJ
	LIQ - DUPHALAC 30ml	HS	RT				10Pm
	LIQ - MUCAINGEL (10ml)	BD	RT	10Am			10Pm

6. IV Fluids :
INJ - NS 20ml | HR

7. Diet :
RTF @ 200ml | 2hrly
(APP + SRP).

8. Investigation Today :

→ if pulse > 70/min

9. Special Orders if any / Allergies if Any
- RBS X (6) hrly
- INJ. HAT. Acc to RBS
- PLUSTO

10. Reference if any
N/c - mobilization

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Consultant Name & Sign
Signature
Doctors Name : DR. RAKESH SHAH (M.D.D.M.) REG. NO. G-32734
Date 27/3/17
Dr. Name & Signature
INTENSI

T.T D9
V/F D5
RT D16

Stool not passed D5

UHID:VN4160 / IPD:20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

:T

Date : 27/3 Time: 8am

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

☐

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

VINS

Previous 24 Hours Intake : 2460 Previous Output 24 Hours : 1400 Balance : 1060 +ve

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6f	98.4f	98.6f	98.2f	98	98.	98.	98.6f	98.6f	98.6f	98.6	98.6
Pulse Rate / min.	76/m	76/m	85/m	72	78	70	82	60/m	66/m	70	66/m	86/m
Blood Pressure (mm of Hg)	153/73	160/70	150/80	140/80	140/70	160/80	140/80	136/66	147/72	137/72	143/72	131/86
Resp. rate / min. SPaO2 / CVP	99/30	99/16	99/16	96/14	96/20	100/18	98/20	99/16	99/22	100/22	99/22	100/26
UNIVERSAL PAIN ASSESSMENT.	0	0	0	0	0.	0	0	0	0	0	0	0
INTAKE IV Line 1 IVF RL	40	40	40	40	40	40	40	40	40	40	40	40
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	320	360	400	440	480
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	–	–	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	800	1000	1200	1400	1600	1600	1600	1800
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1080	1240	1480	1720	1960	2000	2040	2280
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)			350	300	350	200	150	200	200	–	400	–
TOTAL URINE OUTPUT (ml.)			350	650	1000	1200	1350	1550	1750	1750	2150	2150
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)			350	650	1000	1200	1350	1550	1750	1750	2150	2150
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	SJD	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SJD	SJD	SJD	SJD	SJD

327

ON : T-Pice - 8am to 11pm
25/3/2017

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

TREATMENT AND MAR SHEET

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 26/03/2017
DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Merizee
NURSE NAME : Evening Merizee
Night SDO 527

Diagnosis : myesthenia crisis / HT / DM / Hypothyroidism

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP						
(11)	Inj. PIPZO 4.5g/100 ml NS	TDS	IV	6am		2pm	10pm
✓	TAB. OMNACORTIL 40 mg	1½ OD	RT.	8am			
✓	TAB. AZORAN 50 mg	BD	RT.	10am			10pm
✓	TAB. ECOSPRIN 150 mg	OD	RT.			2pm	
✓	TAB. THYRONORM 25 µg	OD	RT.	6am			
✓	TAB. EMDOR 30 mg	OD	RT.			6pm	
✓	TAB. PANTOCID 40 mg	BD	RT.	8am		6pm	
✓	TAB. GRAVITOR 60 mg (IF PULSE >70/min)	TDS	RT.	8am		2pm	8pm OMIT
✓	LIQ. DUPHALAC 30 ml	HS	RT.				10pm
✓	LIQ. MUCAINE GEL (10ml) DIEGENE	BD	RT.	10am		8pm	

6. IV Fluids : NS @ 20 ml/hr
7. Diet : RTF @ 200 ml/2hrly (ADD + SRD)
8. Investigation Today :
9. Special Orders if any / Allergies if Any
RBS 6hrly
- Inj. HAI ACC-to RBS
- Physiotherapy
10. Reference if any
wheel chair mobilization

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	Paracetamol 1g	Stat	IV	11:30			

Dr. SUVRAT BHOWMICK
MD
Consultant Name & Sign
Consultant Neurophysician
Doctor Reg. No.
Date of Signature :
Time of Signature :

Nurse Signature : Physiotherapy Assistant

T.T-D8
V.F-D4
R.T-D15

Stool Passed 2 Times.

F. UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
Pa SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Ag

Date : 26/3/17 Time: 8am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2780 ml Previous Output 24 Hours : 1670 ml Balance : 1110 ml (+ve)

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98F	98.3F	98.1F	98.2F	98.0F	98.	98.	98.6F	98.6F	98.8F	98.4F	98.4F
Pulse Rate / min.	61/m	72	88	72	66	82	62/min	66/m	66/m	74/m	72/min	84/m
Blood Pressure (mm of Hg)	140/80	140/78	148/80	150/80	140/80	138/66	160/80	126/54	123/62	126/66	124/72 mm	165/62
Resp. rate / min. SPaO2 / CVP	97/16	98/17	98/20	94/22	100/20	101/20	99/20	99/14	99/14	99/14	100/18	99/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Wholeheartedly, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 Inj NS 20 ml/hr	40	40	40	40	20	40	40	40	40	40	40	40
2 Inj Pip20 4.5gm + NS 100ml/hr					100				100			
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	100	40	40	40	140	40	40	40
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	260	320	360	400	540	580	620	660
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	100	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1100	1300	1500	1600	1600	1600	1800
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1280	1420	1660	1900	2140	2180	2220	2460
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N.G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	100	100	150	100	—	150	200	50	200	—	—	350
TOTAL URINE OUTPUT (ml.)	100	200	350	450	450	600	800	850	1050	1050	1050	1400
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	100	200	350	450	450	600	800	850	1050	1050	1050	1400
Balance (ml.)												
R.B.S. mg%/ Abd Girth (c.m.)												
Signature of Staff :								SNO	SNO	SNO	SNO	SNO

On-T-Piece — @ 8.30 am to 9 pm (24/3/17)

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 25/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning SJd/SJ
Evening Merlin/SJ.
Night

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP						
(10)	INJ. PIPZO 4.5g/100ml NS	TDS	IV	6AM		2pm	10pm
	TAB. OMNACORTIL 40mg	1½ OD	RT	6AM			
	TAB. AZORAN 50mg	BD	RT	10AM			10pm
	TAB. ECOSPRIN 150mg	OD	RT			2pm	
	TAB. THYRONORM 25µg	OD	RT	6AM			
	TAB. IMDUR 30mg	OD	RT			6pm	
	TAB. PANTOCID 40mg	BD	RT	6AM		6pm	
	TAB. CRAVITOR 60mg	BDS	RT	6AM	1pm	6pm	
	(IF PULSE > 70/min)						
	LIQ. DUPHALAC 30ml	HS	RT				10pm

6. IV Fluids : INJ. NS @ 20 ml/hr

7. Diet : RTF @ 200 ml / 2 hrly (ADD + SRD)

8. Investigation Today :

9. Special Orders if any / Allergies If Any
- RBS 6 hrly
- INJ. HAI ACC. TO RBS
- PHYSIOTHERAPY

10. Reference if any
Wheel chair mobilization

Signature : SUVORI BHOWMICK M.D DM
Consultant Neurophysician
Consultant Name & Sign
Doctors Name : Reg No G142383
Date of Signature : 25/3/17
Time of Signature : 10am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

DR. SAGAR PATEL
D.N.B. (Anaesthesiology)
Fellowship Assistant
Reg. No. G38275
Doctor's Name & Signature

TT-D7
V.F-D3
R-T-D14

Stool Not Passed D7

UHID:VN4160 / IPD:I20162776
F / IP Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Patie Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Age .: .....Sex

Date 28/3/17 Time: 8am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2580 Previous Output 24 Hours : 1450 Balance : +ve 1130

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.6°F	98.4°F	98°F	98.2°F	98°F	98.5°F
Pulse Rate / min.	73/m	86/m	80/m	78/m	73 b/m	78 b/m	81 b/m	87 b/m	70/m	80 b/m	74 b/m	76 b/m
Blood Pressure (mm of Hg)	120/50	138/74	144/62	159/74	130/80	123/99	124/83	100/86	120/70	114/63	105/57	130/70
Resp. rate / min. SPaO2 / CVP	100/16	97/12	99/20	98/20	99/20	98/16	99/20	92/14	95/14	91/17	99/16	99/16
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 Inj° NS 200 ml/hr	40	40	40	40	40	40	40	40	40	40	40	40
2 Inj° Pip204.5gm + NS 100ml/hr				✓	100			✓	100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	140	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	300	340	380	420	560	600	640	780
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1300	1540	1780	2020	2360	2400	2440	2780
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	–	300	200	–	300	200	–	200	–	20	250	200
TOTAL URINE OUTPUT (ml.)	–	300	500	500	800	1000	1000	1200	1200	1220	1470	1670
Hourly Total Output. (ml.)												
TOTAL FLUID OUTPUT (ml.)	–	200	500	500	800	1000	1000	1200	1200	1220	1470	1670
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	Nita	SD	SD	SD	Hetal	Hetal	Hetal	Nita	Nita	Nita	Nity	Nity

+ SN + SN + SN Stool Passed

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM

ADDERSOGRAPH

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. 24/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning SDO 527 / Evening Shivani / Menisha / Night Nitta 1281

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP / VENTI SUPPORT						
(9)	INJ. PIPZO 4.5g / 100ml NS	TDS	IV	6AM		2PM	10PM
	TAB. OMNACORTIL 40mg	1½ OD	RT	8AM			
	TAB. AZORAN 50mg	BD	RT		10AM		10PM
	TAB. ECOSPRIN 150mg	OD	RT			2PM	
	TAB. THYRONORM 25 µg	OD	RT	6AM			
	TAB. IMDUR 30mg	OD	RT			6PM	
	TAB. PANTOCID 40mg	BD	RT	6AM		6PM	
	TAB. GRAVITOR 60mg	BD	RT	6AM	1PM	6PM	
	(IF PULSE >70/min)						
	Liq DUPHALAC 30ML	Stat & HS		9AM			

6. IV Fluids : INJ. NS @ 20ml/hr

7. Diet : RTF @ 200ml/2hrly (ADD + SRD)

8. Investigation Today : ABG 7:PM

9. Special Orders if any / Allergies if Any
- RBS 6 hrly
- INJ. HAI @ RBS
- PHYSIOTHERAPY

10. Reference if any

Signature : Vaishnav
Consultant Name & Sign
Doctors Name
Date of Signature : 24/3/17
Time of Signature : 10 am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Dr. Name & Signature
Physician Assistant

TT - D6
VF - D2
RT - D13

STOOL NOT PASSED D6

F / UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
PaSURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
AGe Gender/Age:Male / 74 Yrs

Date : 24-3-17 Time: 8Am

IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2580 Previous Output 24 Hours : 1800 Balance : + 780 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6°F	98.6F	98.6F	98.6F	98F	98.2F	98.1F	98°F	98°F	98F	98°F	98F
Pulse Rate / min.	82/m	90/m	84/m	88/m	72	102	78	77/m	61/m	69/m	78/m	82/m
Blood Pressure (mm of Hg)	110/60	175/88	152/78	118/62	130/60	160/80	140/70	100/70	120/70	100/50	120/80	130/70
Resp. rate / min. SPaO2 / CVP	14/100	97/20	99/18	97/18	100/16	98/22	100/20	98/20	99/14	100/14	100/14	99/20
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Bit, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 Inj NS	40	40	40	40	40	40	40	40	40	40	40	40
2 Inj Pip20 4.5gm+NS 100ml								✓	100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	320	460	500	540	680
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1300	1500	1700	1700	1700	1900
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1200	1440	1580	1820	2160	2200	2240	2580
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	—	300	-	250	200	100	200	100	—	200	—	100
TOTAL URINE OUTPUT (ml.)	—	300	300	550	750	850	1050	1150	1150	1350	1350	1450
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	—	300	300	550	750	850	1050	1150	1150	1350	1350	1450
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Nitu	Nitu	Nitu	Nitu

527

on T-Piece — from 9.30 am to 7pm

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM

ADDERSOGRAPH
UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 23/3/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Thersingh
Evening Sajo / Sri
Night Stanley / Sri

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP / VENTIL. SUPPORT						
8	Inj. PIPZO 4.5 gm/100cc IV	TDS	IV	6am	2pm		10pm
	TAB. OMNACORTIL 40mg	1½ OD	RT	8am			
	TAB. AZORAN 50mg	BD	RT	8am			10pm
	TAB. ECOSPRIN 150mg	OD	RT		2pm		
	TAB. THYRONORM 25mg	OD	RT	8am			
	TAB. IMDUR 30mg	OD	RT			6pm	
	TAB. PANTOCID 40mg	BD	RT	8am		8pm	
	TAB. GRANITOR 6mg	BD	RT	8am	1pm	6pm	
	(If pulse > 70/min)						

6. IV Fluids : Inj. NS @ 20ml/hr

7. Diet : RTF 200ml (2hrly) (ADD+SMO)

8. Investigation Today :

9. Special Orders if any / Allergies If Any
- SIMV-VC ventil 8pm to 6am
- PBS (2hrly)
- Inj. HAI ccBS
- Physiotherapy

10. Reference if any

Dr. SUVORIT BHOWMICK
MD DM
Consultant Neurophysician
Reg. No. G/42383

Consultant Name & Sign
Doctors Name :
Date of Signature : 23/3/17
Time of Signature : 0200

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Dr. PRIYANKET MAHAJAN
M.D. (MEDICINE)
Physician Assistant
Reg. No. 2008052167

TT – D5
VF – D4
RT – D12

STOOL NOT PASSED D5

UHID:VN4160 / IPD:20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 23-2-17 Time: 8Am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2580 Previous Output 24 Hours : 1750 Balance : + 830ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6°F	98.2°F	98°F	98.3°F	98.6°F	98.6°F	98.6°F	98.8°F	98.4°F	98.6°F	98.4°F	98.6°F
Pulse Rate / min.	76b/m	80b/m	79b/m	69b/m	84b/m	84b/m	86b/m	84b/m	76b/m	68b/m	80b/m	72b/m
Blood Pressure (mm of Hg)	130/70	172/92	155/82	165/86	163/99	181/102	141/86	100/60	120/60	120/70	130/80	120/60
Resp. rate / min. SPaO2 / CVP	14/99	97/18	98/22	100/17	99/14	98/20	97/20	99/16	98/10	99/14	97/18	98/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much More, 10 Pain Worst)	0	2	2	2	1	1	1	0	0	0	0	2
INTAKE IV Line 1 7.5% NS @20ml/hr	40	40	40	40	40	40	40	40	40	40	40	40
2 Inj NS + PIPZO 4.5gm				✓	100			✓	100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	140	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	300	340	380	420	560	600	640	780
Oral / N.G. (ml.)	100	200	200	200	100	200	200	200	200	–	–	200
TOTAL ORAL / N.G. (ml.)	100	300	500	700	800	1000	1200	1400	1600	1600	1600	1800
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	140	380	620	860	1100	1340	1580	1820	2160	2200	2240	2580
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	100	400	500	–	300	300	50	–	–	–	150	–
TOTAL URINE OUTPUT (ml.)	100	500	1000	1000	1300	1600	1650	1650	1650	1650	1800	1800
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	100	500	1000	1000	1300	1600	1650	1650	1650	1650	1800	1800
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff	[illegible]	[illegible]	[illegible]	[illegible]	SJD	SJD	SJD	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 22/3/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Nita/281
NURSE NAME : Evening Aversingh
Night Stanley/534

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP / VENTI. SUPPORT						
7	Inj PIPO 4.5 gm/Lorcip	TDS	IV	6AM	2pm		10pm
↑	TAB. OMNACORTIL 40mg	1½ OD	RT				
	TAB. ALORAN 50mg	BD	RT				
	TAB. ECOSPRIN 150mg	OD	RT				
	TAB. THYRONORM 25mg	OD	RT	6AM			
	TAB. IMDUR 30mg	OD	RT			6pm	
	TAB. PANTOCID 40mg	BD	RT				
	TAB. ~~DISCUSS~~ Gravitor 60mg	BD	RT	6AM	12 Noon		6pm
	CIT pulse >40/min.						
5	Sol. POTKLOR 20ml (diluted)	TDS STOP	RT	6AM	2pm		10pm

6. IV Fluids : Inj NS @ 20ml/hr

7. Diet : RTF 200ml @ 2hrly (ADD + SLS)

8. Investigation Today : CBC / S/E / CRP at 12 MD

9. Special Orders if any / Allergies if Any
- Sun-vc 8AM to 6AM
- RBS 6hrly.
- Inj. HAS CRS
- Physiotherapy

10. Reference if any

Signature : DR. RAKESH SHAH (MD.DM.) REG. NO. G-22734
Consultant Name & Designation
Doctors Name :
Date of Signature : 22/3/17
Time of Signature : 10 Am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	TAB AMLOPINE (5mg)	STAT	RT	8AM			
	PROCTOLYSIS ENEMA	STAT	PR.		3pm N.G		
					Pt refused		

Dr. Name & Designation
Physician Assistant

T.T - D4
V/F - D3
RT D11

Stool not Passed D4

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 22\3 Time: 8am

IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2540 Previous Output 24 Hours : 2000 Balance : 540 +48

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98°F	98.4F	98F	98.3F	98.4F	98.1F	98.4°F	98.6°F	98.4°F	98.8°F	98.4°F
Pulse Rate / min.	80/m	72/m	86/m	90/m	70 b/m	88b/m	76 b/m	74b/m	80b/m	90b/m	88b/m	90b/m
Blood Pressure (mm of Hg)	182/109	190/100	196/102	180/90	153/85	132/70	140/71	120/70	120/70	160/80	150/80	160/80
Resp. rate / min. SPaO2 / CVP	99/16	99/18	100/19	99/18	98/15	99/13	99/14	99/16	98/16	98/16	99/17	97/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst)	0	2	2	2	2	2	2	0	0	02	0	0
INTAKE IV Line 1 NF NS	40	40	40	40	40	40	40	40	40	40	40	40
2 ins PIP30(4.5gm)+NS					100			100				100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	40	40	40	140	40	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	200	240	280	420	460	500	540	680
Oral / N.G. (ml.)	100	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	100	300	500	700	900	1100	1300	1500	1700	1700	1700	1900
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	140	380	620	860	1100	1340	1580	1920	2160	2200	2240	2580
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		200	—	400	200	—	300	—	200	250	—	200
TOTAL URINE OUTPUT (ml.)		200	200	600	800	800	1100	1100	1300	1550	1550	1750
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)		200	200	600	800	800	1100	1100	1300	1550	1550	1750
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :		NJM										

302

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM.

ADDERSOGRAPH

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 21/03

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Stanley / 5 SN

NURSE NAME : Evening manisa

Night SJO / 5 SN

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP / VENTI SUPPORT						
D6	INJ PIPZO 4.5 gm / NS 100 ml	TDS	IV	6am SJO	12pm	10pm SJO	
	INJ EMSET 4mg	SOS	"				
	TAB OMNACORTIL 4mg	OD	RT	SJO 8am			
	TAB AZORAN 50mg	BD	RT	10am		10pm SJO	
	TAB ECOSPRIN 150mg	OD	RT		8pm		
	TAB THYRONORM 25 µg	OD	"	6am SJO			
	TAB IMDUR 30mg	OD	"			6pm SJO	
	TAB PANTOCID 40mg	BD	"	8am SJO		6pm SJO	8pm
	TAB DISTINON 60mg	BD ~~OAC~~	"	6am	~~6pm~~	6pm	~~8pm~~
	[IF PULSE > 70/min]						
	SYP POTKLOR 20ml (DILUTED)	TDS	RT	6am SJO	8pm	10pm SJO	

6. IV Fluids : NS 20ml/hr

7. Diet : RTF 200ml/2hr
ADD ISRD

8. Investigation Today :
SUN
5pm - 6 HM

9. Special Orders if any / Allergies if Any
RBS 6hrly
HAI ACCTO RBS
PHYSIOTHERAPY

10. Reference if any

Dr. Anand Vaishnav
M.D. (Neurology, U.S.A.)
D.M. (Stroke Neurology, U.S.A.)
Consultant Stroke Neurologist
Reg No. G-22646

Signature :

Consultant Name & Sign AV

Doctors Name :

Date of Signature : 21/3/17

Time of Signature : 10am

Dr. Name & Signature

Physician Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Sign

T.T D3
RT D10
V/F - D2

Stool not passed D3

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 21/3 Time: 8am

IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2680 Previous Output 24 Hours : 2000 Balance : 680 +ve

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6f	98.4f	98.6f	98.4f	98.	98.4f	98.	98.6f	98.6f	98.6f	98.6f	98.6f
Pulse Rate / min.	84/m	76/m	76/m	81/m	77	78	82	76/m	86/m	74/m	86/m	90/m
Blood Pressure (mm of Hg)	144/78	160/90	140/70	130/70	140/80	180/72	130/82	144/72	147/72	140/66	157/85	172/86
Resp. rate / min. SPaO2 / CVP	100/14	100/17	99/15	98/14	99/-	96/20	99/20	99/16	97/16	99/15	99/14	99/26
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 5 Pain Even More, 8 Pain Whole Lot, 10 Pain Worst)	0	0	0	0	2	2	2	1	1	1	1	1
INTAKE IV Line 1 IVF NS	40	40	40	40	40	40	40	40	40	40	40	40
2 INJ PIP30 (4.5gm) +NS					100				100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	100	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	260	300	340	380	420	460	500	640
Oral / N.G. (ml.)	100	200	200	200	200	200	200	200	200	–	–	200
TOTAL ORAL / N.G. (ml.)	100	300	500	700	900	1100	1300	1500	1700	1700	1700	1900
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	140	380	620	860	1160	1400	1640	1880	2120	2160	2200	2540
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	300	–	200 200	200+ 100	200	100 200	100	–	300	–	–	100
TOTAL URINE OUTPUT (ml.)	300	300	700	1000	1200	1500	1600	1600	1900	1900	1900	2000
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	300	300	700	1000	1200	1500	1600	1600	1900	1900	1900	2000
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	SDU	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SDU	SDU	SDU	SDU	SDU

SDU

302.

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN
HYPOTHYRODISM.

ADDERSOGRAPH
UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 20/03/17.
DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Stanley/634
Evening Nita/281
Night SDO 527

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP / VENTI SUPPORT						
D5.	INJ - PIP20 4.5gm + NS100ml	TDS	IV	6AM		2PM	10PM
	INJ - EMESET 4mg	SOS	IV				
	TAB - OMNACORTIL (40mg)	OD	RT	8AM			
	TAB - AZORAIN 50mg	BD	RT	10AM			10PM
	TAB - ECOSPRIN 150mg	OD	RT			2PM	
	TAB - THYRONORM 25mcg	OD	RT	6AM			
	TAB - IMDUR 30mg	OD	RT			6PM	
	TAB - PANTOCID (40mg)	BD	RT	8AM			8PM
	TAB - DISTINON 60mg	QDS	RT	6AM	12NN	6PM	
	SYP - POTKLOR 25ml (Diluted)	TDS	RT	6AM		2PM	10PM
	ONLY if pulse > 90/min						

6. IV Fluids :
INJ - NS @ 20ml/HR

7. Diet : RTF 200ml / 2 hrly
(APP + SIDP)

8. Investigation Today :
SIMV - Spn.

9. Special Orders If any / Allergies if Any
- RBS X 6 hrly
- iv HAT. ACC to RBS
- PHYSIO.

10. Reference if any

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	TAB DISTINON 60 mg 1/2 tab		RT.	8PM			

Signature : DR. PIYUSH SHAH (M.D.)
Consultant Name : PERMANENT REG. NO. 22734
Doctors Name :
Date of Signature : 20-3-2017 10AM
Dr. Name & Signature :
Physician Assistant

T.T - D2
RT - D4
V/F D5

stool not passed D2

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

:T Date : 20/3 Time: 8am

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

☐ Previous 24 Hours Intake : 2440 Previous Output 24 Hours : 2450 Balance : 10 -ve

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6f	98.4f	98.6f	98.4f	98°F	98°F	98°F	98.6f	98.6f	98.6f	98.6°F	98.6f
Pulse Rate / min.	90/m	84/m	82/m	90/m	82/m	67/m	79/m	80/m	68/m	72/m	72/m	66/m
Blood Pressure (mm of Hg)	161/74	160/80	170/90	160/80	140/80	140/70	140/70	100/53	147/12	138/65	168/87	157/93
Resp. rate / min. SPaO2 / CVP	99/16	100/18	100/20	100/18	100/16	99/13	100/15	99/14	99/14	99/16	100/16	100/16
UNIVERSAL PAIN ASSESSMENT (0 NO PAIN, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 IVF NS	40	40	40	40	40	40	40	40	40	40	40	40
2 inj PIP3 a (4.5gm) + NS				✓	100				100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	140	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	300	340	380	420	560	600	640	780
Oral / N.G. (ml.)	100	200	200	200	200	200	200	200	200	–	–	200
TOTAL ORAL / N.G. (ml.)	100	300	500	700	900	1100	1300	1500	1700	1700	1700	1900
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	140	380	620	860	1200	1440	1680	1920	2260	2200	2340	2680
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		300	200	300+700	200	200	150	50	–	200	300	–
TOTAL URINE OUTPUT (ml.)		300	500	900	1100	1300	1450	1500	1500	1700	2000	200
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)		300	500	900	1100	1300	1450	1500	1500	1700	2000	2000
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff	SJO	[illegible]	[illegible]	[illegible]	Nita	Nita	Nita	SJO	SJO	SJO	SJO	SJO

302

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN
HYPOTHYROIDISM

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 19-3-17.

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Stanley / 5 34.
NURSE NAME : Evening Manisha
Night Sijo 527

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP / VENTI. SUPPORTS						
Dr	INJ PIPZO 4.5GM / 100ML NS	TDS	IV	8AM		2PM	10PM
	INJ EMSET 4MG	SOS	"				
	T. OMMACORIL 20MG (40mg)	OD	RT	8AM			
	T. AZORAN 50MG	BD	"	10AM			10PM
	T. ECOSPRIN 150MG	OD	"			2PM	
	T. THYRONORM 25MCG	OD	"	8AM			
	T. IMDUR 30MG	OD	"			6PM	
	T. PANTOCID - (40MG)	BD	"	8AM			8PM
	T. DISTINON 60MG	QDS	"	8AM	12PM	8PM	12AM
	SYP. POTKLOR 2TSF (DILUTED)	TDS	"	8AM		2PM	10PM

6. IV Fluids :
INJ NS @ 20ML / HOUR

7. Diet : RTF 200ML / 2HRLY (ADD + SRD)

8. Investigation Today :

9. Special Orders if any / Allergies if Any
RBS (6) HOURLY
- INS MAT acc TO RBS
- hmd
- PHYSIOTHERAPY

10. Reference if any
Dr K. K. [illegible]

Signature of Consultant Name & Stamp
DR. RAKESH SHARMA (M.D. Cardiologist)
REG. NO. 22734 REG. NO. G-10879
Doctor Name :
Date of Signature : 19/3/17
Time of Signature : 4 pm
Nursing Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	Inj. DYTOR (200mg) OD	stat	IV	4:30pm		4pm	

T.T-D3
RT-D8
V.F-D3

Stool Not Passed D1

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B.
Gender/Age:Male / 74 Yrs

Date : 19/3/17 Time: 8Am

IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake 2860 Previous Output 24 Hours : 1050 Balance : +ve 1810

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98°F	98.6f	98.4f	98.6f	98.	98.	98.	98.6f	98.6f	98.6f	98.6f	98.6f
Pulse Rate / min.	69/m	70b/m	80b/m	86b/m	88	88	82	86b/m	78b/m	84b/m	62b/m	78b/m
Blood Pressure (mm of Hg)	170/70	130/70	150/80	150/70	130/78	170/88	150/80	146/86	115/55	126/54	120/55	166/74
Resp. rate / min. SPaO2 / CVP	99/12	98/12	99/14	98/14	100/15	100/16	96/m	98/16	99/14	99/15	99/14	99/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Little More, 6 Pain Even More, 8 Pain Much Bit, 10 Pain Worst)	2	2	2	2	2	2	2	1	1	1	1	1
INTAKE IV Line 1 Iv° NS 20 ml/hr	40	40	40	40		40	40	40	40	40	40	40
2 Iv° Pip/Tz 4.5gm + NS 100ml/hr				✓	100			✓	100			100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	40	100	40	40	40	140	40	40	140
TOTAL IV (SUMMATION) (ml.)	40	80	120	160	260	300	340	380	520	560	600	740
Oral / N.G. (ml.)	200	200	200	200	200	200	200	100	—	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1500	1500	1500	1500	1700
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	720	960	1260	1500	1740	1880	2020	2060	2100	2440
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	300	350	400+400	300+200	—	200	—	100	—	—	—	200
TOTAL URINE OUTPUT (ml.)	300	650	1450	1950	1950	2150	2150	2250	2250	2250	2250	2450
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	300	650	1450	1950	1950	2150	2150	2250	2250	2250	2250	2450
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	Nitu	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	SID	SID	SID	SIK	SIR

VINS

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

TREATMENT AND MAR SHEET

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 18/3/17

DOC NO. F./IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Royal / 557
NURSE NAME : Evening Stanley / 534
Night Nitu / 281

Diagnosis : MYASTHENIC CRISIS / DM / HYPO THYROIDISM

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD-UP / VENTI. SUPPORT						
(3)	Inj. MPDZ 4.5 gm bolus IV	TDS	IV	6AM	2PM		10PM
	Inj. EMESET 4mg	S.O.S.	IV				
	TAB. OMNACORTIL 20mg	2 OD	RT	6AM			
	TAB. ALDRAN 50mg	BD	RT	10AM	2PM		10PM
	TAB. ECOSPRIN 150mg	OD	RT		2PM		
	TAB. THYRONORM 25mg	OD	RT	6AM			
	TAB. INDOR 30mg	OD	RT			6PM	
	TAB. PANTOCID 40mg	BD	RT	6AM		6PM	
	TAB. DISTINON 60mg	TTT	RT	6AM	2PM	6PM	10PM
	Syp. Potchlor 2ml / tds			12MD		6PM	12MN
	Diluted.						

6. IV Fluids: Inj. NS @ 20ml/hr.

7. Diet : RT 200ml @ 2hrly
CAD 7 SND

8. Investigation Today :
U.S. KUB at 7AM

9. Special Orders if any / Allergies if Any
- RBS @ 6hrly.
- Inj HAI c RBS
- Physiotherapy

10. Reference if any
- Dr. KKT opinion for

Signature :
DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734
Consultant Name & Sign
Date of Signature : 18/3/17
Time of Signature : 10am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Dr. Name & Signature
Priyanka Assistant

T.T-D2
R.T-D7
V.F-D2

Stool passed

F / IP UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Patie Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Age .:

Date : 18/8/17 Time: 8AM

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2320 Previous Output 24 Hours : 1650 Balance : +ve 670

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98°F	98.2°F	98.4°F	98.2°F	98.4°F	98.6°F	98.4°F	98°F	98°F	98°F	98°F	98°F
Pulse Rate / min.	69/m	64 b/m	73 b/m	67 b/m	72 b/m	74 b/m	74 b/m	70/m	62/m	62/m	60/m	73/m
Blood Pressure (mm of Hg)	150/70	128/67 mmHg	160/80 mmHg	130/83 mmHg	140/70	130/70	140/70	120/50	110/50	116/61	110/60	150/70
Resp. rate / min. SPaO2 / CVP	98/14	98/16 b/m	100/16 b/m	97/20 b/m	99/12	99/16	99/18	99/16	99/14	99/16	99/14	99/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2, 4 Pain Little Bit, 6 Pain Little More, 8 Pain Even More, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 Iwy NS 20 ml/hr	120	40	40	40	40	40	40	40	40	40	40	40
2 Iwy Pip2.0+sgm+NS 100ml/hr				100				100				100
3												
4												
5												
Hourly IV (Summation) (ml.)	120	40	40	140	40	40	40	140	40	40	40	140
TOTAL IV (SUMMATION) (ml.)	120	160	200	340	380	420	460	600	640	680	720	860
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	320	560	800	1140	1380	1620	1860	2200	2440	2480	2520	2860
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	200	—	200	200	—	—	300	—	—	150	—	—
TOTAL URINE OUTPUT (ml.)	200	200	400	600	600	600	900	900	900	1050	1050	1050
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	200	200	400	600	600	600	900	900	900	1050	1050	1050
Balance (ml.)												
R.B.S. mg% / Abd Girth (cm.)												
Signature of Staff :												

ET
RT } D6

VF - ~~D6~~, D1

STOOL PASSED

F / IPD / 1 UHID:VN4160 / IPD:120162776
Admission Dt:10/03/2017
JAYANTIBHAI M
Patient's SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Age .: ..... Gender/Age:Male 74 Yrs

Date : 17-3-17 Time: 8Am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2980 Previous Output 24 Hours : 1700 Balance : +1280 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98F	98F	98F	98F	98F
Pulse Rate / min.	72/min	76/min	84/min	68/min	70/min	74/min	76/min	74/min	70/min	98/min	74/min	67/min
Blood Pressure (mm of Hg)	150/70	159/80	169/90	170/90	173/83	153/70	174/81	120/60	140/90	120/80	110/50	110/60
Resp. rate / min. SPaO2 / CVP	20/99	16/99	14/99	16/98	98/16	99/16	96/16	98/15	99/14	98/14	98/17	98/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Worst, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	2
INTAKE IV Line 1 NS NS	40	40	40	120	120	120	120	120	120	120	120	120
2 NS NS + PIPZO				100				100				100
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	40	120	240	120	120	220	120	120	120	220
TOTAL IV (SUMMATION) (ml.)	40	80	120	240	660	800	920	1140	1260	1380	1500	1720
Oral / N.G. (ml.)	200	200	NBM	NBM	NBM	NBM	NBM	NBM	NBM	NBM	—	200
TOTAL ORAL / N.G. (ml.)	200	400	400	400	400	400	400	400	400	400	400	600
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	520	640	1060	1200	1320	1540	1660	1780	1900	2320
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		400	400	300	—	300	—	—	250	—	—	—
TOTAL URINE OUTPUT (ml.)		400	800	1100	1100	1400	1400	1400	1650	1650	1650	1650
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)		400	800	1100	1100	1400	1400	1400	1650	1650	1650	1650
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Nitei	Nitei	Nitei	

302

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIC CRISIS / DM / HTN / HYPOTHYROIDISM.

ADDRESSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 16/03

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Shilpa / Sona
Evening Meniben
Night Stanley / Sona

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP / VENTILATORY SUPPORT						
	INJ EMSET 4mg	BD	IV	6AM		2PM	10PM
	TAB DISTINON 50mg	1-1-1	RT	6AM	12MD	6PM	12AM
	TAB. OMNACORTIL ~~5mg~~ (20mg)	1½-0-0	RT	6AM		FROM 11m	2 to 7
	TAB AZORAN 50mg	BD	RT		10AM		10PM
	TAB GLOSPEN 150mg	ODPC	RT			2PM	
	TAB THYRONORM 25 µg	1-0-0	RT	6AM			
	TAB AMLO 5mg	SOS	RT				
	TAB INDUR 3mg	OD	RT			6PM	
	TAB PANTOCID 40mg	BD	RT	11AM			6PM
	INJ DUPHALAC 3ml	SOS	RT				
D1	INJ PIPZO 4.5 gm / 100 ml NS	TDS	IV	9AM	4PM		11PM

6. IV Fluids : NS 4 amp in 20 ml/HR

7. Diet : RTF 200ml / 2 times (ADD TSRD)

8. Investigation Today :

9. Special Orders if any / Allergies If Any
RBS 6 hrly
HAI ACCTO RBS
PHYSIOTHERAPY

10. Reference if any

Signature : DR. RAKESH SHAH (M.D.D.M.) REG. NO. G - 22798
Consultant Name & Sign

Doctors Name :
Date of Signature : 16/3/17
Time of Signature
Dr. Name & Signature
Physician Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	DULCOLAX SUPP.	2/Stat	anal		8AM		
	Inj. DYTOR (20mg)	Stat	IV	3PM			

ET - D5
RT - D5
VF - D3.

STOOL NOT PASSED D5

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs
Age .: .....Sex

Date : 16-3-17 Time: 8 Am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2960 Previous Output 24 Hours : 1700 Balance : +1260 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6	98.6	98.6	98.6	98.6	98	98	98.6	98.4	98.6	98.4	98.6
Pulse Rate / min.	78/m	76/m	88/m	82/m	92	92	72	75/m	72/m	70/m	75/m	78/m
Blood Pressure (mm of Hg)	160/70	160/70	140/90	170/90	180/80	180/88	140/60	120/60	130/70	130/60	140/60	130/70
Resp. rate / min. SPaO2 / CVP	14/100	14/99	98/18	96/16	96/30	98/22	98/16	98/14	98/14	99/14	98/14	98/14
UNIVERSAL PAIN ASSESSMENT	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 TNS	80	80	80	80	80	[illegible]	80	40	40	40	40	40
2 Inj. Pipzo 4.5g + NS	✓	100			✓	100			✓	100		
3												
4												
5												
Hourly IV (Summation) (ml.)	80	180	80	80	80	100	80	80	40	140	40	40
TOTAL IV (SUMMATION) (ml.)	80	260	340	420	500	600	680	760	840	980	940	980
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	—	—	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	200
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	280	660	940	1220	1500	1800	2080	2360	2640	2820	2900	2980
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	300		450	—	300	50	100			500		
TOTAL URINE OUTPUT (ml.)	300		750	750	1050	1100	1200	1200	1200	1700	1700	1700
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	300	300	750	750	1050	1100	1200	1200	1200	1700	1700	1700
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : CRISIS IN K/C/O MYESTHENIA GRAVIS DM / HTN / HYPOTHYROIDISM

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 15/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Shilna/507
Evening Sujata 521
Night Stanley / 534

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	HEAD UP. VENTILATORY SUPPORT						
	INJ. EMESET 4 mg	T.D.S.	IV	6AM		2PM	10PM
	TAB. DISTINON 60 mg	1-1-1	RT	6AM	12MD	6PM	12MN
	TAB. OMNACORTIL 20 mg	1-0-0	RT	8AM			
	TAB. AZORAN 50mg	BD	RT		10AM		10PM
	TAB. PANTOCID 40mg	BD	RT	8AM		8PM	
	TAB. ECOSPRIN 150mg	ODPC	RT			2PM	
	TAB. THYRONORM 25 mcg	1-0-0	RT	6AM			
	TAB. AMLO 5mg	SOS	RT			SOS	
	TAB. INDUR 30mg	OD	RT			6PM	
	Liq DUPHALAC 30ml	Stat & SOS	RT	10AM			10PM

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

6. IV Fluids :
INJ. NS @ 40 ml/hr

7. Diet :
RTF 200 ml/2 hrly
(ADD + SRD)

8. Investigation Today :

9. Special Orders if any / Allergies if Any
- RBS 6 hrly
- INJ. HAI ACT TO RBS.
- PHYSIOTHERAPY

10. Reference if any

Signature :
DR. RAKESH SHAH
(M.D.D.M.)
Doctor Name : REG. NO. G - 22734
Consultant Name & Signature :
Time of Signature :
Doctors Name : 15-3-17
Date of Signature :
Physician Signature

ET - D4
RT - D4
VF - D2

STOOL NOT PASSED D4

F / UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
Pa SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Ag Gender/Age:Male / 74 Yrs

Date : 15-3-17 Time: 8Am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 3020 Previous Output 24 Hours : 1850 Balance : +1170 ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.8	98.6	98.6	98.6	98.6	98.6	98.6	98.4	98.4	98.6	98.6	98.4
Pulse Rate / min.	86/m	74/m	90/m	84/m	86	84	84	72/m	76m	78m	69	74m
Blood Pressure (mm of Hg)	160/70	140/70	140/80	170/100	151/90	152/91	155/9	150/70	150/60	150/70	153/3	130/70
Resp. rate / min. SPaO2 / CVP	20/98	18/m 99	20/m 99	18/m 100	96/20	97/14	98/16	99/18	98/16	98/18	98/18	98/20
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much More, 10 Pain Worst)	0	0	0	2	0	0	0	0	0	0	0	0
INTAKE IV Line 1 DS NS	80	80	80	80	80	80	80	80	80	80	80	80
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	80	80	80	80	80	80	80	80	80	80	80	80
TOTAL IV (SUMMATION) (ml.)	80	160	240	320	400	480	560	640	720	800	880	960
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	-	-	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	280	560	840	1120	1400	1680	1960	2240	2520	2600	2680	2960
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	300	-	-	400	300	-	300	-	400	-	-	-
TOTAL URINE OUTPUT (ml.)	300	300	300	700	1000	1000	1300	1300	1700	1700	1700	1700
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	300	300	300	700	1000	100	1300	1300	1700	1700	1700	1700
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : Crisis in k/c/o myesthenia gravis
DM / HTN / Hypothyroidism

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 14/3/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning Shilpa/SOP. Evening Nitu/287 Night Shamu/534

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
S/S	Inj. IMMUNOREL Each vial (5)(5)(5)(5)(5) 1½ hr		IV.		1 amp		
	TAB. DISTINON 60 mg	1-1-1	RT	6 am	10 pm	2 pm	11 pm
	TAB. OMNACORTIL 20 mg	1-0-0	RT	8 am			
	TAB. AZORAN 50 mg	BD	RT	10 am			10 pm
	TAB. PANTOP 40 mg	BD	RT	8 am			8 pm
	TAB. ECOSPRIN 150 mg	OD PC	RT		2 pm		
	TAB. THYRONORM 25 mcg	1-0-0	RT	6 am			
	TAB. AMLO 5 mg	SOS	RT		1 pm		
	TAB. IMDUR 30 mg	OD	RT				8 pm
	INJ EMSET 4 mg	SOS	IV		2 pm	1 pm	
	Inj. Lasix (20 mg)	Stat	IV		8 pm		

6. IV Fluids : NS @ 40 ml/hr

7. Diet : RTF 200 ml/2 hrly
ADD + SRD

8. Investigation Today : 7 pm - 9 pm
7 pic - 1 pm - 4 pm
2D - Echo
CBC / S.creat / CRP

9. Special Orders if any / Allergies if Any : 6 hrly RBS ~~4 times~~ / day
Inj. HAI ACC. to RBS

10. Reference if any : physiotherapy

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Signature : DR. RAKESH SHAH
Consultant Name & Sign. (M.D.D.M.)
REG. NO. G - 22734

Doctors Name :
Date of Signature : 14/3/17
Name of Signature (DDM)

Physician Assistant

Dr. Name & Signature
Physician Assistant

ET D3
RT D3
V/F - D5

Stool Not Passed D3

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 14\3 Time: 8 am

IPD No. :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 2120 Previous Output 24 Hours : 1200 Balance : 920 +ve

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98.6F	98.6F	98.6F	98F	98F	98F	98.6F	98.8F	98.4F	98.6F	98.4F
Pulse Rate / min.	76/m	76/m	78/m	80/m	87/m	80/m	74/m	72/m	73/m	74/m	76/m	84/m
Blood Pressure (mm of Hg)	156/74	160/80	160/80	170/80	160/80	150/80	170/90	150/70	140/60	140/60	160/80	160/75
Resp. rate / min. SPaO2 / CVP	99/16	98/16	100/18	99/18	99/14	98/20	99/14	99/17	99/18	99/14	99/16	99/18
UNIVERSAL PAIN ASSESSMENT (0 NO PAIN, 2 PAIN LITTLE BIT, 4 PAIN LITTLE MORE, 6 PAIN EVEN MORE, 8 PAIN WHOLE LOT, 10 PAIN WORST)	0	0	0		2	0	0	0	0		2	0
INTAKE IV Line 1 IVF NS	40	40	Stop				40	80	80	80	80	80
2 Inj IV 1 gm			100	100	100	100	100					
3												
4												
5												
Hourly IV (Summation) (ml.)	40	40	100	100	100	100	140	80	80	80	80	80
TOTAL IV (SUMMATION) (ml.)	40	80	180	280	380	480	620	700	780	860	940	1020
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	–	–	200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	240	480	780	1080	1380	1680	2020	2300	2580	2660	2740	3020
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)			450	–	–	–	700	400	300	–	–	–
TOTAL URINE OUTPUT (ml.)			450	450	450	450	1150	1550	1850	1850	1850	1850
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)					450	450	1150	1550	1850	1850	1850	1850
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	SJ	Bhr	Bhr	Bhr	Nite	Nite	Nr	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

302.

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

TREATMENT AND MAR SHEET

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 13/3/17 :

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Shi/na/SOD.
NURSE NAME : Evening Nuni zunne
Night SDO/SJZ

Diagnosis : CRYSIS IN KNOWN MYESTHENIA GRAVIS.
DM | HTN | HYPOTHYROIDISM.

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
4/3	INJ - IMMUNOREL EACH VIAL (15,15,15,05,5) over 1½ HR		IV.				
	TAB - DISTINON 60mg	1-1-1	RT		12noon		
	TAB - OMNACORTIL 20mg	1-0-0	RT				
	TAB - AZORAIN 50mg	1BD	RT				10pm
	TAB - PANTOP 40mg BD	1-0-1	RT			8pm	
	TAB - ECOSPRIN 150mg	0DPC	RT				
	TAB - THYRONORM 25mcg	1-0-0	RT				
	TAB - AMLO 5mg	SOS	RT				
	TAB IMDUR 30mg	OD		7pm			

6. IV Fluids :
1/4 NS @ 20ml/hr

7. Diet :
(APD + SRD)
RTF 200ml 1/2 hrly

8. Investigation Today :
CBC-
CPK-MM
ECHO FM

9. Special Orders if any / Allergies if Any
- RBS X 5 times/day.
INJ. HAF ACC to RBS.

10. Reference if any

Signature : DR. RAKESH SHAH (M.D.,D.N.M.) REG. NO. 2016 - 22734
Doctor's Name & Sign
Consultant Name & Sign
Date of Signature : 13/3/17
Time of Signature : 10am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	Inj: Hydrocort	100	IV	6am			
	Inj: Pantocid	40mg	IV	7am			
	IM Emset (Ung	Stat	IV	8am Stat			

Dr. Name & Sign
Physician Assistant

VF-D4
GT-D2
RT-D2

Stool Not passed D2

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F / IPD / 13

Date : 13/3/17 Time: 8 Am

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Patient's Nam .....IPD No. :.....

Age .: .....Sex M ☐ F ☐ Previous 24 Hours Intake : 2500ml Previous Output 24 Hours : 1850ml Balance : 650ml

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6°F	98.6F	98.6F
Pulse Rate / min.	72bm	64/min	80/min	78/min	66	76	70	70bm	74bm	73 b/min	72bm	86bm
Blood Pressure (mm of Hg)	124/70	129/70	139/80	139/80	160/80	130/82	170/88	162/76	171/79	136/65	137/76	146/74
Resp. rate / min. SPaO2 / CVP	98/20	97/14	100/18	99/20	99/120	96/14	100/14	98/14	96/16	99/17	96/18	96/18
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Lot, 10 Pain Worst)	00	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1 Inj IVS 20ml						—	✓20	40	40	40	40	40
2 Inj: IMMUNOREL		✓	100	100	100	100	100					
3												
4												
5												
Hourly.IV (Summation) (ml.)			100	100	100	100	100	40	40	40	40	40
TOTAL IV (SUMMATION) (ml.)			100	200	300	400	500	560	600	640	680	720
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	—	—	—	100
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1200	1300	1300	1300	1300	1400
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	200	400	700	1000	1300	1600	1720	1860	1900	1940		2120
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)								✓	✓		✓	
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)		350	—	250	—	200	—	300	—		100	—
TOTAL URINE OUTPUT (ml.)		350	350	600	600	800	800	1100	1100	110	1200	1200
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)												
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :												

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

UHID:VN4160 / IPD:120162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 12/3/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning Stanley / 534.
NURSE NAME : Evening Stanley / 534.
Night Vineetha / 521

Diagnosis : CRISIS IN K/C/O MYESTHENIA GRAVIS
OM / HTN / HYPOTHYROIDISM.

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
3/5	INJ. IMMUNOREL EACH VIAL [5 5 5, 5 5] OVE 1½ hr			10AM - 11:30AM 11:30AM - 1PM 1PM - 2:30PM		12:30PM - 4PM 4PM - 5-30PM.	
	TAB. DISTINON 60 mg	1-1-1	PO.	6AM		12PM	10PM
	TAB. OMNACORTIL 20 mg	1-0-0	PO.	8AM			
	TAB. AZORAN 50 mg	1-0-1	PO.	10AM			10PM
	TAB. PANTOP 40 mg	1-0-0	PO.	8AM			
	TAB. ECOSPRIN 150 mg	OD PC	PO.			2PM	
	TAB. THYRONORM 25 mcg	1-0-0	PO.	6AM			
	TAB. AMLO 5 mg	SOS	PO.		2PM		

6. IV Fluids :

7. Diet : FD. (ADD, SRD)

8. Investigation Today : ABG at 6PM.

9. Special Orders if any / Allergies if Any
- RBS 5 times
INJ. HAI ACT. IN RBS

10. Reference if any

Dr. Anuja Nishant
M.D. (Neurology, U.S.A.)
Signature M.D. (Stroke Neurology, U.S.A.)
Consultant Stroke Neurologist
Reg No. G-20016
Consultant Name & Sign

Doctors Name :
Date of Signature : 12/3/17
Time of Signature : 10AM

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Dr. Name & Sign Physician Assistant

Physician Assistant

VF-03

Stool Not passed D1

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F / IPD / 13

Date : 12/3/17 Time: 8 am

Patient's Name .....IPD No. :.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Age .: .....Sex M ☐ F ☐ Previous 24 Hours Intake : 1800ml Previous Output 24 Hours : 1100ml Balance : 700m

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98.8F	98.4F	98.6F	98.4F	98.4F	98.6F	98.6F	98.6F	98.6F	98.6F	98.6F
Pulse Rate / min.	88bm	82b/m	79b/m	98b/m	92b/m	82bm	67b/m	66bm	62bm	67bm	68bm	77bm
Blood Pressure (mm of Hg)	154/86	160/80	140/80	160/80	160/80	150/80	160/80	153/76	150/76	168/83	148/76	167/81
Resp. rate / min. SPaO2 / CVP	100/20	97/20	100/14	100/18	100/18	100/17	100/16	99/16	100/16	97/16	100/16	94/17
UNIVERSAL PAIN ASSESSMENT	00	0	0	0	0	0	0	0	0	0	0	0
		0										
INTAKE IV Line 1												
2 Inj: Immunorol		✓	132	132	132	106	—	—	—			
3												
4												
5												
Hourly IV (Summation) (ml.)	—		132	132	132	106	—	—	—	—		
TOTAL IV (SUMMATION) (ml.)	—		132	262	394	500	500	500	500	500	500	500
Oral / N.G. (ml.)	200	200	200	200	200	200	200	200	200	-		200
TOTAL ORAL / N.G. (ml.)	200	400	600	800	1000	1200	1400	1600	1800	1800	1800	2000
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)	200	400	732	1062	1394	1700	1900	2150	2300	2300	2300	2500
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)				600	450	—	—	300	—	500	—	—
TOTAL URINE OUTPUT (ml.)				600	1050	1050	1050	1350	1350	1850	1850	1850
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)				600	1050	1050	1050	1350	1350	1850	1850	1850
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff												

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : CRISIS IN K/C/O MYASTHENIA GRAVIS
DM / HTN / HYPOTHYRODISM

ADDERSOGRAPH

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 11/03/17

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning SJO/527
Evening Meenakshi
Night Vineutha/52

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
				① 10:00 am	11:30		
2/5	INJ. IMMUNOREL EACH VIAL		IV	② 11:30 pm	1:00 pm		⑤ 4:00 pm — 5:30 pm
	[5, 5, 5, 5, 5] OVER 1½ HR			③ 1:00 pm	2:30 pm		
				④ 2:30 pm	4:00 pm		
	TAB. DISTINON 60 mg	1-1-1	PO	8 AM	2 pm SJO		8 pm
	TAB. OMNACORTIL 10 mg	1-0-0	PO	8 AM			
	TAB. AZORAN 50 mg	1-0-1	PO	10 AM SJO			10 pm
	TAB. PANTOP 40 mg	1-0-0	PO	8 AM			
	TAB. ECOSPRIN 150 mg	ODPC	PO		2 pm SJO		
	TAB. THYRONORM 25 mcg	1-0-0	PO	8 AM			
	TAB. AMLO 5 mg	SOS	PO				
	Pr / PPBS / Predinisolone / PBBS / FBS						
	297 mg/dl 290 mg/dl 123 mg/dl						

6. IV Fluids :

7. Diet : S.D. (ADD, SRD)

8. Investigation Today : 2D Echo from home

9. Special Orders if any / Allergies if Any
- RBS 5 times
- INJ. HAI ACC. TO RBS.

10. Reference if any

Signature : DR. RAKESH SHAH (M.D.D.M.) REG. 22134
Consultant Name & Sign
Doctors Name :
Date of Signature : 11/3/17
Time of Signature : 10 am

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			

Physician Assistant

Dr. Name & Signature

V.f - D2

Stool Passed

F / IPD / 13 F. UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
Patient's Name JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Age .: .....Sex Gender/Age:Male / 74 Yrs

Date : 11/03/17 Time: 8 AM .....IPD No.:.....

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

VINS

ious 24 Hours Intake : 1950 Previous Output 24 Hours : 1075 Balance : +ve 875

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98 f	98.6f	98.6f	98.6f	98.	98.4f	98.	98.6f	98.6f	98.6f	98.6f	98.6f
Pulse Rate / min.	84/m	80/m	84/m	94/m	84	92	78	76/m	72/m	78/m	72/m	86/m
Blood Pressure (mm of Hg)	120/50	133/70	135/77	163/92	120/68	100/80	132/76	152/97	124/63	120/80	147/100	160/84
Resp. rate / min. SPaO2 / CVP	97/23	98/16	99/18	99/20	98/18	99/19	100/26	98/16	99/17	99/17	98/20	100/19
UNIVERSAL PAIN ASSESSMENT. (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much, 10 Pain Worst)	0	0	0	0	0	0	0	0 0	0 0	0 0	0 0	0 0
INTAKE IV Line 1 Ringer Lactate		—	132	132	132	104f						
2												
3												
4												
5												
Hourly IV (Summation) (ml.)	—		132	132	132	104	—	—	—	—	—	—
TOTAL IV (SUMMATION) (ml.)	—		132	264	396	500f	500	500	500	500	500	500
Oral / N.G. (ml.)		200	100	200	250	100	50	200	100	—		100
TOTAL ORAL / N.G. (ml.)	—	200	300	500	750	850	900	1100	1200	1200	1200	1300
Hourly Total Intake (ml.)	—											
TOTAL FLUID INTAKE (ml.)	—	200	432	764	1146	1350	1400	1600	1700	1700	1700	1800
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)				500	—	400	—	—	—	—	200	—
TOTAL URINE OUTPUT (ml.)				500	500	900	900	900	900	900	1100	1100
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)				500	500	900	900	900	900	900	1100	1100
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : Cerebrovascular accident in a c/o MYASTHENIA GRAVIS / DM / HTN @ HYPOTHYROIDISM

ADDERSOGRAPH

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 10/03

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

Morning SDO 5 28
NURSE NAME : Evening Menizer
Night Nitu 28

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	TAB DISTINON 6mg	1-1-0	PO	6AM		12PM SDO	6PM
	TAB OMNACORTIL 10mg	1-0-0	PO	8AM			
	TAB AZORAN 10	1-1	PO		10AM		10PM
	TAB PANTOP 40mg	1-0-0	PO	6AM			
	TAB GLOSPREN 15mg	ODPC	PO			2PM SDO	
	TAB THYRONORM 25mcg	1-0-0	PO	6AM			
	TAB AMLO 5mg	SOS		8PM			
	SOS BIPAP						
	PLAN IVIG			① → 1:00pm		2:30pm SDO	
2/5	INJ IMMUNOGL Each vial			② → 2:30pm		4:00pm	
	[5, 5, 5, 5, 5] over 1½	HR	IV	③ → 4:00pm		5:30pm	
				④ → 5:30pm		7:00pm	
				⑤ → 7:00pm		8:30pm	

6. IV Fluids :

7. Diet : S.D ADD, SRD.

8. Investigation Today : S.K → 4:P.M

9. Special Orders if any / Allergies If Any : RBS Chely HAE ACC TO RBS

10. Reference if any

Signature DR. RAMESH SHAH M.D. D.M.J. REG. NO. G - 22734

Consultant Name & Sign
Doctors Name :
Date of Signature : 10/3/17
Time of Signature : 10 pm

Dr. Name & Signature Physician Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	INJ HYDROCORT 100mg	STAT	IV	12:30 SDO			
	TAB DOLO 650mg	STAT	IV				

VF-D1

STOOL NOT PASSED D1

F / IPD / 1: UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
Patient's : JAYNTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Age .: ..... Gender/Age:Male / 74 Yrs

Date : 10-3-17. Time: 8Am

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

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

Previous 24 Hours Intake : 350 Previous Output 24 Hours : Balance :

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)	98.6F	98.6F	98.6F	98.6F	98	98F	98	98F	98F	98F	98F	98F
Pulse Rate / min.	96/m	90/m	98/m	76/m	82	90	90	75/m	69/m	99/m	81/m	79/m
Blood Pressure (mm of Hg)	150/90	140/90	142/81	158/86	130/82	140/90	150/80	128/80	140/70	100/60	110/80	100/70
Resp. rate / min. SPaO2 / CVP	20/100	99/14	99/14	99/22	99/18	98/20	96/16	10/19	98/25	99/14	99/21	99/18
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much Worst, 10 Pain Worst)	0	0	0	0	0	0	0	0	0	0	0	0
INTAKE IV Line 1												
2			11PM	66	132	200	72	30 R				
3												
4												
5												
Hourly IV (Summation) (ml.)				66	132	200	72	30 R	–	–	–	–
TOTAL IV (SUMMATION) (ml.)				66	198	398	470	500	500	500	500	500
Oral / N.G. (ml.)	200	200	100	150	100	300	300	200	–	–	–	–
TOTAL ORAL / N.G. (ml.)	200	300	400	550	650	950	1250	1450	1450	1450	1450	1450
Hourly Total Intake (ml.)		400										
TOTAL FLUID INTAKE (ml.)	200	300	400	616	848	1348	1720	1950	1950	1950	1950	1950
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)	100	–	–	300	–	500	–	75	–	–	–	100
TOTAL URINE OUTPUT (ml.)	100	100	100	400	400	900	900	975	975	975	975	1075
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)	100	100	100	400	400	900	900	975	975	975	975	1075
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Nita	Nita	Nita	[illegible]	[illegible]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES

VINS

TREATMENT AND MAR SHEET

Diagnosis : MYASTHENIA GRAVIS / DM / HTN / HYPOTHYROIDSM

ADDRESSOGRAPH
UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 10/03

DOC NO. F / IPD/10
REV .NO. 0.1
W.E.F. 01-12-2013

NURSE NAME : Morning / Evening / Night Stanley / SIH

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	TAB DISTONON 6mg	1-1-0	PO				
	TAB OMNACORTIL 10mg	1-0-0	PO				
	TAB AZORAN 50	1-0-1	PO			Tab 100 at 4pm	
	TAB PANTOP 40	1-0-0	PO.				
	TAB CLOSPIN 150	~~0-0-1~~ PC	PO.				
	TAB. ANXO 5mg	STAT &			1:30 AM		
		SOS.					
	SOS BIPAP.						

6. IV Fluids :

7. Diet :

8. Investigation Today : PREOP. / NAKH ELECTROLYTE ECG

9. Special Orders If any / Allergies If Any

RBS - 250 mg/dl.

~~ECG / ELECTROLYTES~~

10. Reference if any

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Signature :
Consultant Name & Sign
Doctors N
Date of S. 10/3/17
Time of Signature : 10 pm

Dr. Name & Signature
Physician Assistant

SOS / STAT / VERBAL ORDER MEDICATIONS (TO BE PRESCRIBED BY THE DOCTOR)

DAYS	MEDICATION	FREQUENCY	ROUTE	TIMINGS			
	INJ SODIUM BICARBONATE 25ml	STAT	IV	2:45 AM			
	INJ CALCIUM GLUCONATE 10ml	STAT	IV	2:45 AM			
	INJ DEX 25% 100ml + HUMAN ACTRAPID 6U	STAT	IV	2:45 AM			

VF D1

F / IPD / 13

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name

Age .: .....Sex

ate : Time:

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

vious 24 Hours Intake : Previous Output 24 Hours : Balance :

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99 Urmi Society, Opp. Haveli Productivity Road, Akota, Vadodara
Ph. : 2331343 Mobile : 9978999940

TIME	8-00	10-00	12-00	14-00	16-00	18-00	20-00	22-00	24-00	2-00	4-00	6-00
Temperature (F)										98.8	98.4	98.6
Pulse Rate / min.										104	84/m	90/m
Blood Pressure (mm of Hg)										180/40	150/90	130/80
Resp. rate / min. SPaO2 / CVP										98/22	100/14	99/14
UNIVERSAL PAIN ASSESSMENT (0 No Pain, 2 Pain Little Bit, 4 Pain Little More, 6 Pain Even More, 8 Pain Much More, 10 Pain Worst)										2	0	0
INTAKE IV Line 1 Dex 25% + HAZ 6U										✓	50	50
2												
3												
4												
5												
Hourly IV (Summation) (ml.)											50	50
TOTAL IV (SUMMATION) (ml.)											50	100
Oral / N.G. (ml.)											100	150
TOTAL ORAL / N.G. (ml.)											100	250
Hourly Total Intake (ml.)												
TOTAL FLUID INTAKE (ml.)											150	350
OUTPUT Drains 1 (ml.)												
TOTAL DRAINS (SUMMATION) (ml.)												
N G Aspirate or Vomiting (ml.)												
Urine Output (ml.)												
TOTAL URINE OUTPUT (ml.)												
Hourly Total Output (ml.)												
TOTAL FLUID OUTPUT (ml.)												
Balance (ml.)												
R.B.S. mg% / Abd Girth (c.m.)												
Signature of Staff :												

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
: 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

2/04/17

Date : TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2							
PUPIL L	2	2	2	2	2							
EYE	4	4	4	4	4							
VERBAL	5	5	5	5	5							
MOTOR	6	6	6	6	6							
TOTAL	15/15	15/15	15/15	15/15	15/15							

Staff Signature : [illegible]

Date : TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R												
PUPIL L												
EYE												
VERBAL												
MOTOR												
TOTAL												

Staff Signature :

Date : TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R												
PUPIL L												
EYE												
VERBAL												
MOTOR												
TOTAL												

Staff Signature :

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W.E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

Addressograph

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R												
PUPIL L												
EYE												
VERBAL												
MOTOR												
TOTAL												

Date :

Staff Signature :

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R												
PUPIL L												
EYE												
VERBAL												
MOTOR												
TOTAL												

Date :

Staff Signature :

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R												
PUPIL L												
EYE												
VERBAL												
MOTOR												
TOTAL												

Date :

Staff Signature :

EYE RESPONSE

E1 - Does not open eyes

E2 - Open Eye to painful stimuli

E3 - Open Eyes in response to voice

E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response

V2 - Incomprehensible sounds

V3 - Incoherent words

V4 - Confused / Disoriented

V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response

M2 - Decerebrate Response to pain

M3 - Extension to painful stimuli

M4 - Flexion to painful stimuli

M5 - Localize painful stimuli

M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W.E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Havell Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 27/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	~~5T~~	~~5T~~	~~5T~~	~~5T~~	T	T	T	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	5	6	6	6	6	6	6	6
TOTAL	10/15	10/15	10/15	10/15	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10
Staff Signature :	S	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		S	S	S	S

Date : 28/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10
Staff Signature :	S	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Date : 29/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15
Staff Signature	[illegible]	Nita	Nita	Nita	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

30/3

Date : 30/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

Staff Signature :

Date : 31/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

Staff Signature : Flexion

1/4/17

Date :

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

Staff Signature

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W.E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Havell Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 21/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	TT	TT	T	T	T	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

Date : 22/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

Date : 23/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W.E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Havell Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 24-3-17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	T T	T T	T T	T T	T	T	T	T.T	T.T	T.T	T.T	T.T
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Nitu Nitu Nitu

2-5

Date : 25/3

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	T.T	T T	T T	T T	T T	T T	T T	T T	T.T	T.T.	T.T.	T.T.
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Neelu Neelu Neelu Nitu Nitu Nitu Nitu

Date : 26/3

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	T.T	T	T	T	T	T	T T	T T	T T	T T	T T	T T
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Nitu

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
W.E.F : 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 15-3-17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Sh. Sh. Sh. Sh.

Date : 16-3-17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Sh. Sh. Sh. Sh.

Date : 17-3-17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	ET	ET	ET	ET	ET	ET	ET	T.T	T.T	T.T	T.T	T.T
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature : Sh. Sh. Sh.

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO	: F/IPD/ 25
REV NO	: 0.0
W.E.F	: 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCE
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 22/3

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	T.T	TT	TT	TT	TT	TT	TT	T.T	T.T	T.T	T.T	T.T
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10
Staff Signature		Dayal SJT	Dayal SJT	Dayal SJT				Nitu	Nitu	Nitu	Nitu	Nitu

Date : 19/3

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	T.T	TT	TT	TT	T	T	T	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10
Staff Signature	Nitu							S	S	S	S	S

Date : 20/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	TT	TT	TT	TT	T.T	T.T	T.T	TT	TT	TT	TT	TT
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10
Staff Signature : S					Nitu	Nitu	Nitu	S	S	S	S	S

EYE RESPONSE

E1 - Does not open eyes

E2 - Open Eye to painful stimuli

E3 - Open Eyes in response to voice

E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response

V2 - Incomprehensible sounds

V3 - Incoherent words

V4 - Confused / Disoriented

V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response

M2 - Decerebrate Response to pain

M3 - Extension to painful stimuli

M4 - Flexion to painful stimuli

M5 - Localize painful stimuli

M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO	: F/IPD/ 25
REV NO	: 0.0
W.E.F	: 01-11-2014

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 10/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R										2	2	2
PUPIL L										2	2	2
EYE										4	4	4
VERBAL										5	5	5
MOTOR										6	6	6
TOTAL										13/15	15/15	15/15

Staff Signature :

Date : 10/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

Staff Signature

Date : 11/3

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	5	5	5	5	5	5	5	5
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15	15/15

Staff Signature :

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

GLASGOW COMA SCALE CHARTING

DOC NO : F/IPD/ 25
REV NO : 0.0
: 01-11-2014

VINS
VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : 12/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	ET	ET	ET	ET	ET	ET	ET	ET
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/15	15/15	15/15	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

Date : 13/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET	ET
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

Date : 14/3/17

TIME	8	10	12	2	4	6	8	10	12	2	4	6
PUPIL R	2	2	2	2	2	2	2	2	2	2	2	2
PUPIL L	2	2	2	2	2	2	2	2	2	2	2	2
EYE	4	4	4	4	4	4	4	4	4	4	4	4
VERBAL	5	5	5	5	ET	ET	ET	ET	ET	ET	ET	ET
MOTOR	6	6	6	6	6	6	6	6	6	6	6	6
TOTAL	15/15	15/10	15/10	15/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10	10/10

Staff Signature :

EYE RESPONSE

E1 - Does not open eyes
E2 - Open Eye to painful stimuli
E3 - Open Eyes in response to voice
E4 - Open Eyes spontaneously

VERBAL RESPONSE

V1 - No response
V2 - Incomprehensible sounds
V3 - Incoherent words
V4 - Confused / Disoriented
V5 - Oriented, converse normally

MOTOR RESPONSE

M1 - No motor Response
M2 - Decerebrate Response to pain
M3 - Extension to painful stimuli
M4 - Flexion to painful stimuli
M5 - Localize painful stimuli
M6 - Obeys commands

F/IPD/03

VINS

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Bed No. :_____ IPD No. : _____

Patient's Name : _____ Age :____Years Sex : M/F

BLOOD SUGAR MONITORING CHART

DATE	TIME	BLOOD SUGAR LEVEL	INSULIN (UNIT)	NAME & SIGN.
28/3/17	12am	224 mg/dl	4u 1+1/A S/C	SDO 527
	6am	121 mg/dl	—	SDO 527
	12MD	228 mg/dl	4 unit HMR by DR Nimph	
	6 Pm	196 mg/dl	Informed to Dr Yogesh	
	12MN	189 mg/dl	—	
29/3/17	6 Am	191 mg/dl	—	
"	12MD	239 mg/dl	4 unit HMR	Nitel 1287
"	6 PM	232 mg/dl	4u 1/1 A S/C	SDO 527
"	12MN	222 mg/dl	4 unit HAgens	
30/3	6 am	165 mg/dl	—	
	12 MD	266 mg/dl	6 Unit given as per Dr order 4 unit - H.A.	
	6pm	220 mg/dl		
	12MN	251 mg/dl	4 unit HA informed Dr Sagar	
31/3/17	6am	144 mg/dl	informed Dr Sagar	
	12MD	318 mg/dl	informed Dr. Nimph not sure sugar	
	6pm	206 mg/dl	4 unit HAgens	
	12MD	167 mg/dl	Informed to Dr Hitesh	
1/4/17	6AM	227 mg/dl	4 unit HA → Dr. Hitesh	
	12MD	175 mg/dl	4 Unit H.A.	Nitel
	7:30 pm	356 mg/dl	12 Unit HA	
	10:00 pm	227 mg/dl	Dr. Hitesh	
2/4/17	6 Am	159 mg/dl	informed Dr. Hitesh	
	12:pm	302 mg/dl	Dr Jyotindra 12 U.H.A. S.C	Cardia
			200-250 — 4U	
			250-300 — 6U	
			300-350 — 8U	
			350 — 10U	

VINS

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Patient's Name :

Bed No. : _____ IPD No. : _____

_____ Age : ____ Years Sex : M/F

BLOOD SUGAR MONITORING CHART

DATE	TIME	BLOOD SUGAR LEVEL	INSULIN (UNIT)	NAME & SIGN.
21/3/17	12am	214 mg/dl	4u H/A s/c	SJO 527
"	6am	155 mg/dl	—	SJO 527
"	12MD	264 mg/dl	6u HAI s/c	[illegible]
"	6pm.	188 mg/dl	NVR	Memira
22/3/17	12am	235 mg/dl	4u H/A s/c	SJO 527
"	6am	231 mg/dl	4u H/A s/c	SJO 527
"	12 MD	250 mg/dl	4unit H/A s/c	[illegible]
"	6pm	219 mg/dl	4 unit given	Thersingh
"	12MN	182 mg/dl	—	[illegible]
23/3/17	6 Am	253 mg/dl	6u HAI s/c	[illegible]
	12MD	192 mg/dl	Informed to Dr Nayan	Thersingh
	6 PM	255 mg/dl	6u H/A s/c	SJO 527
	12MN	178 mg/dl	—	Stanley
24-3-17	6Am	164 mg/dl	—	[illegible]
"	12PM	258 mg/dl	6u H/A s/c	SJO 527
"	6pm	182 mg/dl	NVR	Memira
25/3/17	12MN	332 mg/dl	4 unit I/A	Nitu (28)
"	6Am	163 mg/dl	—	Nitu (28)
"	12Pm	238 unit.	4u H/A s/c	Merlin
"	6pm.	196 mg/dl.	Informed to Doctor.	Merlin.
26/3/17	12mN	264 mg/dl	6 unit / HAI / SC	Nitu
"	6Am	179 mg/dl	Inform to Dr Akash	Nitu
"	12MD.	225 mg/dl	4 Unit SC	Memira
"	6Pm	208 mg/dl	4 unit / HA	Memira
27/3/17	12am	142 mg/dl	—	SJO/527
"	6am	162 mg/dl	—	SJO/527
"	12MD.	266 mg/dl	6u HAI s/c	[illegible]
"	6Pm	212 mg/dl	4 unit SC	Merlin

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F/IPD/03

VINS

Bed No. :_____ IPD No. : _____

Patient's Name :_____ Age.:____Years Sex : M/F

BLOOD SUGAR MONITORING CHART

DATE	TIME	BLOOD SUGAR LEVEL	INSULIN (UNIT)	NAME & SIGN.
14/3/17.	12 MD	156 mgdl	Inj 8am Dr. Nayan	Shoba.
	6pm	229 mg/dl	4 unit/SC	Nitu
	12MN	186 mg/dl	—	[illegible]
15/3/17	6Am	232 mg/dl	6U HAI S/C	[illegible]
	12 MD.	185 mgdl	Inj 8am Dr. Nayan	Shoba
	6pM.	251 mg/dl	6u H/A S/C	Sizo 527
	12MN.	184 mg/dl	—	[illegible]
16/3/17	6Am	192 mg/dl	—	[illegible]
"	12 MD.	250 mgdl	6 unit H-A	Shilna.
"	6pm.	259 mg/dl	4 unit H-A	Fatma.
"	12MN	251 mg/dl	4U HAI S/C	[illegible]
17/3/17	6Am	171 mg/dl	—	[illegible]
"	12MD.	300 mgdl.	6 unit	Shilna.
"	6pm.	203 mg/dl	—	Sizo 527
18/3/17	12MN	277 mg/dl	6 unit H/HA S/C	Nitu 1281
"	6Am	160 mg/dl	—	Nitu 1281
18/3/17	12MD	264 mg/dl	2nd Dr. Nayan. 6 unit S/C HAI S/C	Payal 557
"	6pm.	243	4U HAI S/C	[illegible]
19/3/17	12MN	210 mg/dl	4 unit S/C	Nitu 1281
"	6Am	146 mg/dl	—	Nitu 1281
"	12MD	309 mg/dl	8U HAI S/C	[illegible]
"	6Pm	225 mg/dl	4 Unit HAI	Premila
20/3/17	12AM	220 mg/dl	—	< 200 NI
"	6am	201 mg/dl	4U H/A 200-250	- 4U
"	12MD	214 mg/dl	4U HAI 250-300	- 6U
"	6pm.	199 mg/dl.	- 300-350	- 8U Nitaben
~~21/8/17~~	~~12MD~~			

VINS

F/IPD/03

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
Patient's Name : JAYNTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Bed No. :_____ IPD No. : _____

_____ Age :____Years Sex : M/F

BLOOD SUGAR MONITORING CHART

DATE	TIME	BLOOD SUGAR LEVEL	INSULIN (UNIT)	NAME & SIGN.
10/3	2AM.	250 mg/dl	–	[illegible]
"	6AM.	108 mg/dl	–	[illegible]
"	12PM	330 mg/dl	8u H/A S/C	SDO 527
"	3 pm	285 mg/dl	– NIL	Nanal
"	7.30PM	254 mg/dl	HA7 6 Unit gs	Memin
"	10pm	248 mg/dl	4 unit HA S/C	Nitu/287
11/3/17	6AM	105 mg/dl		Nitu/287
"	1.30PM	294 mg/dl	8u H/A S/C	SDO 527
"	3:40PM	290 mg/dl	HA7 4 Unit gs	Memin
"	7PM	123 mg/dl	–	Memin
~~12/3~~	~~6AM~~	~~234 mg/dl~~	~~Ly: HAI 4 u SC~~	~~Vinutha~~
10pm	~~[illegible]~~	139 mg/dL		Vinutha
12/3	6AM	234 mg/dL	Ly: HAI 4u SC	Vinutha
	1pm.	183 mg/dl	– Nil	[illegible]
	3:30pm	309 mg/dl	6U HA S/C	[illegible]
	7pm.	204 mg/dl	4U HAI S/C	[illegible]
	10pm.	126 mg/dL		Vinutha
13/3	6AM	235 mg/dL	Ly: HAI 4u SC	Vinutha
"	1 ~~[illegible]~~ pm.	224 mg/dl	4u H-A	Shilna
"	6 PM	187 mg/dl	4U HAI S/C	Memin
14/3	12AM	199 mg/dl	–	SDO 527
	6AM	231 mg/dl	4u H/A S/C	SDO 527
			< 200 nil	
			~~200-250 – 4U~~	
			250-300 – 6U	
			~~300-350 – 8U~~	

UHID:VN4160 / IPD:20162776
Admission Dt:10/03/2017
JAYANTIBHAI M.
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F/IPD/12 **VENTILATOR CHART**

RA INSTITUTE OF NEUROLOGICAL SCIENCES

Indoor No.

Name : Age. : 74 yrs Sex. : M Bed No. : 302 Time : 8 am Date.: 27/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	simv																							
b	Tidal Volume	450																							
c	Set Frequency	14																							
	Controlled																								
	SIMV	✓																							
d	Pressure Control	1.2																							
e	Pressure Support (IPAP)	8	PIP																						
f	PEEP / CPAP (EDAP)	4																							
g	Triggering	1																							
h	Flo2 (Set)	40	6																						
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	336																							
c	Exp. MV	4.6																							
d	Mea.Freq.	14																							
	B.Pressure																								
a	Peak pressure	28																							
b	Mean	9																							
c	End.Exp	4																							
C	ALARMS																								
a	Preassure High	5																							

Signatur of Staff

Name : Age. : Sex. : Bed No. : Time : Date.:

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Pressure Low																								
b	Volume High MV																								
c	Volume Low MV																								
d	Fio2 Alarms																								
e	Gas Supply																								
f	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T. / T'stomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHANGE																								
a	Catheter Mount	D2																							
b	Filter	D2																							
c	Ventilator Circuit	–																							
d	E.T. Tube / T'stomy Tube	D9																							

Sign of RMO Sign of Incharge Sign of Staff Nurse Sign of Consultant

DR RAKESH SHAH
M.D.
27734

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIENC**

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

IPD/12 **VENTILATOR CHART**

Indoor No.

Name : Age. : Sex. : Bed No. : Time : 8Am Date.: 26/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV	CPAP	CPAP											SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450													450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14													14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV	✓													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	1.2													1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Pressure Support (IPAP)	8	8	8											8	8	8	8	8	8	8	8	8	8	8
f	PEEP / CPAP (EDAP)	4	4	4											4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1											1	1	1	1	1	1	1	1	1	1	1
h	Flo2 (Set)	40	40	40											40	40	40	40	40	40	40	40	40	40	40
					Shift																				
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	490	503												414	424	351	371	400	383	392	371	360	384	472
c	Exp. MV	6.5	7.6												6.6	6.0	6.1	5.2	5.4	3.5	5.4	5.3	5.2	6.4	5.8
d	Mea.Freq.	23	22												14	14	14	14	14	14	14	14	14	15	14
	B.Pressure																								
a	Peak pressure	28	12												29	28	28	29	29	29	29	28	32	32	30
b	Mean	8	7												8	9	9	9	9	9	9	8	8	8	8
c	End.Exp	4	4												4	4	4	4	4	4	4	4	4	4	4
C	ALARMS																								
a	Preassure High	0	0												5	5	5	5	5	5	5	5	5	5	5

Signatur of Staff

Name : Age. : Sex. : Bed No. : Time : Date.:

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Pressure Low																								
b	Volume High MV																								
c	Volume Low MV																								
d	Fio2 Alarms																								
e	Gas Supply																								
f	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T. / T'stomy	✓																							
	Oral	✓																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHANGE																								
a	Catheter Mount																								
b	Filter	✓																							
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy Tube																								

Sign of RMO Sign of Incharge Sign of Staff Nurse Sign of Consultant

DR. RAKESH SHAH
M.D.D.M.
REG. NO. 77194

VINS

VADODARA INSTITUTE OF NEUROLOGICAL SCIE

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F/IPD/12 **VENTILATOR CHART**

Indoor No.

Name : Age. : 74y Sex. : Male Bed No. : 302 Time : 8AM Date.: 25/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV																SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450																450	450	450	450	450	450	450	450
c	Set Frequency	14																14	14	14	14	14	14	14	14
	Controlled																								
	SIMV	✓																✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	10.2																10.2	10.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Pressure Support (IPAP)	8																8	8	8	8	0	0	0	0
f	PEEP / CPAP (EDAP)	4																4	4	4	4	4	4	4	4
g	Triggering	1																1	1	1	1	1	1	1	1
h	Flo2 (Set)	40																40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	469																506	457	390	412	434	409	512	449
c	Exp. MV	7.3																6.5	5.9	6.4	5.7	5.4	5.9	6.5	6.9
d	Mea.Freq.	17																14	14	14	14	14	14	14	16
	B.Pressure																								
a	Peak pressure	29																12	12	12	28	29	12	12	28
b	Mean	8																11	11	11	9	9	10	10	8
c	End.Exp	4																4	4	4	4	4	5	5	4
C	ALARMS																								
a	Preassure High	N																N	N	N	N	N	N	N	N

Patient on T-piece

Signatur of Staff

Name : Age. : Sex. : Bed No. : Time : Date.:

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Pressure Low																								
b	Volume High MV																								
c	Volume Low MV																								
d	Fio2 Alarms																								
e	Gas Supply																								
f	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T. / T'stomy	✓																✓		✓			✓		✓
	Oral	✓																✓		✓			✓		✓
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHANGE																								
a	Catheter Mount																								
b	Filter																								
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy Tube																								

Sign of Physician Assistant / Sign of MO — Sign of Incharge — Sign of Staff Nurse — Sign of Consultant

DR. RAKESH SHAH
MD DM
REG. NO. 27724

F/IPD/12 **VENTILATOR CHART**

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VIN... UTE OF NEUROLOGICAL SCIENCES

Indoor No.

Name : Age. : Sex. : Bed No. : Time : Date.: 24-3-17.

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV													SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450													450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14													14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV	✓													✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	12													12	12	12	12	12	12	12	12	12	12	12
e	Pressure Support (IPAP)	8													8	8	8	8	8	8	8	8	8	8	8
f	PEEP / CPAP (EDAP)	4													4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1													1	1	1	1	1	1	1	1	1	1	1
h	Flo2 (Set)	40													40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	505													515	521	552	515	477	494	484	485	483	480	408
c	Exp. MV	6.7													6.9	6.5	6.3	4.3	6.7	6.7	6.8	6.7	6.7	6.7	6.7
d	Mea.Freq.	14													22	17	15	14	14	14	14	14	20	20	14
	B.Pressure																								
a	Peak pressure	27													28	29	29	29	29	28	28	29	29	29	29
b	Mean	8													10	9	9	9	9	8	8	9	9	9	9
c	End.Exp	4													4	4	4	4	4	4	4	4	4	4	4
C	ALARMS																								
a	Preasure High																								

Signatur of Staff

Name : Age. : Sex. : Bed No. : Time : Date.: 24-3-12

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Pressure Low																								
b	Volume High MV																								
c	Volume Low MV																								
d	Fio2 Alarms																								
e	Gas Supply																								
f	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T. / T'stomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHANGE																								
a	Catheter Mount	D3																							
b	Filter	D1																							
c	Ventilator Circuit	D2																							
d	E.T. Tube / T'stomy Tube	D6																							

INTENSIVIST
Sign of RMO

Sign of Incharge

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
Sign of Consultant
REG. NO. G - 22734

VENTILATOR CHART

F / ICU / 01

VINS VA[illegible]TE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Indoor No. :

Name | Age : | Sex : | Bed No. : 302 | Time : 8 Am | Date : 23/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	CPAP	CPAP										CPAP	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume														450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency														14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV														✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control																								
e	Presure Support (IPAP)	8	8										8	8	8	8	8	8	8	8	8	8	8	8	8
f	PEEP / CPAP (EDAP)	4	4										4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1										1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40										40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	504	495										412	413	479	451	428	436	496	496	474	460	517	473	439
c	Exp. MV	6.3	7.1										6.3	6.2	7.4	7.5	6.4	7.6	6.7	6.8	6.8	6.6	6.4	6.2	6.3
d	Mea. Freq.	.	14										16	20	17	18	18	16	14	14	14	14	14	14	14
	B Pressure	15																							
a	Peak Pressure	13	13										12	12	28	13	12	11	29	29	28	12	11	6	7
b	Mean	7	7										7	2	9	9	9	9	8	8	8	9	9	9	9
c	End. Exp.	4	4										3	3	3	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure	8	8										8	8	8	8	8	8	8	8	8	8	8	8	8

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓																							
	Oral	✓																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	Dr																							
b	Filter	Dr																							
c	Ventilator Circuit	Dr																							
d	E.T. Tube / T'stomy	Dr																							

Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RA[illegible] (M.D.D.[illegible])
REG. NO. [illegible]
Sign of Staff Consultant

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

DARA INSTITUTE OF NEUROLOGICAL SCIENCE

VENTILATOR CHART

F / ICU / 01

Indoor No. :

Age : 74yrs Sex : M Bed No. : 302 Time : 8am Date : 22/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV	CPAP	CPAP	SIMV	SIMV	1.30	2.30am CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450			450	450									450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14			14	14									14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV	✓			✓	✓									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	1.2			1.2	1.2									1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)	10	12	12	12	12		12	12	12	12	8	8	8	8	8	8	8	8	8	8	8	8	8	8
f	PEEP / CPAP (EDAP)	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40		40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	535	517	488	573	444		427	309	454	494	537	402	445	345	399	396	434	400	504	428	680	542	450	368
c	Exp. MV	7.0	6.1	6.4	5.4	5.5		6.3	5.8	5.9	6.2	6.7	5.6	5.7	5.6	6.4	4.4	5.1	4.7	4.8	4.8	4.3	4.8	4.8	6.4
d	Mea. Freq.	16	14	14	14	18		14	15	15	13	16	17	16	15	15	14	14	14	4	17	17	16	14	15
	B Pressure																								
a	Peak Pressure	22	29	28	17	16		16	11	11	16	12	12	12	29	12	29	29	12	11	12	17	12	12	11
b	Mean	8	8	8	9	8		8	9	9	9	7	7	7	9	10	8	8	8	8	7	7	8	8	8
c	End. Exp.	4	4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4
C	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy		✓			✓			✓				✓		✓		✓	✓			✓		✓		
	Oral	✓			✓				✓				✓		✓			✓	✓		✓		✓		
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D1																							
b	Filter	D1																							
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy	D4																							

Physician Assistant
Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SH.
(M.D.D.M.)
REG. NO. G - 2273
Sign of Staff Consultant

VENTILATOR CHART

F / ICU / 01

INSTITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:120162776
Admission Dt:10/03/2017
Name JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Indoor No. :

Age : 74 yrs Sex : M Bed No. : 302 Time : 8am Date : 21/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume														450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency														14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV														✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control														1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)	12	12	12	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
f	PEEP / CPAP (EDAP)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	40	40	40	40	40	40
B	**MEASURED (RED)**																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	601	603	531	544	526	410	425	426	512	523	528	557	590	387	404	411	472	495	473	553	573	516	462	486
c	Exp. MV	6.9	11.1	8.9	6.8	8.4	5.9	6.4	6.73	6.73	7.5	7.67	7.38	8.40	7.1	7.6	7.4	7.3	6.7	6.5	7.3	8.0	8.7	6.6	6.8
d	Mea. Freq.	14	20	16	14	16	14	14	13	14	14	13	14	14	14	16	16	16	15	15	15	15	14	14	14
	B Pressure																								
a	Peak Pressure	16	14	15	14	15	14	14	14	14	14	14	14	14	26	26	24	24	24	24	24	24	14	14	14
b	Mean	8	9	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9
c	End. Exp.	4	4	4	4	4	4	4	8	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
c	**ALARMS**																								
a	Pressure	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D3																							
b	Filter	D3																							
c	Ventilator Circuit	Dn																							
d	E.T. Tube / T'stomy	D3																							

Sign of M.P. / Physician Physician Ass

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH (M.D.D.M.) REG. NO. 22734

Sign of Staff Consultant

VENTILATOR CHART

F / ICU / 01

INSTITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Name Gender/Age:Male / 74 Yrs

Indoor No. :

Age : 74 yrs Sex : m Bed No. : 302 Time : 8am Date : 20/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV	SIMV	SIMV	CPAP				CPAP	CPAP		CPAP	CPAP	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450	450	450											450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14	14											14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV	✓	✓	✓											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	1.2	1.2	1.2											1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)	14	14	12	12				12	12		12	12	12	12	12	12	12	12	12	12	12	12	12	12
f	PEEP / CPAP (EDAP)	4	4	4	4				4	4		4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1				1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	50	50	40	40				40	40		40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	422	504	449	432				507	494		406	426	453	382	420	333	445	433	456	430	400	426	407	535
c	Exp. MV	7.3	6.5	6.8	6.7				6.8	6.5		5.8	7.0	7.2	5.7	6.4	6.1	6.9	6.3	6.2	6.8	6.5	6.1	6.7	5.8
d	Mea. Freq.	16	14	15	15				14	13		13	16	16	14	14	14	14	16	16	17	14	15	15	16
	B Pressure																								
a	Peak Pressure	13	18	18	18				16	16		16	16	16	27	27	27	27	27	26	23	27	22	27	27
b	Mean	9	9	8	8				8	8		8	8	8	8	8	8	8	8	8	8	8	8	8	8
c	End. Exp.	4	4	4	4				4	4		4	4	4	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓																							
	Oral	/																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D2																							
b	Filter	D2																							
c	Ventilator Circuit	D11																							
d	E.T. Tube / T'stomy	D2																							

Sign of M.P. Physician Sign of Incharge Sister Sign of Staff Nurse Sign of Staff Consultant

DR RAKESH SHAH
REG. NO. 22734

VINS VADODARA INSTITUTE OF NEUROLOGICAL SCIENCI

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VENTILATOR CHART

F / ICU / 01

Name

Age : 74y Sex : M Bed No. : 302 Time : 8Am Date : 19/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV	CPAP						CPAP	CPAP	CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450										450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14										14	14	14	14	14	14	14							
	Controlled																✓	✓	✓	✓	✓	✓	✓	✓	✓
	SIMV	✓										✓	✓	✓											
d	Pressure Control	1.2										1.2	1.2	1.2	12	12	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)	14	14						14	14	14	14	14	14	14	14									
f	PEEP / CPAP (EDAP)	4	4						4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1									1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40						50	50	50	50	50	50	50	50	100	50	50	50	50	50	50	50	50
	Pinsp Bar											32	32	32	32	32	34								
B	MEASURED (RED)																								
	A Volume ET Cog																54	34							
a	Inp. TV																								
b	Exp. TV	454	458						678	663	678	288	460	409	453	460	482	452	447	458	446	473	426	431	461
c	Exp. MV	6.4	6.5						7.8	6.63	6.9	5.13	6.9	7.3	6.2	6.0	6.9	6.4	6.4	6.4	6.6	6.5	7.4	7.7	7.8
d	Mea. Freq.	14	14						9	10	9	13	14	14	14	14	14	14	14	15	14	14	14	14	14
	B Pressure																								
a	Peak Pressure	27	28						18	18	18	32	25	25	23	23	24	24	29	29	29	29	29	29	29
b	Mean	8	8						8	8	6	9	7	7	8	8	8	8	9	9	9	9	11	11	11
c	End. Exp.	4	4						4	4	4	4	5	5	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓																							
	Oral	✓																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount																								
b	Filter																								
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy																								

Sign of M.P. Physician Sign of Incharge Sister Sign of Staff Nurse Sign of Staff Consultant

Dr. [illegible] M.D., D.A.
Consultant Stroke Neurologist
Reg No. G-77846

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIE**

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male /74.Yrs

VENTILATOR CHART

F / ICU / 01

Name Age : Sex : Bed No. : Time : 8AM Date : 18/8/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	CMV	CMV	CMV	CPAP	CPAP	CPAP	off	CPAP	CPAP	CPAP	CPAP		CPAP	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume	450	450	450											450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14	14											14	14	14	14	14	14	14	14	14	14	14
	Controlled	✓	✓	✓																					
	SIMV														✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	12	12	12	12	12	12								12	12	12	12	12	12	12	12	12	12	12
e	Presure Support (IPAP)	–	–	–	–	–	–		12	12	12	12		12	14	14	14	14	14	14	14	14	14	14	14
f	PEEP / CPAP (EDAP)	4	4	4	3	3	3		4	4	4	4		4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40	40		40	40	40	40		40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	356	472	447	476	450	463		633	513	451	481		380	420	460	478	460	482	486	483	465	479	429	491
c	Exp. MV	6.1	6.68	6.49	6.76	6.36	6.11		7.5	6.7	6.8	6.5		6.7	6.2	6.2	6.1	6.2	6.2	6.2	5.9	6.1	6.3	6.4	6.4
d	Mea. Freq.	16	16	16	15	15	15		14	12	14	14		14	14	14	14	14	14	14	13	13	14	14	14
	B Pressure																								
a	Peak Pressure	16	16	16	15	15	15		16	16	16	16		16	27	27	27	26	27	27	27	27	27	27	27
b	Mean	7	8	7	7	7	8		8	8	8	8		8	8	8	8	8	8	8	8	8	8	8	8
c	End. Exp.	4	4	4	3	3	3		4	4	4	4		5	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy		✓	✓	✓	✓										✓		✓		✓		✓		✓	
	Oral		✓		✓	✓										✓		✓		✓		✓		✓	
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount		DL																						
b	Filter		DL																						
c	Ventilator Circuit		DG																						
d	E.T. Tube / T'stomy		DG																						

Sign of M.P. / Physician Assistant

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH
REG. NO.

Sign of Staff Consultant

VENTILATOR CHART

F / ICU / 01

VINS VASTRAPUR INSTITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Indoor No. :

Name Age : Sex : Bed No. : 302 Time : 8 Am Date : 17-3-12

		8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
A	SETTINGS (GREEN)																								
a	Mode	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV
b	Tidal Volume	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	Controlled	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	SIMV																								
d	Pressure Control	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)																								
f	PEEP / CPAP (EDAP)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	405	417	430	460	468	459	415	354	320	405	377	32	453	421	464	469	481	480	441	433	439	430	480	440
c	Exp. MV	5.9	6.3	7.1	7.2	7.1	6.8	7.1	5.0	5.4	5.3	5.2	4.0	6.2	6.3	6.2	6.2	6.2	6.1	6.1	6	6.3	6.1	6.1	6.1
d	Mea. Freq.	15	16	16	16	18	20	16	16	16	16	16	16	16	16	16	16	16	16	14	14	15	15	15	15
	B Pressure																								
a	Peak Pressure	16	14	16	14	16	18	14	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
b	Mean	7	8	8	8	7	8	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
c	End. Exp.	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure																								

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Name | Age : | Sex : | Bed No. : 302 | Time : | Date : 17-3-2017.

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓																							
	Oral	✓																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D3																							
b	Filter	D3																							
c	Ventilator Circuit	D6																							
d	E.T. Tube / T'stomy	D6																							

Sign of Junior Physician | Sign of Incharge Sister | Sign of Staff Nurse | Sign of Staff Consultant

DR. RAKESH SHAH
(M.D.,D.M.)
REG. NO. G - 22734

VENTILATOR CHART

F / ICU / 01

VIN TITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Name

Indoor No. :

Age : Sex : Bed No. : 302 Time : Date : 16-3-2017

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV
b	Tidal Volume	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	Controlled	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	SIMV																								
d	Pressure Control	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)								16	16	16	16	16	16											
f	PEEP / CPAP (EDAP)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	442	481	497	492	499	495	488	488	488	480	561	464	458	486	485	480	472	384	418	396	368	342	470	438
c	Exp. MV	7.0	7.4	8.1	8.1	8.2	8.9	7.9	7.68	7.68	7.68	7.65	7.58	7.8	8.9	8.9	7.6	7.4	5.5	5.8	5.5	5.3	5.2	7.4	7.8
d	Mea. Freq.	15	18	20	20	22	20	18	15	16	15	17	17	17	18	18	17	17	14	14	14	14	14	17	18
	B Pressure																								
a	Peak Pressure	18	18	17	16	17	16	16	16	17	17	16	16	16	17	16	17	17	16	17	16	16	16	17	16
b	Mean	8	7	7	7	7	9	8	9	9	9	8	8	8	7	7	7	8	7	7	7	7	7	8	7
c	End. Exp.	4	4	4	4	4	6	4	7	8	8	4	4	4	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓							✓			✓	✓		✓		✓				✓				
	Oral	✓			✓	✓		✓		✓			✓			✓	✓		✓			✓			
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D2																							
b	Filter	D2																							
c	Ventilator Circuit	D5																							
d	E.T. Tube / T'stomy	D5																							

Physician Assistant

Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAI
(M.D.D.M.)
REG. NO. G-22734

Sign of Staff Consultant

VENTILATOR CHART

F / ICU / 01

STITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Name

Indoor No. :

Age : Sex : Bed No. : 302 Time : 8 Am Date : 15-3-17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode		CMV	CMV	CMV		CMV			CMV	CMV	CMV	CMV		CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV
b	Tidal Volume		450	450	450		450			650	450	450	450		450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency		14	14	14		14			14	14	14	14		14	14	14	14	14	14	14	14	14	14	14
	Controlled		✓	✓	✓		✓																		
	SIMV																								
d	Pressure Control		1.2	1.2	1.2		1.2			1.2	1.2	1.2	1.2		1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)																								
f	PEEP / CPAP (EDAP)		4	4	4		4			4	4	4	4		4	4	4	4	4	4	4	4	4	4	4
g	Triggering		1	1	1		1			1	1	1	1		1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)		40	40	40		40			40	40	40	40		40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV		483	450	469		410			451	451	657	611		434	457	397	413	527	486	526	561	473	526	497
c	Exp. MV		7.0	7.8	7.7		7.1			7.1	7.3	7.1	7.1		6.6	6.5	6.7	6.5	6.4	6.9	6.4	5.60	6.2	6.4	6.8
d	Mea. Freq.		14	18	16		16			16	16	16	14		15	15	15	14	15	14	15	14	14	15	15
	B Pressure																								
a	Peak Pressure		18	18	14		14			14	14	14	14		18	18	18	18	18	18	18	18	18	18	18
b	Mean		7	8	8		8			8	8	8	8		8	8	8	8	8	8	8	8	8	8	8
c	End. Exp.		5	4	4		4			4	4	4	4		4	4	5	5	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure									5	5	5	4												

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓																							
	Oral	✓																							
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D1																							
b	Filter	D1																							
c	Ventilator Circuit	D4																							
d	E.T. Tube / T'stomy	D4																							

Sign of PHYSICIAN ASSISTANT / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
REG. No. 22734
Sign of Staff Consultant

VENTILATOR CHART

F / ICU / 01

INSTITUTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Name Gender/Age:Male / 74 Yrs

Indoor No. :

Age : 74/M Sex : M Bed No. : 302 Time : 8am Date : 14/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	CMV	CMV	CMV	CMV	CMV				CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV
b	Tidal Volume	450	450	450	450	450				450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	13	13	13	13	13				13	13	13	13	13	14	14	14	14	14	14	14	14	14	14	14
	Controlled	✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	SIMV																								
d	Pressure Control	1.2	1.2	1.2	1.2	1.2				1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)																								
f	PEEP / CPAP (EDAP)	4	4	4	4	4	Prev			4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1			1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40	40			40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	50	455	410	416	310	511			464	419	454	467	579	350	557	427	285	473	387	384	394	328	498	483
c	Exp. MV	7.0	2.8	2.0	3.0	2.2	2.4			6.9	6.9	6.5	6.5	6.4	6.3	6.4	6.5	6.0	6.9	6.7	6.2	6.9	6.4	6.8	7.0
d	Mea. Freq.	16	18	16	20	18	16			14	15	15	14	15	18	14	15	14	15	14	16	15	16	14	14
	B Pressure																								
a	Peak Pressure	18	14	16	14	16	14			14	14	14	18	18	18	18	18	18	18	18	18	17	18	18	18
b	Mean	8	8	8	9	8	8			8	8	8	8	8	9	9	8	8	8	8	8	8	8	8	7
c	End. Exp.	4	4	4	4	4	4			4	4	4	4	4	4	4	4	4	5	5	4	5	4	4	5
C	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy		✓		✓			✓		✓		✓	✓		✓				✓			✓			✓
	Oral		✓	✓			✓			✓	✓		✓		✓		✓		✓			✓		✓	
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	D3																							
b	Filter	D3																							
c	Ventilator Circuit	D3																							
d	E.T. Tube / T'stomy	D3																							

Physician Assistant

Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SH.
(M.D.D.M.)
REG. NO. G - 227

Sign of Staff Consultant

UHID:VN4160 /_IPD:20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

INSTITUTE OF NEUROLOGICAL SCIENCE

VENTILATOR CHART

F / ICU / 01

Indoor No. :

Name

Age : 74y Sex : M Bed No. : 302 Time : 8am Date : 13/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV	CMV
b	Tidal Volume	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14	14	14	14	14	14	14	14	14	14	13	13	13	13	13	13	13	13	13	13	13	13	13
	Controlled												✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	SIMV	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓												
d	Pressure Control	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Presure Support (IPAP)	10	10	10	10	10	10	10	10	10	10	10													
f	PEEP / CPAP (EDAP)	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	FIO_2 (Set)	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	483	531	486	577	431	463	443	464	450	449	450	453	596	512	467	493	520	473	470	449	527	444	476	472
c	Exp. MV	6.96	7.1	8.2	7.8	7.9	8.1	8.1	7.38	7.66	7.27	7.60	8.01	7.98	7.4	8.9	7.9	7.9	7.7	7.8	7.9	8	8.1	8.1	8.1
d	Mea. Freq.	14	14	16	18	14	14	14	14	14	15	15	16	16	14	14	14	14	14	14	14	14	14	16	16
	B Pressure																								
a	Peak Pressure	27	22	24	18	20	22	22	22	22	15	15	18	18	18	18	15	18	18	18	18	16	18	18	18
b	Mean	8	8	7	8	8	8	7	9	9	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8
c	End. Exp.	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
c	ALARMS																								
a	Pressure																								

Name JAYANTIBHAI SURTI Age : 74y Sex M Bed No. : 302 Time : 8 am Date : 13/3/17

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy	✓							✓							✓		✓					✓		
	Oral	✓							✓							✓			✓	✓		✓			✓
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount	O_2																							
b	Filter	O_2																							
c	Ventilator Circuit	O_2																							
d	E.T. Tube / T'stomy	O_2																							

Physician Assistant
Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734
Sign of Staff Consultant

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

F/IPD/12 **VENTILATOR CHART**

ARA INSTITUTE OF NEUROLOGICAL SCIENCES

Indoor No.

Name: Age.: 74y Sex.: M Bed No.: 3 Time : 8Am Date.: 12/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode	BiPAP	BiPAP		BiPAP	BiPAP	BiPAP		SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV	SIMV
b	Tidal Volume								450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450	450
c	Set Frequency	14	14		14	14	14		14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
	Controlled																								
	SIMV								✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Pressure Control	1.2	1.2		1.2	1.2	1.2		1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2
e	Pressure Support (IPAP)	10	10		10	10	10		10	10	10	16	10	10	10	10	10	10	10	10	10	10	10	10	10
f	PEEP / CPAP (EDAP)	4	4		4	4	4		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
g	Triggering	1	1		1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
h	Flo2 (Set)	40	40		40	40	40		60	60	60	60	60	60	40	40	40	40	40	40	40	40	40	40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV	587	414		812	416	425		404	353	474	484	492	509	428	424	428	430	438	420	437	438	429	528	482
c	Exp. MV	11.4	11.4		12.2	11.4	11.4		9.1	8.0	8.2	8.3	6.6	6.5	6.85	6.4	7.24	7.82	7.84	7.82	7.84	7.82	7.84	7.4	6.98
d	Mea.Freq.	20	20		14	20	21		22	21	16	18	15	14	14	16	16	16	16	16	18	16	18	17	14
	B.Pressure																								
a	Peak pressure	24	24		30	22	22		31	24	14	14	26	26	24	26	24	24	26	26	24	24	22	24	22
b	Mean	8	8		10	8	8		10	10	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8
c	End.Exp	4	4		4	4	4		5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
C	ALARMS																								
a	Preassure High																								

Signatur of Staff

Name : Jayantibhai Age. : 74y Sex. M Bed No. 302 Time : 8am Date.: 12/8/17

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Pressure Low																								
b	Volume High MV																								
c	Volume Low MV																								
d	Fio2 Alarms																								
e	Gas Supply																								
f	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T. / T'stomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHANGE																								
a	Catheter Mount	D2																							
b	Filter	D2																							
c	Ventilator Circuit	D2																							
d	E.T. Tube / T'stomy Tube																								

Physician Assistant
Sign of RMO

Sign of Incharge

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734
Sign of Consultant

VINS

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

TUTE OF NEUROLOGICAL SCIENCE

VENTILATOR CHART

F / ICU / 01

Indoor No. :

Name | Age : | Sex : | Bed No. : | Time : 8am | Date : 11/3/17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode							BiPAP	BiPP	BiPAP		BiPAP	BiPAP	BiPAP		BiPAP	BiPAP		BiPAP	BiPAP		BiPAP		BiPAP	BiPA
b	Tidal Volume																								
c	Set Frequency							14	14	14		14	14	14		14	14		14	14		14		14	14
	Controlled																								
	SIMV																								
d	Pressure Control							1.2	1.2	1.2		1.2	1.2	1.2		1.2	1.2		1.2	1.2		1.2		1.2	1.2
e	Presure Support (IPAP)							10	10	10		10	10	10		10	10		10	10		10		10	10
f	PEEP / CPAP (EDAP)							4	4	4		4	4	4		4	4		4	4		4		4	4
g	Triggering							1	1	1		1	1	1		1	1		1	1		1		1	1
h	FIO_2 (Set)							40	40	40		40	40	40		40	40		40	40		40		40	40
B	MEASURED (RED)																								
	A Volume																								
a	Inp. Tv							436	690	84		459	1.10	1.10		432	434		430	420		436		420	486
b	Exp. TV							9.1	8.8	8.2		9.62	8.7	8.7		9.82	9.84		6.82	6.82		6.24		6.26	6.24
c	Exp. MV							15	15	14		14	16	14		16	16		21	20		20		20	22
d	Mea. Freq.																								
	B Pressure																								
a	Peak Pressure							30	28	26		30	31	31		30			28	28		26		26	26
b	Mean							8	6	8		9	12	12		12			12	12		12		12	12
c	End. Exp.							4	4	4		4	4	4		4			4	4		4		4	4
c	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount																								
b	Filter																								
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy																								

Physician Assistant

Sign of M.H. / Physician Sign of Incharge Sister Sign of Staff Nurse Sign of Staff Consultant

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G-22734

VENTILATOR CHART

F / ICU / 01

VINS VA... JTE OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Indoor No. :

Name | Age : | Sex : | Bed No. : | Time : | Date : 10-3-17.

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode		PCV PS	PCV PS	PCV PS	PCV PS									BIPAP	BIPAP	BIPAP		P	BIPAP	BIPAP	BIPAP			
b	Tidal Volume																								
c	Set Frequency		14	14	14	14									14	14	14			14	14	14			
	Controlled																								
	SIMV																								
d	Pressure Control		1.2	1.2	1.2	1.2									1.2	1.2	1.2			1.2	1.2	1.2			
e	Presure Support (IPAP)		10	10	10	10									10	10	10			10	10	10			
f	PEEP / CPAP (EDAP)		4	4	4	4									4	4	4			4	4	4			
g	Triggering		1	1	1	1	Hold								1	1	1			1	1	1			
h	FIO_2 (Set)		60	60	60	60									40	40	40			40	40	40			
B	MEASURED (RED)																								
	A Volume						Hold																		
a	Inp. TV																								
b	Exp. TV		982	756	711	711									436	690	680			982	990	986			
c	Exp. MV		13	129	123	12									9.1	7.6	7.2			14	14.1	14.1			
d	Mea. Freq.		14	18	16	16									15	15	14			16	16	16			
	B Pressure																								
a	Peak Pressure		30	30	30	30									30	30	30			30	30	30			
b	Mean		9	9	9	9									9	9	9			9	9	9			
c	End Exp.		5	5	5	5									4	4	4			5	5	5			
c	ALARMS																								
a	Pressure														N	N	N			N	N	N			

5 5

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount																								
b	Filter																								
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy																								

Physician Assistant

Sign of M.P. / Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Sign of Staff Consultant

NIV.

VENTILATOR CHART

E / ICU / 01

VINS VADC OF NEUROLOGICAL SCIENCE

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Indoor No. :

Name | Age : | Sex : | Bed No. : | Time : | Date : 10-3-17

A	SETTINGS (GREEN)	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
a	Mode																	NIV		PCV PS	PCV PS NIV	PCV PS NIV	PCV PS NIV	PCV PS NIV	PCV PS
b	Tidal Volume																								
c	Set Frequency																			14	14	14	14	14	
	Controlled																								
	SIMV																								
d	Pressure Control																			1.2	1.2	1.2	1.2	1.2	
e	Presure Support (IPAP)																			10	10	10	10	10	Bi PAP
f	PEEP / CPAP (EDAP)																			4	4	4	4	4	
g	Triggering																			1	1	1	1	1	
h	FIO_2 (Set)																			60	60	60	60	60	

B	MEASURED (RED)																								
	A Volume																								
a	Inp. TV																								
b	Exp. TV																			492	400	972	418	408	
c	Exp. MV																			10.1	9.2	13.5	9.2	9.2	
d	Mea. Freq.																			14	14	14	14	14	
	B Pressure																								
a	Peak Pressure																			30	30	30	30	30	
b	Mean																			9	9	10	10	10	
c	End. Exp.																			4	4	4	4	4	
C	ALARMS																								
a	Pressure																								

Name Age : Sex : Bed No. : Time : Date :

C	ALARMS	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7
b	Pressure Low																								
c	Volume High MV																								
d	Volume Low MV																								
e	FiO2 Alarms																								
f	Gas Supply																								
g	Power Failure																								
D	POSITION																								
E	SUCTION																								
	E.T./T.S. Tomy																								
	Oral																								
F	CHEST PHYSIOTHERAPY																								
G	ABG																								
H	X-RAY CHEST																								
I	DISPOSABLE CHARGE																								
a	Catheter Mount																								
b	Filter																								
c	Ventilator Circuit																								
d	E.T. Tube / T'stomy																								

Physician Assistant

Sign of M.P./ Physician

Sign of Incharge Sister

Sign of Staff Nurse

DR. RAKESH SHAH
(M.D.D.M.)
REG. NO. G - 22734

Sign of Staff Consultant

F/IPD/06

INFUSION THERAPY CHART

Date : _____

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

TE OF NEUROLOGICAL SCIENCES
pp. Haveli Productivity Road,
ta Vadodara.
1343 Mobile :9978999940

Patient's Name :..... IPD No. .....

Age:..... Sex: M ☐ F ☐ Attending Consultant : .....

DATE	NAME & STRENGTH	VOLUME	ADDITIONS TO INFUSIONS	RATE OF INFUSION	TIME STARTED	TIME OVER	SIGN. & REMARKS
24/3	Inj° Pip20 4.5gm + NS	100ml		Over 1 hr	10pm	11pm	(N)
25/3	Inj Pip20 4.5gm + NS	100ml		Over 1 hr	6Am	7Am	(N)
"	Inj NS	500ml	Plain	20 ml/hr	8Am	8Am	(N)
"	INS Pip30	3gm 4.5	NS100	over 1 hr	2pm	3pm	[illegible]
"	Inj° NS	100ml	Inj Pip20 4.5gm	Over 1 hr	10pm	11pm	[illegible]
26/3	Inj NS	100ml	Inj Pip20 4.5gm	Over 1 hr	6Am	7Am	[illegible]
"	Inj NS	500		20 ml/hr	8Am		[illegible]
"	Inj NS.	100	Pip20	over 1 hr	2pm	3pm	[illegible]
	INJ PIP30	3gm 4.5	NS100	over 1 hr	10pm	11pm	[illegible]
27/3	IVF NS	500		20ml/hr	8am	8Am	[illegible]
28/3	IVF NS	500		20 ml/hr	8am	8Am	[illegible]
29/3	IVF NS	500	—	@ 20ml/hr	8Am	8am	[illegible]
30/3	IVF NS	500	-	20 ml/hr	8 am	8am	[illegible]
31/3	IVF NS	500	plain	20ml/hr.	8am	8Am	[illegible]
1/4/13	Inj NS	500	plain	20ml/hr	8Am	8Am	[illegible]
2/4/13	Inj NS	500	plain	20ml/hr	8Am		[illegible]
						Stop	

F/IPD/6

INFUSION THERAPY CHART

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B.
Gender/Age:Male, / 74 Yrs

Date : _____

ITUTE OF NEUROLOGICAL SCIENCES
y, Opp. Haveli Productivity Road,
Akota Vadodara.
) 2331343 Mobile :9978999940
VINS

Patient's Name :..... IPD No. .....

Age:..... Sex: M ☐ F ☐ Attending Consultant : .....

DATE	NAME & STRENGTH	VOLUME	ADDITIONS TO INFUSIONS	RATE OF INFUSION	TIME STARTED	TIME OVER	SIGN. & REMARKS
19/3	Inj Pip20 4.5gm+		NS 100ml	Over 1 hr	6Am	7Am	Nita
"	Inj NS	500		20 ml/hr	8Am		Nita
"	Inj PiP20	4.5gm	NS 100ml	over 1 hr	2pm	3pm	[illegible]
	INJ PIP30	4.5 gm	NS100	over 1 hr	10pm	11pm	[illegible]
20/3/17	INJ PIP30	4.5 gm	N S100	over 1 hr	6am	7am	[illegible]
"	IVF NS	500		20 ml/hr	8am		[illegible]
"	Inj PiP20	4.5gm	NS100	over 1 hr	2pm	3pm	[illegible]
	INJ PIP30	4.5 gm	N S100	over 1 hr	10pm	11pm	[illegible]
21/3	INJ PIP30	4.5 gm	NS100	over 1 hr	6am	7am	[illegible]
	IVF ~~NS~~ NS	500		20 ml/hr	8am		[illegible]
	Inj PIP20	4.5gm	NS100	over 1 hr	2pm	3pm	[illegible]
22/3	INJ PIP30	4.5 gm	NS100	over 1 hr	10pm	11pm	[illegible]
	IVF NS	500		20 ml/hr	8am		[illegible]
	Inj Pip20 4.5 gm +	NS	100ml	Over 1 hr	2pm	3pm	[illegible]
	Inj PIP20 4.5gm	NS	100ml NS	over 1 hr	10pm	11pm	[illegible]
23/3	Inj PIP20 4.5gm	NS	100ml NS	over 1 hr	6Am	7Am	[illegible]
"	Inj NS	500		@ 20 ml/hr	8Am		[illegible]
"	Inj. Pip20 4.5gm		Inj. N.S. 100ml	over 1 hour	2pm	3pm	[illegible]
"	Inj PIP20 4.5gm	4.5gm	NS 100ml	over 1 hr	10pm	11pm	[illegible]
24/3	Inj PIP20 4.5gm	4.5gm	NS 100ml	over 1 hr	6Am	7Am	[illegible]
"	Inj NS	500	—	@ 20 ml	8Am		[illegible]
"	INJ PIP30	4.5 gm	NS100	over 1 hr	2pm	3pm	[illegible]

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

Patient's Name :..... **IPD No.** .....

Age.:..... **Sex: M** ☐ **F** ☐ **Attending Consultant :** .....

DATE	NAME & STRENGTH	VOLUME	ADDITIONS TO INFUSIONS	RATE OF INFUSION	TIME STARTED	TIME OVER	SIGN. & REMARKS
14/3	Inj. Immunorel	100.		over 1½ hr.	11am	12.30	Bhdhe.
	Inj. Immunorel	100		over 1½ hr	12.30	2pm	Bhdhe.
	Inj. Immunorel	100		over 1½ hr.	2pm	3:30pm	Bhi/na
	Inj Immunorel	100		over 1½ hr	3:30pm	5pm	Nitu
	Inj Immunorel	100		over 1½ hr	5pm	6:30pm	Nitu
	Inj NS	500		40 ml/hr	7pm	7Am	Nitu
15/3/17	IVF NS	500	—	@40ml hr	7Am	7Am	[illegible]
	IVF NS	500		40 ml/hr	7Am	7Am	[illegible]
16/3/17	IVF NS	500	—	@ 40ml/hr	7Am	10Am	[illegible]
"	Inj. Pipzo 4.5gm	100 NS		over 1 hr.	9am	10 am	Bhdhe
"	Inj NS	100	Pipzo	over 1½	4pm	5pm	[illegible]
"	IVF NS	500	—	@ 40ml/hr 20ml/hr	10pm		[illegible]
"	IVF NS	100	Pipzo 4.5gm	over hr	11Am	12pm	[illegible]
17/3/17	IVF NS	100	Pipzo 4.5gm	over hr	6Am	7Am	[illegible]
	Inj: N/S	100	Inj. Pipzo 4.5g	over 1 hr	2pm	3pm	Bhi/na.
	N/S	500	Inj Pipzo 4.5gm	60 ml 1 hr.	2pm	11pm	Bhi/na.
17/3	Inj NS	100		over 1 hr	10pm	11pm	Nitu
Inj	NS	500		60 ml hr	11pm	8pm	Nitu
18/3 Inj	NS	100	IV Pipzo 4.5gm	over 1 hr	6Am	7Am	Nitu
18/3	Inj NS	500	—	20 ml hr	8Am	8Am	Nitu
18/3	IVF NS	100ml	Inj. Pipzo 4.5gm	over 1½ hr	2pm	3pm	Payal.
"	Inj NS	100ml	Inj Pipzo 4.5gm	over 1 hr	10pm	11pm	Nitu

F/IPD/06

INFUS UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date : _____

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

Patient's Name ..... IPD No. .....

Age:..... Sex: M ☐ F ☐ Attending Consultant : .....

DATE	NAME & STRENGTH	VOLUME	ADDITIONS TO INFUSIONS	RATE OF INFUSION	TIME STARTED	TIME OVER	SIGN. & REMARKS
10/3.	Inj HUMANAKTORA	6 U	Dex 25% 100ml	over 2 HRS	2:45Am	4:45Am	[illegible]
"	Inj IVIgm (1)	100ml		66ml/hr over 1½ hr	1pm	2:30pm	SDO
"	Inj IVIgm (2)	100ml		66ml/hr over 1½ hr	2:30pm	4pm	SDO
"	Inj IVIgm. (3)	100		66ml/hr over 1½ hrs	4pm	5:30pm	[illegible]
"	Inj IVIgm (4)	100		over 1½ hrs	5:30pm	7pm	[illegible]
"	Inj IVIgm (5)	100		over 1½ hrs	7pm	8:30pm	[illegible]
11/3	Inj IVIgm (1)	100ml		over 1½ hrs	10am	11:30am	SDO
"	Inj IVIgm (2)	100		over 1½ hrs	11:30am	1pm	SDO
"	Inj IVIgm (3)	100		over 1½ hrs	1pm	2:30pm	SDO
"	Inj IVIgm (4)	100		over 1½ hrs	2:30pm	4pm	SDO
"	Inj IVIgm (5)	100		over 1½ hrs	4pm	5:30pm	[illegible]
1 12/3	Inj IVIGm.	100	–	over 1½ hours	10Am	11:30	[illegible]
2 "	Inj IVIGm.	100	–	over 1½ hours	11:30Am	1Pm	[illegible]
3 "	Inj IVIGm	100	–	over 1½ hour	1Pm	2:30Pm	[illegible]
4 "	Inj IVIGm	100	–	over 1½ hours	2:30Pm	4Pm	[illegible]
5 "	Inj IVIGm.	100	–	over 1½ hour	4Pm	5:30Pm	[illegible]
13/3	Inj. Immunoral	100		Over 1½ hr.	11 am	12.30	[illegible]
"	Inj. Immunoral	100		over 1½ hr.	12.30	2pm.	[illegible]
"	Inj. Immunoral	100		over 1½ hr.	2pm	3.30pm	[illegible]
"	Inj Immunoral	100		over 1½ hrs	3.30pm	5pm	[illegible]
"	Inj Immunoglu	100		over 1½ hrs	5pm	6.30	—
"	Inj NS	500		20ml/hr			[illegible]

F/IPD/07

Date :

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara. Ph. : (0265) 2331343 Mobile :9978999940

Patient ..... IPD No. :..... Age .: .....Sex M ☐ F ☐

SR. NO.	INVESTIGATION	DATE	NAME & SIGN	SIGN.	REMARK
1.	Pseop Panel & ESR	10/3/17	11:15 Am	[illegible]	1880 L
2	ABG	10/3/17	7:30 Am	[illegible]	650 L
3	K	10/3/17	4:00 pm	Amit	150/-
4	K	12/3/17	2:00 pm	[illegible]	150/-
5	ABG	12/3	6:20 PM	[illegible]	650/-
6	CBC - CPK-MB	13/3/17	[illegible]	[illegible]	900 L
7	CBC & Recd, CRP	14/3/17	6:35 pm	[illegible]	740/-
8	PT APTT	17/3	11:40 am	Amit	550/-
9	K	18/3	7:20 PM	[illegible]	150/-
10	CBC, Electrolytes				
	CRP	22/3	12:10 pm	Amit	1100/-
12.	ABG.	24/3	7:00 pm	[illegible]	650/-
13	K	28/3		Amit	150/-
14	ABG	28.3.17		[illegible]	850/-
15	ABG	30/3/17		[illegible]	650
					6900

Signature of RMO
Physician Assistant

Name & Signature of Staff.

VINS	PHYSIOTHERAPY ASSESSMENT	DOC NO. F/PHY/02 REV. NO. 0.1 W.E.F. 27-02-2015

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Chief Complaints: Difficulty in coughing out secretion

History: Difficulty in breathing

Surgical history: —

Observation:
Gait: N
Posture: —
Attitude of Limb: —
External Aids: —
Others: —

Palpation:
Tenderness: — Muscle Spasm: —
Others:

Examination:
Higher Mental Function: N
Consciousness: conscious
Memory: N
Communication: N

Pain:

1 2 3 4 5 6 7 8 9 10

Others:

Sensory Assessment:
Superficial: N
Deep:

Motor Assessment:
Tone: N

Muscle Power:
Upper Limb:

Rt: N

Lt: N

Lower Limb:

Rt: N

Lt: N

Range of Motion: Full & free
Others:

Reflexes:
Superficial:
Abdominal:
Plantar: ↓ | ↓

Deep:

Jerk	Biceps	Triceps	Brachioradialis	Knee	Ankle
Right	++	++	++	++	++
Left	++	++	++	++	++

Balance/Coordination:

Bladder and Bowel:

Diagnosis: Coitis in c/o Myasthenia gravis

Treatment Plan: Chest PT

Name of Physiotherapist: Dr. Madhuri Date: 15/3/17

Sign of Physiotherapist: Time: 4:30 pm

PHYSIOTHERAPY NOTE & CHARGE SHEET

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile : 9978999940

F/PHY/01

VINS

JHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Attending Consultant : .....

Date	Time	Procedure	Charge	Signature
15/3	M	Chest PT	~~500~~ 500/-	
16/3	M/E	Chest PT	500/-	
17/3	M/E	Same as above	500/-	
18/3	M/E	Chest PT	500/-	
19/3	M	Chest PT	500/-	
20/3	M/E	Chest PT	500/-	
21/3	M/E	Same as above	500/-	
22/3	M/E	Chest PT	500/-	
23/3	M/E	chest PT	500/-	
24/3	M/E	Chest PT	500/-	
25/3	E	Chest PT	500/-	
27/3	M/E	Same as above	500/-	
28/3	M/E	Chest PT	500/-	
			6250	

F/IPD/08 VI UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
Date : JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Patient's N Gender/Age:Male / 74 Yrs

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
VINS
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.Ph. : (0265) 2331343 Mobile :9978999940

.....IPD No. :..... Age .: .....Sex M ☐ F ☐

NO.	DATE	TIME	NAME OF CONSULTANTS	VISIT / PROCEDURE / OTHERS	CHARGES	SIGN.
1.	14/3/17		DR K.K TRIVEDI	ECHO DOPPLER (Bedside)	3000/-	
2.	15/3		"	PC	800/-	
3.	30/3/17		X-Ray chest portable		600/-	

Signature of RMO / Physician Assistant

Name & Signature of Staff.

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	Pt. Id	: 20162776
Ref. by	: DR.VINS	Age / Sex	: 74 Year(s) / Male
Reg. Date	: 30/03/2017 08:56	Lab Ref No.	: V28967

FASTING

BIOCHEMISTRY

Specimen : WHOLE BLOOD HEP

Coll. 30/03/2017 08:55: Hospital Pick Up

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
ABG - Blood Gas Analysis			
pH	7.423	7.35 - 7.45 Arterial 7.31 - 7.41 Venous	(ISE)
PO2 (Oxygen partial pressure)	94.5 mm Hg	> 80 Arterial 30 - 40 Venous	(ISE)
PCO2 (Carbon dioxide partial pressure)	46.8 mm Hg	35 - 41 Arterial 41 - 51 Venous	(ISE)
SO2 (Functional oxygen saturation)	97.3 %	95 - 98 Arterial About 73 Venous	(Direct measure)
BE (Base deviation of blood)	4.8 mmol/L		(Calculated)
BE (ecf)	5.5 mmol		(Calculated)
cHCO3 (Bicarbonate concentration)	29.9 mmol/L	22 - 30	(Calculated)
cHCO3 st (Bicarbonate concentration)	28.2 mmol/L	22 - 26	(Calculated)
ctO2 (Total oxygen content)	14.9 Vol %		(Calculated)

Test done at TALS Lab(VINS Unit)

—— End Of BIOCHEMISTRY Report ——

Tushar

Dr.Tushar Toprani
Reported On : 30/03/2017 10:05

DHARA K BHAVSAR

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 28/03/2017 11:19	**Lab Ref No.**	: **V28919**

BIOCHEMISTRY

Specimen : HEPARIN PLASMA

Coll. 28/03/2017 11:10: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Plasma Potassium	4.9 mEq/L	3.5 - 5.1 - Serum (ISE) 3.5 - 4.5 - Plasma

Test done at TALS Lab(VINS Unit)

—— End Of BIOCHEMISTRY Report ——

DHARA K BHAVSAR

Dr.H T Toprani
Reported On : 28/03/2017 12:37

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 28/03/2017 19:54	**Lab Ref No.**	: **V28929**

BIOCHEMISTRY

Specimen : **Coll.**
WHOLE BLOOD HEP 28/03/2017 19:57: Hospital Pick Up

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
ABG - Blood Gas Analysis			
pH	**7.381**	7.35 - 7.45 Arterial 7.31 - 7.41 Venous	(ISE)
PO2 (Oxygen partial pressure)	**118.3 mm Hg**	> 80 Arterial 30 - 40 Venous	(ISE)
PCO2 (Carbon dioxide partial pressure)	**52.0 mm Hg**	35 - 41 Arterial 41 - 51 Venous	(ISE)
SO2 (Functional oxygen saturation)	**98.3 %**	95 - 98 Arterial About 73 Venous	(Direct measure)
BE (Base deviation of blood)	**4.2 mmol/L**		(Calculated)
BE (ecf)	**5.1 mmol**		(Calculated)
cHCO3 (Bicarbonate concentration)	**30.2 mmol/L**	22 - 30	(Calculated)
cHCO3 st (Bicarbonate concentration)	**27.6 mmol/L**	22 - 26	(Calculated)
ctO2 (Total oxygen content)	**15.0 Vol %**		(Calculated)
FIO2:40%			

Test done at TALS Lab(VINS Unit)

----- End Of BIOCHEMISTRY Report -----

Tushar T.

Ketan Patel

Dr.Tushar Toprani
Reported On : 29/03/2017 09:02

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 24/03/2017 19:06	**Lab Ref No.**	: **V28849**

BIOCHEMISTRY

Specimen : WHOLE BLOOD HEP

Coll. 24/03/2017 19:15: Hospital Pick Up

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
ABG - Blood Gas Analysis			
pH	7.371	7.35 - 7.45 Arterial 7.31 - 7.41 Venous	(ISE)
PO2 (Oxygen partial pressure)	92.4 mm Hg	> 80 Arterial 30 - 40 Venous	(ISE)
PCO2 (Carbon dioxide partial pressure)	51.5 mm Hg	35 - 41 Arterial 41 - 51 Venous	(ISE)
SO2 (Functional oxygen saturation)	96.6 %	95 - 98 Arterial About 73 Venous	(Direct measure)
FIO_2	40%		
BE (Base deviation of blood)	3.1 mmol/L		(Calculated)
BE (ecf)	3.9 mmol		(Calculated)
cHCO3 (Bicarbonate concentration)	29.2 mmol/L	22 - 30	(Calculated)
cHCO3 st (Bicarbonate concentration)	26.6 mmol/L	22 - 26	(Calculated)
ctO2 (Total oxygen content)	15.6 Vol %		(Calculated)

------ End Of BIOCHEMISTRY Report ------

Bhumika Patel

Dr.Biren Bhatt
Reported On : 24/03/2017 20:00

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 22/03/2017 12:03	**Lab Ref No.**	: **V28796**

NON FASTNG

HAEMATOLOGY

Specimen : WHOLE BLOOD EDTA

Coll. 22/03/2017 12:09: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Hb Indices		
Hb	**11.0 gm %**	Male 14 - 17.4 Female 12.3 - 15.3
RBC	**4.58 mil/cmm**	Male 4.5 - 5.9 Female 4.5 - 5.1
P.C.V.	**36.2 %**	Male 41.5 - 50.4 Female 36 - 45
M.C.V.	**79.0 fl**	80 - 96
M.C.H.	**24.0 pg**	27.5 - 33.2
M.C.H.C.	**30.4 %**	33.4 - 35.5
RDW - SD	**50.9 fl**	Male : 35.1 - 43.9 Female : 36.4 - 46.3
Total W.B.C.	**12000 per cu mm**	4000 - 12000
Platelets		
Platelets	**504000 per cu mm**	150000 - 400000 per cu mm
W.B.C. differential count		
Polymorphs %	**93 %**	40 - 80
Lymphocytes %	**5 %**	20 - 40
Eosinophil %	**1 %**	1 - 6
Monocytes %	**1 %**	2 - 10
Polymorphs (Abs. Value)	**11160 per cumm**	1800 - 7000
Lymphocytes (Abs. Value)	**600 per cumm**	1000 - 4800
Eosinophil (Abs. Value)	**120 per cumm**	upto 450
Monocytes (Abs. Value)	**120 per cumm**	Upto 800
Peripheral Smear		
P.S. (Overview)	**Anisocytosis Mild Hypochromia, Absolute neutrophilia, Mild Thrombocytosis- likely to be Reactive**	

TOPRANI ADVANCED LAB SYSTEMS

------ End Of HAEMATOLOGY Report ------

Jay Soni

Dr.Biren Bhatt

Reported On : 22/03/2017 15:21

Toprani Advanced Lab Systems

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Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 22/03/2017 12:03	**Lab Ref No.**	: **V28796**

NON FASTNG

BIOCHEMISTRY

Specimen :	**Coll.**
HEPARIN PLASMA	22/03/2017 12:09: Hospital Visit
SERUM	22/03/2017 12:09: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
Electrolytes			
Plasma Sodium	**127 mEq/L**	136 - 145	(ISE)
Plasma Potassium	**4.9 mEq/L**	3.5 - 5.1 - Serum 3.5 - 4.5 - Plasma	(ISE)
Plasma Chloride	**89 mEq/L**	98 - 107	(ISE)
Plasma Bicarbonate	**25 mEq/L**	22 - 30	(PEP)
Anionic Gap	**17**	10 - 20	(Calculated)
C Reactive Protein			
C Reactive Protein, Immunoturbidimetry	**12.7 mg/L**	Upto 8.2 Please note slight change in reference range	(Immunoturbidimetry)

Sensitivity 0.7 mg/L

Test Note

- *CRP is one of the inflammatory markers. CRP rises and decreases rapidly within 4 to 8 hrs. Thus it is suitable for detection of current inflammation.*
- *Ultra sensitive (also known as cardio) CRP is especially useful in "atherosclerosis with Inflammation" and Neonatal septicemia. If other causes of CRP elevation are ruled out, it is a marker for cardiac risk.*
- ***The AHA/CDC Scientific Statement concerning inflamation and cardiovascular markers reports that hsCRP values less than 1 mg/L are low risk for cardiovascular disease prediction; values between 1 to 3 mg/L are average risk for cardiovascular disease prediction; and values more than 3 are high risk for cardiovascular disease prediction.***
- *Additional literature for medical profession is available on request from the Lab.*

Test done at TALS Lab(VINS Unit)

------ End Of BIOCHEMISTRY Report ------

DHARA K BHAVSAR

Dr.H T Toprani
Reported On : 22/03/2017 12:49

Toprani Advanced Lab Systems

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Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 18/03/2017 07:24	**Lab Ref No.**	: **V28696**

FASTING

BIOCHEMISTRY

Specimen : HEPARIN PLASMA

Coll. 18/03/2017 07:15: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Plasma Potassium	3.4 mEq/L	3.5 - 5.1 - Serum (ISE) 3.5 - 4.5 - Plasma

Test done at TALS Lab (VINS Unit)

----- End Of BIOCHEMISTRY Report -----

Tushar T.

tofiq

Dr.Tushar Toprani
Reported On : 18/03/2017 08:29

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 17/03/2017 12:08	**Lab Ref No.**	: **V28668**

COAGULATION

Specimen : CITRATE PLASMA

Coll. 17/03/2017 12:12: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
PRT (Test)	10.5 Sec	10.6 - 13.0	(Clot Detection)
MNPT (Mean Normal Prothrombin Time)	11.8 Sec		
INR	0.89	Nontherapeutic : upto 1.2 Therapeutic : 2 - 4.5	

Test Note

Mean Normal Prothrombin Time (MNPT) is derived by testing 20 normal persons as per the standard recommendation. This value remains same for one particular lot of reagent and equipment. It is recalculated with every fresh batch and change of equipment. This MNPT is used for the calculation of INR. Hence MNPT may show the same value in fresh report if batch of reagent and equipment was same previously.

Control plasma from healthy donor is used with every batch of testing. Control value does not appear in the report. If this control is outside the limit set as above, corrective actions are taken and samples retested after correction.. Prothrombin ratio is reported on request only.

ISI is the standardization index provided with each batch of reagent. Reagents having ISI near 1 is recommended for better results. This lab uses reagents having ISI near 1.

For persons on anticoagulant therapy, therapeutic decisions are based on INR value. Also number of factors may alter the drug response. Technical details for medical personnel are available on request from the Laboratory.

Activated Partial thromboplastin time

APTT (Test)	28.9 Sec	23.8 - 30.4	(Clot Detection)
APTT (Control)	29.6 Sec		(Clot Detection)

Test done at TALS Lab (VINS Unit)

----- End Of COAGULATION Report -----

DHARA K BHAVSAR

Dr.Biren Bhatt
Reported On : 17/03/2017 13:13

Since 1979... Test reports should be clinically correlated, lab. may be contacted whenever required.

Collection Centres
- Narmada Aptt; Navrang Complex, **Raopura**, Ph. : 2437860, 2437861
- Anand Arcade, 5 Jyoti Park, **Karelibaug**, Ph. : 2495193
- F-4, Aditya Enclave, Uma Char Rasta, **Waghodia Road**, Ph. : 2522555
- 30, Silver Rock, Opp. Bhavan's School, **Makarpura Road**, Ph. : 2638224
- Soyuz Apartment, **Nizampura**, Ph. : 2780342
- Krishna Complex, Opp. Alembic Nagar, **Gorwa**, Ph. : 2282245

ALS/FM/RE/2

Toprani Advanced Lab Systems

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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 14/03/2017 18:44	**Lab Ref No.**	: **V28600**

NON FASTNG

HAEMATOLOGY

Specimen : WHOLE BLOOD EDTA

Coll. 14/03/2017 18:46: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Hb Indices		
Hb	**9.9 gm %**	Male 14 - 17.4 Female 12.3 - 15.3
RBC	**4.26 mil/cmm**	Male 4.5 - 5.9 Female 4.5 - 5.1
P.C.V.	**33.3 %**	Male 41.5 - 50.4 Female 36 - 45
M.C.V.	**78.2 fl**	80 - 96
M.C.H.	**23.2 pg**	27.5 - 33.2
M.C.H.C.	**29.7 %**	33.4 - 35.5
RDW - SD	**48.4 fl**	Male : 35.1 - 43.9 Female : 36.4 - 46.3
Total W.B.C.	**11100 per cu mm**	4000 - 12000
Platelets		
Platelets	**341000 per cu mm**	150000 - 400000 per cu mm
W.B.C. differential count		
Polymorphs %	**89 %**	40 - 80
Lymphocytes %	**8 %**	20 - 40
Eosinophil %	**1 %**	1 - 6
Monocytes %	**2 %**	2 - 10
Polymorphs (Abs. Value)	**9879 per cumm**	1800 - 7000
Lymphocytes (Abs. Value)	**888 per cumm**	1000 - 4800
Eosinophil (Abs. Value)	**111 per cumm**	upto 450
Monocytes (Abs. Value)	**222 per cumm**	Upto 800
Peripheral Smear		
P.S. (Overview)	**Mild Hypochromia, Mild Absolute neutrophilia.**	

- *Test done at TALS lab (VINS unit)*

===== End Of HAEMATOLOGY Report =====

SWATI R PATEL

Tushar

Dr.Tushar Toprani
Reported On : 15/03/2017 08:41

Toprani Advanced Lab Systems

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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 14/03/2017 18:44	**Lab Ref No.**	: **V28600**

NON FASTNG

BIOCHEMISTRY

Specimen : **Coll.**
SERUM 14/03/2017 18:46: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
Renal Biochemical Profile			
S.Creatinine (IDMS traceable)	**0.8 mg/dL**	0.66 - 1.25	(IDMS traceable)
C Reactive Protein			
C Reactive Protein, Immunoturbidimetry	**92.1 mg/L**	Upto 8.2 Please note slight change in reference range	(Immunoturbidimetry)

Sensitivity 0.7 mg/L

Test Note

- *CRP is one of the inflammatory markers. CRP rises and decreases rapidly within 4 to 8 hrs. Thus it is suitable for detection of current inflammation.*
- *Ultra sensitive (also known as cardio) CRP is especially useful in "atherosclerosis with Inflammation" and Neonatal septicemia. If other causes of CRP elevation are ruled out, it is a marker for cardiac risk.*
- ***The AHA/CDC Scientific Statement concerning inflamation and cardiovascular markers reports that hsCRP values less than 1 mg/L are low risk for cardiovascular disease prediction; values between 1 to 3 mg/L are average risk for cardiovascular disease prediction; and values more than 3 are high risk for cardiovascular disease prediction.***
- *Additional literature for medical profession is available on request from the Lab.*

Test done at TALS Lab(VINS Unit)

------ End Of BIOCHEMISTRY Report ------

Ketan Patel

Tushar

Dr.Tushar Toprani
Reported On : 15/03/2017 08:25

Toprani Advanced Lab Systems

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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 13/03/2017 20:39	**Lab Ref No.**	: **V28580**

NON FASTING

HAEMATOLOGY

Specimen : WHOLE BLOOD EDTA

Coll. 13/03/2017 20:15: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Hb Indices		
Hb	**10.1 gm %**	Male 14 - 17.4 Female 12.3 - 15.3
RBC	**4.33 mil/cmm**	Male 4.5 - 5.9 Female 4.5 - 5.1
P.C.V.	**34.1 %**	Male 41.5 - 50.4 Female 36 - 45
M.C.V.	**78.8 fl**	80 - 96
M.C.H.	**23.3 pg**	27.5 - 33.2
M.C.H.C.	**29.6 %**	33.4 - 35.5
RDW - SD	**47.6 fl**	Male : 35.1 - 43.9 Female : 36.4 - 46.3
Total W.B.C.	**14800 per cu mm**	4000 - 12000
Platelets		
Platelets	**352000 per cu mm**	150000 - 400000 per cu mm
W.B.C. differential count		
Polymorphs %	**88 %**	40 - 80
Lymphocytes %	**8 %**	20 - 40
Eosinophil %	**1 %**	1 - 6
Monocytes %	**3 %**	2 - 10
Polymorphs (Abs. Value)	**13024 per cumm**	1800 - 7000
Lymphocytes (Abs. Value)	**1184 per cumm**	1000 - 4800
Eosinophil (Abs. Value)	**148 per cumm**	upto 450
Monocytes (Abs. Value)	**444 per cumm**	Upto 800
Peripheral Smear		
P.S. (Overview)	**Mild Hypochromia, Leucocytosis, Absolute neutrophilia.**	

- *Test done at TALS lab (VINS unit)*

----- End Of HAEMATOLOGY Report -----

SWATI R PATEL

Dr. Mihir Bhalodia
Reported On : 14/03/2017 08:58

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYANTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 13/03/2017 20:39	**Lab Ref No.**	: **V28580**

NON FASTNG

BIOCHEMISTRY

Specimen : SERUM

Coll. 13/03/2017 20:15: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
CK - MM			
CK - MM	**398 u/L**	M : upto 160 F : upto 125	(Calculated)

Test done at TALS Lab (VINS Unit)

------ End Of BIOCHEMISTRY Report ------

Tushar

Ketan Patel

Dr.Tushar Toprani
Reported On : 13/03/2017 21:34

TOPRANI ADVANCED LAB SYSTEMS

Toprani Advanced Lab Systems

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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 16:12	**Lab Ref No.**	: **V28501**

NON FASTNG

BIOCHEMISTRY

Specimen : HEPARIN PLASMA

Coll. 10/03/2017 16:15: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Plasma Potassium	**4.7 mEq/L**	3.5 - 5.1 - Serum (ISE) 3.5 - 4.5 - Plasma

Test done at TALS Lab(VINS Unit)

------ End Of BIOCHEMISTRY Report ------

DHARA K BHAVSAR

Tushar P.

Dr.Tushar Toprani
Reported On : 10/03/2017 16:53

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 01:45	**Lab Ref No.**	: **V28494**

NON FASTNG

HAEMATOLOGY

Specimen : WHOLE BLOOD EDTA

Coll. 10/03/2017 01:45: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)
Hb Indices		
Hb	**11.4 gm %**	Male 14 - 17.4 Female 12.3 - 15.3
RBC	**4.86 mil/cmm**	Male 4.5 - 5.9 Female 4.5 - 5.1
P.C.V.	**39.2 %**	Male 41.5 - 50.4 Female 36 - 45
M.C.V.	**80.7 fl**	80 - 96
M.C.H.	**23.5 pg**	27.5 - 33.2
M.C.H.C.	**29.1 %**	33.4 - 35.5
RDW - SD	**48.7 fl**	Male : 35.1 - 43.9 Female : 36.4 - 46.3
Total W.B.C.	**11300 per cu mm**	4000 - 12000
Platelets		
Platelets	**538000 per cu mm**	150000 - 400000 per cu mm
W.B.C. differential count		
Polymorphs %	**72 %**	40 - 80
Lymphocytes %	**24 %**	20 - 40
Eosinophil %	**1 %**	1 - 6
Monocytes %	**3 %**	2 - 10
Polymorphs (Abs. Value)	**8136 per cumm**	1800 - 7000
Lymphocytes (Abs. Value)	**2712 per cumm**	1000 - 4800
Eosinophil (Abs. Value)	**113 per cumm**	upto 450
Monocytes (Abs. Value)	**339 per cumm**	Upto 800
Peripheral Smear		
P.S. (Overview)	**Mild Hypochromia, Mild Thrombocytosis,likely to be Reactive.**	

~~Test done at TALS lab (VINS unit)~~

----- End Of HAEMATOLOGY Report -----

NIKITA A PATEL

Dr. Mihir Bhalodia
Reported On : 10/03/2017 08:54

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph. : 2341442 Fax : +91-265-2341443, e-mail : topranilabs@hotmail.com

Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 01:45	**Lab Ref No.**	: **V28494**

NON FASTNG

PLASMA GLUCOSE

Specimen : FLUORIDE PLASMA RBS **Coll.** 10/03/2017 01:45: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
Random sample Plasma glucose			
Random Sample Plasma Glucose	**237 mg/dL**		(Hexokinase)
	Rechecked		
Random Sample Urine glucose	**No sample**	Nil	(GOD/POD,Reagent Strip)
Random Sample Urine Ketones	**No sample**	Nil	(Na.Nitro.pru,Reagent Strip)
Status/Therapy	**On Tab**		
Test note			

Glycemia control for people with diabetes
Recommendation, Am.Diabetic Association)

Test	Glycemia control
Preprandial plasma glucose mg %	*90 – 130*
Peak Postprandial plasma glucose mg %	*< 180*
Hb A lc %	*< 7*

Test done at TALS Lab(VINS Unit)

—— End Of PLASMA GLUCOSE Report ——

Chirag

Dr.Biren Bhatt
Reported On : 10/03/2017 08:31

Since 1979... Test reports should be clinically correlated, lab. may be contacted whenever required.

Collection Centres
- Narmada Aptt; Navrang Complex, **Raopura**, Ph. : 2437860, 2437861
- Anand Arcade, 5 Jyoti Park, **Karelibaug**. Ph. : 2495193
- F-4, Aditya Enclave, Uma Char Rasta, **Waghodia Road**. Ph. : 2522555
- R. S. Compound, Opp. Harsiddhimata Temple, **Rajpipla**. Mob. : 7211187890
- 30, Silver Rock, Opp. Bhavan's School, **Makarpura Road**. Ph. : 2638224
- Soyuz Apartment, **Nizampura**. Ph. : 2780342
- Krishna Complex, Opp. Alembic Nagar, **Gorwa**. Ph. : 2282245
- 8, BCH Complex, Nr. Bansal Mall, **Gotri-Bhayli Ring Road**. Ph. : 7211198895

TALS/FM/PRE/2

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
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Dr. Harsukh Toprani M. D.
Dr. Tushar Toprani M. D.

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 01:45	**Lab Ref No.**	: **V28494**

NON FASTNG

BIOCHEMISTRY

Specimen :	**Coll.**
HEPARIN PLASMA	10/03/2017 01:45: Hospital Visit
SERUM	10/03/2017 01:45: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
Renal Biochemical Profile			
Urea	28 mg/dL	12.8 - 42.8	(Urease)
BUN	13 mg/dL	6 - 20	(Urease)
S.Creatinine (IDMS traceable)	1.2 mg/dL	0.66 - 1.25	(IDMS traceable)
	Rechecked		
BUN : Creatinine Ratio	11		(Calculated)
Electrolytes			
Plasma Sodium	132 mEq/L	136 - 145	(ISE)
Plasma Potassium	6.0 mEq/L	3.5 - 5.1 - Serum 3.5 - 4.5 - Plasma	(ISE)
	Rechecked		
Plasma Chloride	96 mEq/L	98 - 107	(ISE)
Plasma Bicarbonate	22 mEq/L	22 - 30	(PEP)
Anionic Gap	20	10 - 20	(Calculated)

Test done at TALS Lab(VINS Unit)

----- End Of BIOCHEMISTRY Report -----

Chirag

Dr.Biren Bhatt
Reported On : 10/03/2017 08:31

Dr. Harsukh Toprani M.D.
Dr. Tushar Toprani M.D.

Toprani Advanced Lab Systems

Sufiam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph.: 2341442 Fax: +91-265-2341443, e-mail: topranilabs@hotmail.com

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 01:45	**Lab Ref No.**	: **V28494**

NON FASTNG

IMMUNOLOGY

Specimen : SERUM

Coll. 10/03/2017 01:45: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
H.I.V. Antibodies			
H.I.V. Antibodies, ELFA	**Non Reactive**	Negative	(ELFA)

4th Generation with synthetic peptides & monoclonal anti p24 antibodies. Detect HIV 1 p24 antigen and Anti HIV1 (Ag, gp160, groupO) & Anti HIV2 antibodies.

Test Note

HIV antibody tests are usually done by Rapid membrane ELISA, Well ELISA or other automated immunoassay techniques. Tests are termed 2nd, 3rd or 4th generation tests according to the type of antigens used and technical improvisations. This Lab routinely performs 4th generation automated tests. Test result alone should not be used for the diagnosis. A negative result does not preclude the possibility of infection. This may happen during initial window period or in immunocompromised persons. Positive result usually indicates the possibility of infection. However it should always be followed by repeat test with different antigen composition. For repeat testing, this lab usually maintains different kit and regularly does the repeat test in consultation with the Clinician. If still positive, depending on clinical situation, it should ideally be confirmed by Western Blot or DNA detection studies. Kindly contact the lab for further details.

Pre Operative Profile			
HBs Ag (3rd Generation)	**Non Reactive**	Non reactive	(3rd Generation, ECLIA/ELFA)

Test Note

This is a highly sensitive, third generation immunoassay.

Standard interpretation of results is as follows.

Samples which are non reactive are taken as negative.

Samples reactive (Positive) on initial testing must be re-tested. Those that are positive on repeat test are presumed positive. Those negatives on Re-test are termed as non-repeatedly reactive. These are usually false reactive earlier and may need multiple testing. This false reactivity could be due to contamination of sample or small particulate matters in sample e.g. small fibrin threads.

Those that are presumed positive ideally need confirmation by confirmatory neutralization tests as some presumed positive cases could be due to non-specific reactivity. Alternatively presence of other Hepatitis B markers or Hepatitis B DNA studies tend to confirm the same.

Viral Hepatitis C Marker			
Anti HCV antibodies, ELFA	**Non Reactive**	Presence indicates old infection.	(ELFA)

Collection Centres
- Narmada Aptt; Navrang Complex, **Raopura**, Ph.: 2437860, 2437861
- Anand Arcade, 5 Jyoti Park, **Karelibaug**, Ph.: 2495193
- F-4, Aditya Enclave, Uma Char Rasta, **Waghodia Road**, Ph.: 2522555
- F-4, Aditya Enclave, Uma Char Rasta, **Rajpipla**, Mob.: 7211187890
- 30, Silver Rock, Opp. Bhavan's School, **Makarpura Road**, Ph.: [illegible]
- Soyuz Apartment, **Nizampura**, Ph.: 2780342
- Krishna Complex, Opp. Alembic Nagar, **Gorwa**, Ph.: 2282245
- 8, BCH Complex, Nr. Bansal Mall, **Gotri-Bhayli Ring Road**, Ph.: [illegible]

Toprani Advanced Lab Systems

Suflam Apartment, 10 Haribhakti Colony, Race Course, Vadodara-390 007.
Ph.: 2341442 Fax: +91-265-2341443, e-mail: topranilabs@hotmail.com

Dr. Harsukh Toprani M.D.
Dr. Tushar Toprani M.D.

Name	: MR. JAYNTIBHAI M SURTI	**Pt. Id**	: 20162776
Ref. by	: DR.VINS	**Age / Sex**	: 74 Year(s) / Male
Reg. Date	: 10/03/2017 07:40	**Lab Ref No.**	: V28495

NON FASTNG

BIOCHEMISTRY

Specimen : WHOLE BLOOD HEP

Coll. 10/03/2017 07:30: Hospital Visit

Test Parameter	Result(s)	Biological Reference Interval (Adult)	
ABG - Blood Gas Analysis			
pH	7.407	7.35 - 7.45 Arterial 7.31 - 7.41 Venous	(ISE)
	O2- 4 LIT/MIN		
~~PO2 (Oxygen partial pressure)~~	~~147.3 mm Hg~~	>80 Arterial 30 - 40 Venous	(ISE)
PCO2 (Carbon dioxide partial pressure)	41.8 mm Hg	35 - 41 Arterial 41 - 51 Venous	(ISE)
SO2 (Functional oxygen saturation)	99.1 %	95 - 98 Arterial About 73 Venous	(Direct measure)
~~BE (Base deviation of blood)~~	~~0.9 mmol/L~~		(Calculated)
BE (ecf)	1.0 mmol		(Calculated)
cHCO3 (Bicarbonate concentration)	25.7 mmol/L	22 - 30	(Calculated)
cHCO3 st (Bicarbonate concentration)	25.0 mmol/L	22 - 26	(Calculated)
ctO2 (Total oxygen content)	17.1 Vol %		(Calculated)

Test done at TALS Lab(VINS Unit)

----- End Of BIOCHEMISTRY Report -----

Chirag

Dr.Biren Bhatt

Reported On : 10/03/2017 08:31

TRINITY INTERVENTIONS

99 Urmi Society, Opp. Haveli, Productivity Road,
Vadodara - 390 007, Gujarat, India.
TELE: 0265 - 2331343, 2341787.(Telefax)
Email: kktrivedi99@gmail.com

DR. KAUSHIK K TRIVEDI MD

Interventional Cardiologist

Name :JAYANTIBHAI M SURTI **Age/Sex : 74 / Male** **ID : 2017031411**

Ref. By : VINS **Diagnosis :** ***14-Mar-2017***

Echodoppler Report

MITRAL VALVE: *Thickened AML tip* xxx cm2

AORTIC VALVE : *Thickned aortic commissures*

LEFT ATRIUM : *Normal* *34* mm

RIGHT ATRIUM :*Normal*

IAS : *Intact*

PULMONARY VALVE : *Normal*

TRICUSPID VALVE : *Normal*

RIGHT VENTRICLE : *Normal*

LEFT VENTRICLE : *Hypertrophied*

LVEDD:mm 49 LVESD:mm 31 IVS(D) :mm 13

LVPW(D) :mm 13 LVEF :% 55-60

GREAT VESSEL RELATION : *Normal*

PERICARDIUM : *Normal*

DOPPLER STUDY:

MITRAL FLOW : in m/s

E: *0.64* **A:** *1.02*

MR : *Grade I/IV*

TRICUSPID FLOW in m/s :

E: *0.40* **A:** *0.86*

TR : *Absent*

AORTIC FLOW in m/s : *1.7/11*

AR: *Minimal*

PULMONARY FLOW in m/s *0.9*

PR: *Absent*

ATRIAL FLOW in m/s: *N*

ABNORMAL FLOW: *NIL*

COLOUR FLOW STUDY *Gr I/IV MR, Minimal AR*

WALL MOTION ANALYSIS:

No regional wall motion abnormality.

COMMENTS:

Thickened AML tip, Gr I/IV MR. Thickened aortic commissures, Minimal AR. Normal LA. Normal RA and RV. Hypertrophied LV. No dropouts in IAS or IVS. No dyskinetic segment. No intracavitary thrombi or vegetations. Good LV systolic function. LVEF 55-60%. Impaired LV and RV compliance. Gr I/IV MR, Minimal AR.

DR K K Trivedi MD

WARD PROCEDURE RECORD

F/IPD/19

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES**

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : 30/3/17

No	PROCEDURE NAME	30/3	31/3/17	1/4/17	2/4/17						
1	Multipara Monitoring < 6 Hrs.										
2	Multipara Monitoring > 6 Hrs.	✓	stopped at 2pm								
3	**Oxygen Charges**										
	up to 12 hrs.										
	> to 12 hrs.	✓	stopped								
4	Pulse oximetry intermittent		✓	✓	✓						
5	Pulse oximetry contionous	✓	stopped at 4pm								
6	Ventilator / Bipap										
7	Nebulization	1 III	II. 1								
8	Blood Transfusion										
9	RBS	1 I	II I	14 10	12 STOP.						
10	ECG										
11	Ripple bed charges	✓	✓	✓	✓						
12	Traction										
13	Dressing										
14	Special Dressing										
15	Ryle's tube insertion										
16	Catheterisation										
17	Suture Removal										
18	CLW Suturing										
19	Diet Consultation										
20	Enema										
21	Syringe pump / Special Infusion										
22	Echo										
23	Urine Sugar (Per Test)										
24	Peripheral Venous Line	✓									
25	Central / Femoral / Arterial Line	—									
26	Lumbar Puncture										
27	CSF Manometry										
28	Intubation										
29	Code Blue										
30	Resuscitation										
31	Ambulance Charges										
32	**ESCORT**										
	With Ventilator (per hour)										
	Without Ventilator (per hour)										
33	**MLC**										
	Within city limits										
	Outside city limits										
34	Defibrillator Charge										
35	Physio Therapy										
	M										
	Staff E										
	N										
	Signature of Incharge										
	Signature of Patient Relative										

WARD PROCEDURE RECORD

F/IPD/19

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES**

ADDERSOGRAPH

Date. : .....

No	PROCEDURE NAME										
1	Multipara Monitoring < 6 Hrs.										
2	Multipara Monitoring > 6 Hrs.										
3	**Oxygen Charges**										
	up to 12 hrs.										
	> to 12 hrs.										
4	Pulse oximetry intermittent										
5	Pulse oximetry contionous										
6	Ventilator / Bipap										
7	Nebulization										
8	Blood Transfusion										
9	RBS										
10	ECG										
11	Ripple bed charges										
12	Traction										
13	Dressing										
14	Special Dressing										
15	Ryle's tube insertion										
16	Catheterisation										
17	Suture Removal										
18	CLW Suturing										
19	Diet Consultation										
20	Enema										
21	Syringe pump / Special Infusion										
22	Echo										
23	Urine Sugar (Per Test)										
24	Peripheral Venous Line										
25	Central / Femoral / Arterial Line										
26	Lumbar Puncture										
27	CSF Manometry										
28	Intubation										
29	Code Blue										
30	Resuscitation										
31	Ambulance Charges										
32	**ESCORT**										
	With Ventilator (per hour)										
	Without Ventilator (per hour)										
33	**MLC**										
	Within city limits										
	Outside city limits										
34	Defibrillator Charge										
35	Physio Therapy										
	M										
	Staff E										
	N										
	Signature of Incharge										
	Signature of Patient Relative										

WARD PROCEDURE RECORD

F/IPD/19

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES**

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : .....

No	PROCEDURE NAME	10/3/17	11/3	12/3	13/3	14/3/17	15/3/17	16/3/17	17/3/17	18/3/17	19/3/17
1	Multipara Monitoring < 6 Hrs.										
2	Multipara Monitoring > 6 Hrs.		✓	✓	✓	✓	✓	✓	✓	✓	✓
3	**Oxygen Charges**										
	up to 12 hrs.										
	> to 12 hrs.		✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Pulse oximetry intermittent										
5	Pulse oximetry continuous		✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Ventilator / Bipap		✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Nebulization										
8	Blood Transfusion										
9	RBS										
10	ECG										
11	Ripple bed charges						✓	✓	✓	✓	✓
12	Traction										
13	Dressing										
14	Special Dressing										
15	Ryle's tube insertion			✓							
16	Catheterisation										
17	Suture Removal										
18	CLW Suturing										
19	Diet Consultation	✓									
20	Enema										
21	Syringe pump / Special Infusion		✓								
22	Echo										
23	Urine Sugar (Per Test)										
24	Peripheral Venous Line										
25	Central / Femoral / Arterial Line										
26	Lumbar Puncture										
27	CSF Manometry										
28	Intubation										
29	Code Blue										
30	Resuscitation										
31	Ambulance Charges										
32	**ESCORT**										
	With Ventilator (per hour)										
	Without Ventilator (per hour)										
33	**MLC**										
	Within city limits										
	Outside city limits										
34	Defibrillator Charge										
35	Physio Therapy N	Stanly									
	M	Shilna	Shilna	Stany	Shilna	Shilna	Shilna	Shilna	Shilna		Stanley
	Staff E	Manize		Stany	Manize	Nitha	Shilna	Manize	Shilna	Stanly	Manize
	N	Nitu	Vineeta	Vineeta	Shilna	Stany	Stanly	Stanly	Nitu	Nitu	Shilna
	Signature of Incharge										
	Signature of Patient Relative										

WARD PROCEDURE RECORD

F/IPD/19

VINS **VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES**

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date. : .....

No	PROCEDURE NAME	20/3	21/3	22/3	23/3	24/3	25/3	26/3	27/3	28/3	29-3
1	Multipara Monitoring < 6 Hrs.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Multipara Monitoring > 6 Hrs.										
3	**Oxygen Charges**										
	up to 12 hrs.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	> to 12 hrs.										
4	Pulse oximetry intermittent						1pm				
5	Pulse oximetry continous	✓	✓	✓	✓	stop 9am	✓	✓	✓	✓	✓
6	Ventilator / Bipap	✓	✓	✓	✓	✓	start 8pm	start 8pm	start 8pm		
7	Nebulization					start 9pm					
8	Blood Transfusion										
9	RBS	1 / 111	11 / 11	11 / 111	11 / 11	1 / 111	1 / 111	11 / 11	111 / 1	111 / 1	1 / 111
10	ECG										
11	Ripple bed charges	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	Traction										
13	Dressing	TT	TT	TT	TT	TT	TT	TT	TT	TT	TT
14	Special Dressing										
15	Ryle's tube insertion										
16	Catheterisation										
17	Suture Removal										
18	CLW Suturing										
19	Diet Consultation										
20	Enema										
21	Syringe pump / Special Infusion										
22	Echo										
23	Urine Sugar (Per Test)										
24	Peripheral Venous Line	✓			✓						
25	Central / Femoral / Arterial Line										
26	Lumbar Puncture										
27	CSF Manometry										
28	Intubation										
29	Code Blue										
30	Resuscitation										
31	Ambulance Charges										
32	**ESCORT**										
	With Ventilator (per hour)										
	Without Ventilator (per hour)										
33	**MLC**										
	Within city limits										
	Outside city limits										
34	Defibrillator Charge										
35	Physio Therapy										
	M	Stanley	Stanly	Nitya	Shesiyh	SJO	SJO	[illegible]	Stanley	[illegible]	Stanly
	Staff E	[illegible]	[illegible]	Shesiyh	SJO	[illegible]	[illegible]	[illegible]	[illegible]	Shesiyh	SJO
	N	SJO	SJO	Stanly	Stanly	Nitya	Nitya	SJO	SJO	Stanly	[illegible]
	Signature of Incharge	Beena	Beena	Beena	Beena	Beena	Beena	Beena	Beena	[illegible]	[illegible]
	Signature of Patient Relative										

VINS	NUTRITIONAL ASSESSMENT FORM	DOC NO : F / IPD /18 REV NO : 0.2 W.E.F : 10-12-2016

Diagnosis: Crisis in c/o Myasthenea Gravis.

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Calorie Require: 1500 Kcal Protein Require: 60g
Calorie intake: 1500 Protein Intake: 60g

Diet:
☑ Vegetarian ☐ Non-vegetarian ☐ Ovaterian

Assessment:

Vomiting: Present / ~~Absent~~
Constipation: Present / ~~Absent~~
Food Intake: ~~Adequate~~ / Inadequate
Diarrhea: Present / ~~Absent~~
Mouth Ulcer: Present / ~~Absent~~
Fluid intake: ~~Adequate~~ / Inadequate

Nutritional Need:	☐	Low	☑	Medium	☐	High
Life Style:	☑	Sedentary	☐	Moderate	☐	Heavy
Mode of feed:	☑	Self Feed	☐	With assistance	☐	Tube feed

Height: 160 ≅ (cm) **Weight:** 70 ≅ (Kg) **BMI:** 27

BMI:
1. > 30 ☐
2. > 24 ☑
3. 18.5 to 24 ☐
4. < 18.5 ☐

Diet Recall:
1. Adequate Nutritional Intake ☑
2. Less nutritional Intake ☐
3. No nutritional intake for > 5 days ☐
4. Unknown ☐

Has food intake declined in last 3 to 6 months? ☐ Yes ☑ No
If Yes, reason thereof
☐ Loss of appetite ☐ Digestive Problem
☐ Chewing or swallowing ☐ Any other

Clinical History:
☑ Blood Pressure problem
☑ Diabetes Mellitus
☐ Old operated patient
☐ Cardiac Diseases
☐ Liver Diseases
☐ Renal Failure
☐ Cancer
☐ Trauma or burn
☐ Gout
☐ Any Other Hypothyroidism.

Allergy to food: No Specific past history of food allergy

Personal likes/ Dislikes: —

VINS	NUTRITIONAL ASSESSMENT FORM	DOC NO : F / IPD /18 REV NO : 0.2 W.E.F : 10-12-2016

Risk to patient: ☐ Low Risk ☑ Moderate Risk ☐ High Risk

Reason for risk: (if moderate and high risk)

Due to overweight

Diet suggested to patient: SD ADD SRD.

(Please mention from these: FD, ADD, SRD, Semi Solid Diet, Soft Diet, Liquid Diet, Peg Feed, RT feed, H.P.D. Gout Diet, Hepatic Diet, Without Chilly and any other)

Remarks:

Assessment detail:

Dietician Name: Flalak Mehta.

Signature: Flalk

Date: 10/3/17

Time: 9:30am

Daily diet requirement:

DATE	DIET	REMARKS	NAME	SIGN
10/3/17	SD : ADD SRD.		Flalak	Flalk
~~10~~ 11/3/17	SD ADD SRD		Mudra	mudra
12/3/17	FD ADD SRD		Flalak	Flalk
13/3/14	RTF 200ml / 2hr ADD SRD		Flalak	Flalk
14/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
15/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
16/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
17/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
18/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
19/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
20/3/17	RTF 200ml/2hr ADD SRD		Flalak	Flalk
21/3/17	RTF 200ml/2hr ADD SRD.		Flalak	Flalk
22/3/17	RTF 200ml/2hr ADD SRD		Flalak	Flalk
23/3/17	RTF 200ml / 2hr ADD SRD		Flalak	Flalk
24/3/17	RTF 200ml / 2hr ADD SRD		Flalak	Flalk
25/3/17	RTF 200ml/2hr ADD SRD		Flalak	Flalk
26/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
27/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
28/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
29/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra
30/3/17	RTF 200ml/2hr ADD SRD		Mudra	mudra

DATE	DIET	REMARKS	DIETICIAN SIGN
3/13/17	RTF 200ml/12hr ADMSRD		mudza
1/4/17	RTF 200ml/2hr ADMSRD		mudza
2/4/17	SSD ADD SRD		Halby

DATE	DIET	REMARKS	DIETICIAN SIGN

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara. Ph. : (0265) 2331343 Mobile :9978999940

VINS

NURSING DUTY OVER

DOC NO : F / IPD / 38
REV NO : 0.0
W.E.F : 01-11-2014

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

30/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Thersingh	Chetna. m	Riti
In Charge on Duty	Sister Beena	—	
1. Eye Care	✓	Yes	Yes.
2. Mouth Care	✓	Yes	Yes.
3. Skin Care / Back Care	✓ 11:45 Am	Yes	Yes.
4. Bedding	✓	Yes	Yes
5. Catheter Care			
6. Physiotherapy			
7. Sponge Bath			Yes.
8. Any Other		No	
INVESTIGATIONS		—	
PENDING REPORTS		—	
REPLACEMENT OF DRUGS Hydrocort — (1) Neb. Asthalin Resp. — (1) ME Inj. Lasix — (1)			

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
TAB. OMNACORTIL 4mg	—	5 tab.		5	8am.	~~04~~ 3½
TAB. AZORAN 50mg	10 Am	8 tab.		8	10pm	07
TAB. ECOSPIRIN 150mg	2 Pm	7 tab.		7	—	07
TAB. THYRONORM 25	—	½ Bottle		½ B	6am.	½ bottle
TAB. IMDUR 30mg	—	13 tab.	6Pm	12	~~6am~~	12.
TAB. PANTOCID 40mg	—	7 tab.	6Pm	6	6am	05
TAB. GRAVITOR 60mg	12 MD	5 tab.	6Pm	4	12MN 6am	02.

Events if Any

LIQ DUPHALAC —	— — 1 bottle	1 bottle	10pm	1 bottle
LIQ MUCAINE GEL —	10Am — 1 bottle	1 bottle	10pm	1 bottle
Tab. Glycopyrolate 1mg	11Am — 9 tab.	9	—	09
X-ray — (1) P — 30/7/17				

Name of Nurse	Thersingh	chetna. m	Riti
Date / Time	30/3/17 8Pm	30/3/17 at 8Pm	30/3/17

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Umi Society, Opp. Havell Productivity Road,
Akota Vadodara. Ph. : (0265) 2331343 Mobile :9978999940

NURSING DUTY OVER

DOC NO : F / IPD / 38
REV NO : 0.0
W.E.F : 01-11-2014

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

31/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shailem.	Fatma	Ashish
In Charge on Duty	G.S. Beenumol		—
1. Eye Care	—	—	No
2. Mouth Care	—	—	No
3. Skin Care / Back Care	—	—	No
4. Bedding	—	—	yes
5. Catheter Care	—	—	No
6. Physiotherapy	—	—	No
7. Sponge Bath	—	—	No
8. Any Other			No
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS Inj NS (500ml) - 1 E		Insulin Syringe - 1	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
P. Omnacortil (10mg)		3 1/2	—	3 1/2	8AM	5 tab.
P. Azoran (50mg)	11AM	7				
P. Ecosprin 150mg	2pm	6	—	6	—	08
P. Thyronorm 25mg		1/2 bt.	—	1/2 bottle	8AM	1/2 bt
P. Indur 80mg		12	6 pm	11	—	11 tab
P. Pantocid (40mg)		5	6 pm	4	8AM	03 tab
P. Gravitor 60mg	12pm	11	6 pm	10	12NN 8AM	08 tab
P. Glycopyrolate (1mg)	10AM	8	—	8	—	08 tab

Events if Any

Liq. Duphalac		1/2 bt	—	1/2 bottle	10pm 1/2 bt
Liq. Mucain Gel	10AM	1/2 bt	—	1/2 bottle	10pm 1/2 bt

Name of Nurse Date / Time	Rumer 31.3.17	Fatma 8pm	Ashish 31/3/17

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NURSING DUTY OVER

DOC NO : F / IPD / 38
REV NO : 0.0
W.E.F : 01-11-2014

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr::DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
1/4/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Nita/SIO	Nita/SIO	Suresh
In Charge on Duty	Annamma sist.	—	—
1. Eye Care	Yes	No	No
2. Mouth Care	Yes	No	No
3. Skin Care / Back Care	Yes	No	No
4. Bedding	Yes	Yes	Yes
5. Catheter Care	No	No	No
6. Physiotherapy	Yes	No	No
7. Sponge Bath	No	No	No
8. Any Other	No	No	No
INVESTIGATIONS	—	—	
PENDING REPORTS	—	—	
REPLACEMENT OF DRUGS			VF — 20 No — 1 IV set — 2 NS 500 ml. — 1

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
TAB. GMNACORTIL	—	02	—	02	8 Am	½
TAB. ACORAN 50mg	10AM	05	—	05	10pm	04
TAB. ECOSPIRIN 50	2pm	05	—	05	—	05
TAB. THYRONORM	—	1B	—	1B	6 Am	1B
TAB. SMOUR 30mg	—	11	6pm	10	—	10
TAB. PANTOSID 40	—	03	6pm	02	6 Am	01
TAB. GRAVIPUR	12pm	08	6pm	07	12+6 Am	05

Events if Any

TAB. GLYCOPYROLATE	10AM	07	—	07	—	07
LTY. DUPHALAC	—	½B	—	½B	10pm	½B
LTY. MUCCAIN GPL	10AM	½B	—	½B	10pm	½B

Name of Nurse	Nita/SIO	Nita/SIO	Suresh
Date / Time	1/4/17	1/4/17	1/4/17

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JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

2/04/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Gridion 1006	Rashmiben	
In Charge on Duty	Annamma sir	—	
1. Eye Care	✓	✓	
2. Mouth Care	✓	✓	
3. Skin Care / Back Care	✓	✓	
4. Bedding	✓	✓	
5. Catheter Care	✓	✓	
6. Physiotherapy	yes	✓	
7. Sponge Bath	✓	✓	
8. Any Other	✓	✓	
INVESTIGATIONS		—	
PENDING REPORTS		—	
REPLACEMENT OF DRUGS		—	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
TAB-OMNAGRIL 40mg		10 ½	—	10 ½		
TAB-AZORAN 50mg	10AM	3	—	3		
TAB-ECOSPRIN	2pm	4	—	4		
TAB-THYRONORM		1B	—	1b		
TAB-IMPUR		10	6pm	9		
TAB-PANTOCID		16	6pm	15		
TAB-GRAVITOR	12 NOON	4	6pm	3		

Events if Any

TAB-GLYCOPYRROLATE	10AM	6	—	6
LIQ-Duphalac 30ml		1B	—	1b
LIQ-MUCCAIN GEL	10AM	1B	—	1b

Name of Nurse	Gridion		
Date / Time	2/4/17	2-4/17 8pm	

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VINS

NURSING DUTY OVER

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REV NO : 0.0
W.E.F : 01-11-2014

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
29/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Nitu/28	Suo/027	Archana
In Charge on Duty		—	-
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓
4. Bedding	✓	✓	✓
5. Catheter Care	NO		No
6. Physiotherapy	NO		No
7. Sponge Bath			✓
8. Any Other			-
	11AM	4pm	6am
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS Inj Hydrocort-1	Enema-1 ✓ Daipr-2 ✓ cotton roll-1 ✓	Hydrocortone- 1	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
T. Omnacortil 40m.	—	6½	—	6½	8 am	5
T. Azoran 50m.	10Am	11	—	11	10 pm	10
T. Ecosprin 150m	2pm	08	—	8	-	8
T. THYRONORM 25m		½ Bottle	—	½ B	6 am	½ bottle
T. Imdur 30m		14	6pm	13	-	13
T. Pan 40m.		09	6pm	8	6 am	7
T. Gravitan 6m	12MD	09	6pm	8	12MN, 6AM	6
Events if Any Liq MUCAINE GEL	10Am	½ Bottle		½ B	10 pm	—
Liq DUPHLAC		½ Bottle		½ B	10pm	-

Name of Nurse	Nitu/28	Archana
Date / Time	29/3/17 4pm	Suo 29/3/17 4pm	29/3/17

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NURSING DUTY OVER

DOC NO : F / IPD / 38
REV NO : 0.0
W.E.F : 01-1.1-2014

Addressograph	Specific Instruction if any :

	MORNING	EVENING	NIGHT
Unit Nurse Name			
In Charge on Duty			
1. Eye Care			
2. Mouth Care			
3. Skin Care / Back Care			
4. Bedding			
5. Catheter Care			
6. Physiotherapy			
7. Sponge Bath			
8. Any Other			
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS			

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance

Events If Any

Name of Nurse Date / Time		

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UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
27/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	mr Stanley	Memiranna	SDG
In Charge on Duty	mr Beenamol		–
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓ 3pm	✓
4. Bedding	✓	✓	✓ wh 10pm bg
5. Catheter Care	x	✓	✓
6. Physiotherapy	✓	✓	
7. Sponge Bath	x		✓ 6am
8. Any Other	W.C mobilization		
INVESTIGATIONS		–	
PENDING REPORTS			
REPLACEMENT OF DRUGS		– S-Chromic 7 – 1 – Ethicon 3-0 – 1 } E.	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Tb: Omnacortil (10mg)	–	9½		9½	–	9½
Tb Azoran (50mg)	10Am	15		15	10pm	14
Tb Ecospain (150mg)	2pm	10		10	–	10
Tb Thyronorm (25mg)	–	½ bottle		½ B	–	½ B
Tb Imdur (30mg)	–	16	1	15	–	15
Tb Pantocid (40mg)	–	13	1	12	–	12
Tb Gravitor (60mg)	12MD	5	1	04	12 GMD	4

Events If Any

Liq: mucaina 3 · 10Am	½ bottle	½ B 10pm ½ B
~~Liq: Potkton~~	½ bottle	
Liq - Duphalac		½ B 10pm ½ B

Name of Nurse / Date / Time	Stanley 27-3-17	Memi	SD 27/3/17 10pm

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UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
28/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Jakir/458	Theresingh	Stanley
In Charge on Duty	Annama sis	Siju brother	
1. Eye Care	yes	✓	✓
2. Mouth Care	yes	✓	✓
3. Skin Care / Back Care	yes	✓ 8 Pm	✓
4. Bedding	yes	✓	✓ 6 Am
5. Catheter Care	No		✗
6. Physiotherapy	yes	✓ 3:45 Pm	✗
7. Sponge Bath	No		✓
8. Any Other	No		✗
INVESTIGATIONS	—		
PENDING REPORTS	—		
REPLACEMENT OF DRUGS	Clove [illegible] Ethilor 3-0 [illegible] IV Sup [illegible] NJ Sup [illegible]		

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Tb: Omnacortil (10mg)	—	8	—	8 tab.	6Am	6½
Tb: Azoran (50mg)	10AM	13	—	13 tab.	10PM	12
Tb: Ecospain (150mg)	2PM	8+1	—	9 tab.		9.
Tb: Thrasonorm (25mg)	—	1bt+1	—	1 bottle	6Am	½ bm.
Tb: Inderal (30mg)	—	15	6 Pm	14 tab.		14
Tb: Pantocid (40mg)	—	11	6 Pm	10 tab.	6Am	9
Tb: Concovitor (60mg)	12PM	2	~~6Pm~~	12 tab.	12pm & 6Am	10

Events If Any

Tab: Duphalac	—	1/2bt+1	—	½ Bottle	10PM	½ bm
Lac: Mucomogen	10Am	1/2bt+1	—	½ Bottle	10Pm	½ bm

Name of Nurse	Jakir	Theresingh	28/3/17	[illegible]
Date / Time	28/3		8 Pm	29-3-17

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W.E.F : 01-11-2014

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

25/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	SDO 527	Meeline/STI.	Nitu 1281
In Charge on Duty	Beenama		
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ at 10am	✓ 5pm.	✓
4. Bedding	✓	✓	✓
5. Catheter Care		—	— 5AM
6. Physiotherapy		✓	NO
7. Sponge Bath			✓
8. Any Other			
INVESTIGATIONS			NO
PENDING REPORTS			NO
REPLACEMENT OF DRUGS		Enema-1 NE	NO

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj Pip204.5gm	2pm	2	—	02	10pm/6AM	—
Tab-Omnacortil	—	2 ½	—	2½.	8AM	01
Tab. Azorem 50mg	10am	19			10pm	18
Tab. Ecosprin 150mg	2pm	12	—	12.	—	12
Tab. thyronorm 25	—	1B	—	1Bottle.	6AM	1Bottle
Tab Dindus. 30mg	—	18	6pm.	17.	—	17
Tab. Pantocid. 40mg	—	2	8pm	01.	8AM	—
Events if Any						
Tab. Clavitor 60mg	1PM	11	8pm.	10	6AM	09

Name of Nurse	SDO	Meeline STI	Nitu 1281
Date / Time	8 25/3/17 6a	25/3/17 at 8pm.	25/3/17 at 11pm

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NURSING DUTY OVER

DOC NO : F / IPD / 38
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UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
26/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Meniza	Meniza mng	SLO SJ
In Charge on Duty	Beena SB.		
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 10am	✓ 12pm	✓ 10pm 6a
4. Bedding	✓	✓	✓
5. Catheter Care	✓	✓	
6. Physiotherapy		✓	
7. Sponge Bath		–	✓ 6a
8. Any Other		W/C Mobilize	
INVESTIGATIONS	–	–	
PENDING REPORTS	–	–	
REPLACEMENT OF DRUGS	Inj NS 500 ml Enemark Reear		

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj Pip204.5gm TDS	1pm	2		2	10pm	
Tab. Omeprazole 40mg	–	10+1		11	–	11
Tab. Azorun 50mg	2/10pm	17		17	10pm	16
Tab. Ecosprin 150mg	2pm-1	11		11	–	11
Tab Thyronorm 25mg	–	½B.		½B	–	½B
Tab. Imdur 30mg	–	17	6pm-1	16	–	16
Tab. Pantoc.id 40mg	–	15	6pm-1	14	–	14

Events if Any

Tab. Crocin for (60mg)	1pm – 08.	8pm. Discard ② Not given.	08 7 – 7

Name of Nurse Date / Time	Meniza mng	Meniza mng	SLO 8 26/3/17 6pm

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
23/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shersingh	SUO	Sfam
In Charge on Duty	Sister Beena Mol	—	
1. Eye Care	✓ 12 MD	✓ 4 pm	✓ 5 Am
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓
4. Bedding	✓	✓	✓
5. Catheter Care			α
6. Physiotherapy	✓ 11:45 Am		α
7. Sponge Bath			✓
8. Any Other			α
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS			

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj: Pipzo 4.5gm	2 Pm	2 inj.	—	2	10pm & 6Am	0
T. Omnacortin	—	5½ tab.	—	5½	8Am	4
T. Azoran 50	10 Am	23 tab.	—	23	10pm.	22
T. Ecosprin 150	2 Pm	0 tab.	—	—	—	—
T. Thyronorm	—	1 Bottle	—	½ B	6Am	12.2m.
T. Imdur 30	—	20 tab.	6 pm	19	—	19
T. Pantocid 40	—	6 tab.	8 pm	5	8Am	4
T. Glizenitor	1Pm	tab.	6pm	6	6Am	5

Events If Any

Name of Nurse Shersingh	SUO	Sfam
Date / Time 23/3/17 / 8Am	8 23/3/17 4pm	24-3-17

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JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

24-3-17.

	MORNING	EVENING	NIGHT
Unit Nurse Name	SDO 527	Meminemna	Nitu 1281
In Charge on Duty	Beenamd		
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 10AM	✓ 4 3 PM	✓
4. Bedding	✓	✓	✓ 5AM
5. Catheter Care		✓	NO
6. Physiotherapy			NO
7. Sponge Bath			✓
8. Any Other			
INVESTIGATIONS		–	NO
PENDING REPORTS		–	NO
REPLACEMENT OF DRUGS	VR 20 ml Gelliamel } Reach	–	NO

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj Pipzo 4.5gm	2PM	02 Inj		2	10pm / 6am	—
T. Omnacortil 40m	–	4 tab		4	8AM	2 1/2
T. Azoran 50m	10AM	21 tab		21	10pm	20
T. Ecosprin 150 m	2PM	13 tab		13	–	13
T. Thyronorm 25m	–	1/2 bottle		13	6pm	1/2 Bottle
T. Imdur 30m	–	19 tab	6PM	18 tab	–	18
T. Pan 40m	–	4 tab	6PM	3 tab	6AM	02
Events If Any T. Gabapentin	1PM	4 tab	6PM-1	3 tab	6AM	02
tab. Dolo (650mg) (SOS)					–	03
tab. Amlopine (5mg) (SOS)					–	02

Name of Nurse		Nitu 1281
Date / Time	Meminemna	23/3/17 21 11pm

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UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
22/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Nilu /281	Shersingh	Stamy
In Charge on Duty	Si's. Beena MOL.	Sister Beena Mol	
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓ 4 Pm	✓
4. Bedding	✓ 12 MD	✓	✓ 8 Pm
5. Catheter Care	NO	✓	✓
6. Physiotherapy	✓		—
7. Sponge Bath			✓
8. Any Other			—
INVESTIGATIONS	CBC, CRP, Electr		—
PENDING REPORTS	NO		—
REPLACEMENT OF DRUGS	umbilical cotton, tape 2, Dolo - 5		—

catheter mount 1
HMB
NS 500 - 2

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj PIP30 (4.5gm)	2pm	02	—		10Pm, 6Am	0
Tab Omnacortil (40mg)	-	07	—	7 tab.	8 Am	5½
Tab Azocan (50mg)	10Am	25	—	25 tab.	10Pm	24
Tab Ecosprin (150mg)	2pm	01	—	1 tab.	—	1
Tab Indus (30mg)	-	21	6 Pm	20 tab.		20
Tab Pantocid (40mg)	-	08	8 Pm	7 tab.	8 Am	6
Tab Disknon (60mg)	-	03	Stop			

Events if Any

Liq Potklor	2pm	½ Bottle	Stop	½ Bottle	~~6Am~~	Stop
Tab Thyronorm (25mcg)	-	½ Bottle.		½ Bottle	6Am	½ tab
Tab. Amlopine (5mg)	10Am	04-1=3 (1 fall)		2 tab.		2 tab.
Tab. Dolo (650mg)	—	04		4 tab.		
Tab. Gravipt (40mg)	2MD	09	~~6Am~~	1 tab	~~6Am~~	

Name of Nurse Nilu /281 | Shersingh | [illegible]
Date / Time 22/3/17 8 | 22/3/17 / 8 Pm | 23-2-12

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Admission Dt. 10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr :DR.RS/DR.AV/DR.S.B
Gender/Age.Male / 74 Yrs

Specific Instruction if any :

21/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Stanley	Memirer	SLO
In Charge on Duty	mrs Beenamol	Beenu	—
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓
4. Bedding	✓ 10:30Am	✓ 3pm	✓ 10pm
5. Catheter Care	✓	✓	✓
6. Physiotherapy	✓	✓	
7. Sponge Bath	✓	—	✓ 6am
8. Any Other		—	
INVESTIGATIONS	—		
PENDING REPORTS	—	—	
REPLACEMENT OF DRUGS	—	Ephion. 2-0 S. Conv - 7	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
inj PIP30(4.5gm)	2pm	2		02	10pm	1
Tab: Omnacortil(40mg)	—	8		08	—	8
Tab Azoran(50mg)	10Am.	27		27	10pm	26
Tab Ecosprin(150mg)	2pm	2		02	—	2
Tab Thyronorm(25mg)	—	1/2 bun		1/2	—	1/2 B
Tab. Endure(30mg)	—	22	6pm (1)	21	—	21
Tab Pantocid(40mg)	—	10	8pm (1)	09	—	9
Events if Any						
Tab Distinon(60mg)		5	6pm (1)	04	—	4
Liq: Potklor	2pm.	1/2 bun			10pm	1/2 B
Name of Nurse Date / Time	Stanley 21-3-17		Memirer		SLO 21/3/17	10pm

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VINS

NURSING DUTY OVER

DOC NO : F / IPD / 38
REV NO : 0.0
W.E.F : 01-11-2014

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

19/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Stanley.	Hemi zenne	SDG 527
In Charge on Duty	Sir.		—
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓ 10pm	✓
4. Bedding	✓ 1pm	✓	✓ 10pm
5. Catheter Care	✗	✓	✓
6. Physiotherapy	✓		
7. Sponge Bath	✗		✓ GW
8. Any Other	✗		
INVESTIGATIONS		—	
PENDING REPORTS			
REPLACEMENT OF DRUGS	1 ✓ set	—	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj Pip20 4.5gm	2pm	2		2	10pm	1
Tab. Omnacortil	—	~~40mg 2mg~~ 10 1		10 1	—	10 (40mg)
Tab. Azorem 50mg	10Am	31		31	10pm	30
Tab. Ecosprin 150mg	2pm	4		4	—	4
Tab. Thyronorm 25mg	—	1/2 bal		1/2 13	—	1/2 13
Tab. Imdur 30mg	—	24	6pm/1	23	—	23
Tab. Pantocid 40mg	—	14	8pm/1	13	—	13

Events if Any

Tab. Distinon 60mg 12mg	8	6pm	07 (NG) 12AM 6 (11PM) Pt suddenly ~~[illegible]~~ desaturated HTO and developed Bradycardia inj ADR 1amp given CPR given
Name of Nurse / Date / Time	Stanley 19-3-17	monitored	SDG 19/3/17 10pm 8

T-500ml charge

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

20/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Stanley / 534	Nitu / 281	Sizo
In Charge on Duty	S/S · Beena	S/S Mamta	—
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓ 10pm 6am
4. Bedding	✓ 12mD.	✓	✓
5. Catheter Care	^	α 4pm	
6. Physiotherapy	✓	✓	
7. Sponge Bath	^		✓ 6am
8. Any Other	^		
INVESTIGATIONS		NO	
PENDING REPORTS		NO	
REPLACEMENT OF DRUGS	~~Tossca~~ 2 Lox Jelly -1 Pan 40 -1 NS 500 -1 } OE		

~~Lofe 22-1~~ ~~ADR 2~~
~~Tocm 1~~
~~Arcoxia-1~~
~~P-T 7.5-1~~

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj. Pipzo (4.5gm)	2pm.	2	—	02	10pm	1
Tab. Omnacortil (40mg)	—	9+1	—	9+1 (20mg)	—	9
Tab. Arozan (5mg)	10AM	29	—	29	10pm	28
Tab. Ecospirin (150mg)	2pm.	3	—	3	—	3
Tab. Thyronorm (25mg)	—	1/2 bot	—	1/2 Bottle	—	1/2 B
Tab. IMDOR (30mg)	—	23	8pm	22	—	22
Tab. Pantocid (40mg)	—	12	8pm	11	—	11

Events if Any

Tab. Distinon (60mg) 12m	2pm ~~Hold~~	S/1/2	8pm	05	—	5
Syp. Potklor.	2pm	1/2 bot	—	1/2 Bottle	10pm	1/2 B

Name of Nurse	Stanley	Nitu (281)		Sizo	
Date / Time	20-3-17	20/3/17	8pm	8	20/3/17 10pm

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

17-3-2017

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shilna	SDG	Nilu/287
In Charge on Duty	Sis. Beena.	—	
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 11am	✓ 4pm	✓
4. Bedding	✓	✓	✓
5. Catheter Care			NO 5am
6. Physiotherapy			NO
7. Sponge Bath			✓
8. Any Other			
INVESTIGATIONS			NO] Kt.
PENDING REPORTS			NO
REPLACEMENT OF DRUGS Dylon-2.		Bandaged.	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
T. DISTINON 60m	12 HD	6	6pm	5	12MN/6am	03
Inj PIPZO 4.5gm	8pm	2	—	2	10pm/6am	—
T. OMANACRTIL 20m		5	—	5	8am (2tab)	03
T. AZOMAN 50m.	10 AM	35	—	35	10pm	34
T. ECOSPRIN 150m	2pm	6	—	6		06.
T. THYRONORM 25m		½ B	—	½ B	6am.	½ B
T. AMLO 5m.	1pm.	5	—	5		05
Events If Any T. IMDUR 30m.		2 B	6pm	25		02
T. PAN 40m Inj EMEST.		17 3	6pm —	17	8am	17-16
Name of Nurse Date / Time	Shilna 17/3/17	SDG 17/3/17 12-4pm		Nilu/287 17/3/17	8	11pm

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

18/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Payal	Stanley	Nitu (281)
In Charge on Duty	Incharge · Beena mole		
1. Eye Care	yes	✓	✓
2. Mouth Care	yes 10Am &	✓	✓
3. Skin Care / Back Care	yes 12 MD	✓	✓
4. Bedding	yes	✓ 6PM	✓
5. Catheter Care	—	✓	NO 5Am
6. Physiotherapy	yes	✓	NO
7. Sponge Bath	—	✓	✓
8. Any Other	P.T. Cane	PT cane	
INVESTIGATIONS			NO
PENDING REPORTS			NO
REPLACEMENT OF DRUGS	Neb (T) plec - 1 Duolin — 1 Budecort - 1 HME — 1	Catheta Mount — (1) NAC Syp. Petkler — (1) NAC	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Tab: Distinon 60mg	12 MD	02	6pm.	01+10	12 MN	6Am 09
Tab. Omnacortil 2mg	—	03	—	3	8Am	01
Tab. Azoran 50mg	10Am	33	—	33	10pm	32
Tab. Ecosprin 150mg	2pm	05	—	5	—	05
Tab. thyronorm 25mg	—	1 bottle	—	½ bottle	—	½ Bottle
Tab. Amlp 5mg	—	05		5	—	05
Tab. Imdur 30mg	—	25	6pm.	24	—	24
Events If Any						
Tab. Pantoeid.	—	16	8pm	15	8Am	14
Inj Pip204.5gm	2pm	02		2		
Name of Nurse	Payal	Stanley		Nitu (281)		
Date / Time	18/03/17 at 2pm	18-3-2017		18/3/17 & 11pm		

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

15-3-17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shilna	Sido 527	Stanley
In Charge on Duty	Sis. Beena.		
1. Eye Care	✓ 11am	✓ 4pm	✓ 8pm
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓
4. Bedding	✓	✓	✓
5. Catheter Care			✓
6. Physiotherapy			✓
7. Sponge Bath			✓
8. Any Other			✓
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS ~~Emeset 2ml~~ – 1	Liq. Duphalac – NS500-1 NE		

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
T. DISTINON. 60	12 ND.	4.	6PM	3	12MN&6AM	1
T. OMNACRTI 120	12ND-½	8 ½	–	8½	8AM.	7
T. AZORAN 50M		39	–	39	10PM.	38
T. PAN 40M.		2 19.	8PM	20	8AM.	19
T. ECOSPRIN 150M.	2PM	7	–	7		7
T. THYRONORM.		½ B	–	1B	6AM	½ B
T. AMLO 5M.	8AM.	6.	–	6	–	6
Events If Any T. IMDUR		28	6PM	27	–	27

INJ. EMESET IV imdur	2pm	2	– 6PM	10PM&12MN 27
Name of Nurse Date / Time	Shilna	Sido 527 15/3/17 upm 8		Stanley 16-3-17

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JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

16-3-2017

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shilna	Meniziniya	Stanm.
In Charge on Duty	S.S. Beena.		
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 11 am	✓ 5pm	✓
4. Bedding	✓	✓	✓
5. Catheter Care		✓	✓ 6Am.
6. Physiotherapy			✓
7. Sponge Bath			✓
8. Any Other			✓
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS NS 500ml-2		DY-10 or (1)	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj EMESET 4m	2pm	Stop			10pm	2
T. DISTINON 60m.	12MD	10	2pm	09	12mn 8Am	7
T-OMNACTIL 20m		7		07	8Am	5
T-AZOSEN 50m	10AM	37		37	10pm	36
T-PAN 40m		14	8pm	13	8Am	12
T-ECOSPRIN 150m	2pm	6		6		6
T. THYRONORM 25mcg		½ B		2B	8Am	½ B
T. Amlo 5m		6		6		6
T. IMDUR 30		27		27		26
Liq DUPHALAC		½ B		2B		½ B
Inj - Pip30 4.5g		3	4pm	2	1Am 8Am	0

Events If Any

Name of Nurse Date / Time			
Bhavna 16/3/17		Meniziniya	17-3-17

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
13/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shona	Meenaxnna	SDO / SZ
In Charge on Duty			—
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 11am	✓ 3pm	✓ with 10pm bk
4. Bedding	✓	✓	✓
5. Catheter Care	✓	—	✓
6. Physiotherapy		—	
7. Sponge Bath		—	✓ 6am
8. Any Other		—	
INVESTIGATIONS		—	
PENDING REPORTS		—	
REPLACEMENT OF DRUGS Iy: Pantocid-1 (late) ~~Iy: Hydrocort-1~~	1x set lancent needle - 2 Syringe 2cc - 2	Remarky	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Iy: IMMUNOREL	—	✓	—	✓	—	—
TAB: DISTINION 50mg	12pm	12	6pm	11	12pm	10
TAB: OMNACORTIL 20mg		20mg/10 10mg/2		10 - 2	—	10
TAB: AZORAN 50mg	10 AM	43		43	10PM	49
TAB: PANTOP 40mg	—	26	1 pm	25	—	25
TAB: ECOSPRIN 150mg	2pm	9		9	—	9
TAB: THYRONORM		½ B		½ B	—	1B

Events if Any

TAB: AMLO 5mg	8		8	—
Tab-Imdur 30mg		USA	29	— 29
Name of Nurse Date / Time	Bhavna 13/3/17	Meenizy	SDO 8	13/3/17 10pm

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
14/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Shilpa	Nilu/287	Sham
In Charge on Duty	Sis. Beena		
1. Eye Care	✓ 11am	✓ 6pm	✓ 8pm
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓	✓	✓
4. Bedding	✓	✓	✓
5. Catheter Care			α
6. Physiotherapy			α
7. Sponge Bath			α
8. Any Other			σ
INVESTIGATIONS		CBC, Coct, CRP	
PENDING REPORTS			
REPLACEMENT OF DRUGS ~~Emesset~~ 2		NO	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
INS IV Igm		2		—	stop	
TB Distinon (60mg)	12 MD	8	6pm	07	12mn/6AM	5
TB Omnacortil (20mg)		10		10	8AM	9
TB Azoran (50mg)	10 AM	41		41	10pm	40
TB Pantocid (40mg)		19	8pm	24-1 ~~23~~	8AM	22
TB Ecosprin (150mg)	2PM	8		08		8
TB Thyronorm (25mg)		1/2 B		1/2 B		1/2 B

Events if Any

TB Amlong (5mg) TB Imdur (30mg)	2pm 29	6pm	07 28

Name of Nurse Date / Time	Nilu (287) 14/3/17 6pm		Sham 15-3-2

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UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

11/03/2017

	MORNING	EVENING	NIGHT
Unit Nurse Name	SJG SZT	Memizzuna	Vineetha/521
In Charge on Duty	Beenama		
1. Eye Care	✓	✓	Yes
2. Mouth Care	✓	✓	Yes
3. Skin Care / Back Care	✓ 10am	✓ 3.30pm	Yes
4. Bedding	✓	✓	Yes 6AM.
5. Catheter Care		—	Yes
6. Physiotherapy		—	no
7. Sponge Bath		—	Yes 6Am
8. Any Other		—	
INVESTIGATIONS		—	
PENDING REPORTS		—	
REPLACEMENT OF DRUGS	N.F-20- [illegible] IV set [illegible]	—	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Tab. Distinon (60mg)	2pm	20	6pm	19	11pm, 6Am.	17
Tab. Omnacortil (10mg)	—	6		06	8Am.	05
Tab. Azbran (10)	10am	47		47	10pm	46
Tab. Pantop (40)	—	28		28	6Am.	27
Tab Ecospirin (150mg)	2pm	11		11	—	11
Tab. Thyronorm (25)	—	13		13	6Am	13
Tab. Amlo (5)	—	9		09	—	09

Events if Any

T. Dolo		5 — 05
Name of Nurse Date / Time SJG 8 11/3/17 10am	Memizzuna	Vineetha/521 12/3/17 at 8Am

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VINS

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Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :
12/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Stanley	Stanley	Vineetha/521
In Charge on Duty			
1. Eye Care	✓	✓	Yes
2. Mouth Care	✓	✓	yes
3. Skin Care / Back Care	✓ 12 mid	✓ 6pm	yes 6Am
4. Bedding	✓	✓	yes
5. Catheter Care	✗	✗	~~yes~~ no
6. Physiotherapy		✗	no
7. Sponge Bath		✗	yes 6Am
8. Any Other		Nebulization done	
INVESTIGATIONS		~~SR~~ CT + ABG	
PENDING REPORTS		–	
REPLACEMENT OF DRUGS			

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Inj: IMPOLUMOREL		0	5pm	0	–	0 0
TAB: DISTIMONEGOMG	12 mid	16.	6pm	15	11pm, 6Am	13
TAB: OMNACORTIL	–	4		4	8Am (02)	02
TAB: AZORAM 50MG	10Am	45		45	10pm	44
TAB: PANTOP 40MG		27		27	6Am	26
TAB: ECOSPRIN	2pm	10.		10	–	10
TAB: THYRONORM	–	1/2 6m		1/2 4	6Am	1/2 B
Events if Any TAB: AMLO	–	9.	2pm.	8	–	

Name of Nurse Date / Time	Stanley 12-3-17	Stanley 12-3-12	Vineetha/521 13/3/17 At 8Am

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Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

10/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name			Stanley/534
In Charge on Duty			
1. Eye Care			yes
2. Mouth Care			yes
3. Skin Care / Back Care			yes 6AM
4. Bedding	N		yes
5. Catheter Care			NO
6. Physiotherapy			NO
7. Sponge Bath			yes 6AM
8. Any Other			
INVESTIGATIONS			
PENDING REPORTS			
REPLACEMENT OF DRUGS			

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
TAB: DISTOMONI					1	
TAB: OMNACORTIL					Taken	
TAB: AZORPAN					at Home	
TAB: PANTOP 40						
TAB: ECOSPRIN					1	
TAB: AMLO 5c					2AM	9

Events If Any

Name of Nurse Date / Time		Stanley 10/3/17 8a

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JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Specific Instruction if any :

10/3/17

	MORNING	EVENING	NIGHT
Unit Nurse Name	Sijo/521	Memizemma	Nitu/281
In Charge on Duty	S/S. Beena	S/S. Beena	
1. Eye Care	✓	✓	✓
2. Mouth Care	✓	✓	✓
3. Skin Care / Back Care	✓ 10am	✓ 3pm	✓ 8pm
4. Bedding	✓	✓	✓
5. Catheter Care		✓	✓
6. Physiotherapy		✓	✓
7. Sponge Bath		-	
8. Any Other		-	
INVESTIGATIONS		-	
PENDING REPORTS	CRP, Urine, Culture - (1)	Lipase - (2)	
REPLACEMENT OF DRUGS	~~Amlopin~~ - 10 Venticount - 1 O2 mask - 1 VF 20 - 1 HME - 2 Nasal Probe - 1 Dsco 10cm - 1 Cath mount - 1 Hydrocort - 1 Posiflush - 1	IV set Dilo - 5 VF20 - (2)	

Balance Drugs in stock	Time	Balance	Time	Balance	Time	Balance
Tab: DISTIGION 600	12pm	23	6pm	22		22
Tab: OMNACORTIL 10	—	7		7		07
Tab: Azolan 50mg	10am	49		49	10pm	48
Tab: PANTOP 40mg	—	29		29		29
Tab: Amlo 5mg	—	9		9		09
Tab: Ecosprin (150mg)	8pm					
B Tab: Tramadol (25mg)	~~[illegible]~~	13		13.		13

Events if Any

Name of Nurse Sijo Date / Time 8/10/3/17 10am	memizemma	Nitu (281) 10/3/17 & 11pm

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myeoma

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	
2	If patient is surgical than tentative date of surgery		
3	Please mention date of surgery performed (If surgery performed)		
4	Physician's reference		
5	Any other specialist's reference		
6	Pathological Investigation to be done		
7	Reports of pathological investigation to be collected		
8	Radiological Investigation to be done		
9	Reports of radiological investigation to be collected		
10	Any other investigation to be done		
11	Reports of said investigation awaited		
12	Echo		
13	Physiotherapy		
14	Specific Instruction/Change in treatment		
15	Verified by Physician's Assistant		
16	Over given by:		
	15.1 Signature		
	15.2 Name	DRNC	
	15.3 Date	2/4/17	
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name		
	16.3 Date		
	16.4 Time		

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: _____

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative		
2	If patient is surgical than tentative date of surgery		
3	Please mention date of surgery performed (If surgery performed)		
4	Physician's reference		
5	Any other specialist's reference		
6	Pathological Investigation to be done		
7	Reports of pathological investigation to be collected		
8	Radiological Investigation to be done		
9	Reports of radiological investigation to be collected		
10	Any other investigation to be done		
11	Reports of said investigation awaited		
12	Echo		
13	Physiotherapy		
14	Specific Instruction/Change in treatment		
15	Verified by Physician's Assistant		
16	Over given by:		
	15.1 Signature		
	15.2 Name		
	15.3 Date		
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name		
	16.3 Date		
	16.4 Time		

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myasthenia gravis

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	—
3	Please mention date of surgery performed (If surgery performed)	—	—
4	Physician's reference	—	—
5	Any other specialist's reference	—	—
6	Pathological Investigation to be done	—	done
7	Reports of pathological investigation to be collected	—	—
8	Radiological Investigation to be done	—	—
9	Reports of radiological investigation to be collected	—	—
10	Any other investigation to be done	NO	no
11	Reports of said investigation awaited	—	—
12	Echo	—	—
13	Physiotherapy	—	continue
14	Specific Instruction/Change in treatment	—	no
15	Verified by Physician's Assistant	YES	yes
16	Over given by:		
	15.1 Signature	—	[signature]
	15.2 Name	Jaiger	Dr Hitesh
	15.3 Date	31/3/17	1/4/17
	15.4 Time	[signature]	8 am
17.	Over taken by:		
	16.1 Signature	[signature]	[signature]
	16.2 Name	Dr Avery	Dr N
	16.3 Date	31/3/17	1/4/17
	16.4 Time	9:am	[signature]

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Prostatic Cancer.

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Date: 1/4/17

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	–	–
3	Please mention date of surgery performed (If surgery performed)	–	–
4	Physician's reference	–	–
5	Any other specialist's reference	–	–
6	Pathological Investigation to be done	–	–
7	Reports of pathological investigation to be collected	–	–
8	Radiological Investigation to be done	–	–
9	Reports of radiological investigation to be collected	–	–
10	Any other investigation to be done	–	–
11	Reports of said investigation awaited	–	–
12	Echo	–	–
13	Physiotherapy	yes	yes
14	Specific Instruction/Change in treatment		No
15	Verified by Physician's Assistant	yes	yes
16	Over given by:		
	15.1 Signature		
	15.2 Name	Dr. Tanuja	Dr. Hitesh
	15.3 Date	1/4/17	2/4/17
	15.4 Time	8 pm	8 pm
17	Over taken by:		
	16.1 Signature		
	16.2 Name	Dr. Hitesh	Dr. [illegible]
	16.3 Date	1/4/17	2/4/17
	16.4 Time	8 pm	

29-3-17.

VINS

DOCTOR'S HAND OVER

Doc.No.: F/IPD/62
Rev.No.: 0.0
W.E.F.: 25.02.2017

Diagnosis: Myasthenia gravis

29/3/17

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	—
3	Please mention date of surgery performed (If surgery performed)	✓	—
4	Physician's reference	NO	—
5	Any other specialist's reference	—	—
6	Pathological Investigation to be done	—	—
7	Reports of pathological investigation to be collected	—	—
8	Radiological Investigation to be done	—	—
9	Reports of radiological investigation to be collected	—	—
10	Any other investigation to be done	—	—
11	Reports of said investigation awaited	—	—
12	Echo	—	—
13	Physiotherapy	YES	✓
14	Specific Instruction/Change in treatment	plan → Remove T'stomy	Decannulation done.
15	Verified by Physician's Assistant	YES	—
16	Over given by:		
	15.1 Signature		
	15.2 Name	Dr NL	Dr Anil
	15.3 Date	29/3/17	29/3
	15.4 Time	11	11
17	Over taken by:		
	16.1 Signature		
	16.2 Name	Dr. Limbachiya	Dr Anil
	16.3 Date	29/3/17	29/03
	16.4 Time	10:00	8 PM

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myesthenia gravis

28/3/17

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	—
3	Please mention date of surgery performed (If surgery performed)	—	—
4	Physician's reference	—	—
5	Any other specialist's reference	—	—
6	Pathological Investigation to be done	—	—
7	Reports of pathological investigation to be collected	—	—
8	Radiological Investigation to be done	—	—
9	Reports of radiological investigation to be collected	—	—
10	Any other investigation to be done	—	—
11	Reports of said investigation awaited	—	—
12	Echo	—	—
13	Physiotherapy	—	—
14	Specific Instruction/Change in treatment	7" piece	—
15	Verified by Physician's Assistant	Yes	Yes
16	Over given by:		
	15.1 Signature		
	15.2 Name		Dr Yogesh
	15.3 Date		
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name	DR NUYAM L	Dr Sagar
	16.3 Date	28/3/17	28/3/17
	16.4 Time	8:15am	8:45PM

26-3-17

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myesthenia gravis.

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	—
3	Please mention date of surgery performed (If surgery performed)	—	—
4	Physician's reference	NO	—
5	Any other specialist's reference	NO	—
6	Pathological Investigation to be done	NO	—
7	Reports of pathological investigation to be collected	NO	—
8	Radiological Investigation to be done	NO	—
9	Reports of radiological investigation to be collected	NO	—
10	Any other investigation to be done	NO	—
11	Reports of said investigation awaited	NO	—
12	Echo	—	—
13	Physiotherapy	YES	Yes
14	Specific Instruction/Change in treatment	"T" piece trial	SIMV overnight
15	Verified by Physician's Assistant	YES	Yes
16	Over given by:		
	15.1 Signature		
	15.2 Name	DR Sagar	Dr. Yogesh
	15.3 Date		24/03/17
	15.4 Time		8:45 PM
17	Over taken by:		
	16.1 Signature		
	16.2 Name	DR. Nayan	Dr Sagar
	16.3 Date	24/3/17	24/03/17
	16.4 Time	8:10 PM	8:45 PM

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Crisis in KICO
. Myasthenia gravis

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	
3	Please mention date of surgery performed (If surgery performed)	—	
4	Physician's reference	—	
5	Any other specialist's reference	NO	
6	Pathological Investigation to be done	NO	
7	Reports of pathological investigation to be collected	—	
8	Radiological Investigation to be done	—	
9	Reports of radiological investigation to be collected	—	
10	Any other investigation to be done	NO	
11	Reports of said investigation awaited	—	
12	Echo	—	
13	Physiotherapy	—	
14	Specific Instruction/Change in treatment	"T" piece trial	
15	Verified by Physician's Assistant	YES	
16	Over given by:		
	15.1 Signature		
	15.2 Name	Dr. Sapna Patel	Dr NL
	15.3 Date	25/3/17	26/3/17
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name	Dr. Nayan. L.	Dr NL
	16.3 Date	25/3/17	26
	16.4 Time	8:10 AM	

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myesthenia gravis

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	
3	Please mention date of surgery performed (If surgery performed)	—	✓
4	Physician's reference	—	✓
5	Any other specialist's reference	—	✓
6	Pathological Investigation to be done	—	✓
7	Reports of pathological investigation to be collected	—	
8	Radiological Investigation to be done	—	✓
9	Reports of radiological investigation to be collected	—	✓
10	Any other investigation to be done	—	
11	Reports of said investigation awaited	—	
12	Echo	YES	✓
13	Physiotherapy	YES	
14	Specific Instruction/Change in treatment	NO	—
15	Verified by Physician's Assistant	YES	✓
16	Over given by:		
	15.1 Signature	[signature]	[signature]
	15.2 Name	DR AL	DR AL
	15.3 Date	30/3/17	30/3/17
	15.4 Time	[signature]	[signature]
17	Over taken by:		
	16.1 Signature	[signature]	[signature]
	16.2 Name	DR Limbachiya	DR AL
	16.3 Date	30/3/17	[illegible]
	16.4 Time	8:10 am	[signature]

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: _____

_____

_____

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative		
2	If patient is surgical than tentative date of surgery		
3	Please mention date of surgery performed (If surgery performed)		
4	Physician's reference		
5	Any other specialist's reference		
6	Pathological Investigation to be done		
7	Reports of pathological investigation to be collected		
8	Radiological Investigation to be done		
9	Reports of radiological investigation to be collected		
10	Any other investigation to be done		
11	Reports of said investigation awaited		
12	Echo		
13	Physiotherapy		
14	Specific Instruction/Change in treatment		
15	Verified by Physician's Assistant		
16	Over given by:		
	15.1 Signature		
	15.2 Name		
	15.3 Date		
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name		
	16.3 Date		
	16.4 Time		

26-3-12

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: _____

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative		Conservative
2	If patient is surgical than tentative date of surgery		No
3	Please mention date of surgery performed (If surgery performed)		No
4	Physician's reference		No
5	Any other specialist's reference		No
6	Pathological Investigation to be done		No
7	Reports of pathological investigation to be collected		No
8	Radiological Investigation to be done		No
9	Reports of radiological investigation to be collected		No
10	Any other investigation to be done		No
11	Reports of said investigation awaited		No
12	Echo		No
13	Physiotherapy		No
14	Specific Instruction/Change in treatment		T1 piece. start
15	Verified by Physician's Assistant		Yes.
16	Over given by:		
	15.1 Signature		[signature]
	15.2 Name		Dr. Gohel
	15.3 Date		27/3/17
	15.4 Time		
17	Over taken by:		
	16.1 Signature		
	16.2 Name		
	16.3 Date		
	16.4 Time		

27-3-17

VINS

DOCTOR'S HAND OVER

Doc.No.: F/IPD/62
Rev.No.: 0.0
W.E.F.: 25.02.2017

Diagnosis: Myelomeningocele

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	Conservative
2	If patient is surgical than tentative date of surgery	—	—
3	Please mention date of surgery performed (If surgery performed)	—	
4	Physician's reference	NO	—
5	Any other specialist's reference	NO	
6	Pathological Investigation to be done	—	
7	Reports of pathological investigation to be collected	—	—
8	Radiological Investigation to be done	—	
9	Reports of radiological investigation to be collected	—	
10	Any other investigation to be done	—	
11	Reports of said investigation awaited	—	
12	Echo	—	—
13	Physiotherapy	—	—
14	Specific Instruction/Change in treatment	BN 'T' pica tm	
15	Verified by Physician's Assistant	YES	—
16	Over given by:		
	15.1 Signature		
	15.2 Name	Kopal	DANI
	15.3 Date		28/3/17
	15.4 Time	27/3/17	
17	Over taken by:		
	16.1 Signature		
	16.2 Name	Dr Nayan	
	16.3 Date	27/3/17	
	16.4 Time	8:10 am	

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: MYASTHENIA CRISIS
DM | HTN | HYPOTHYROIDISM

22/3/17

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	conservative.	Common
2	If patient is surgical than tentative date of surgery	—	
3	Please mention date of surgery performed (If surgery performed)	—	
4	Physician's reference	NO	
5	Any other specialist's reference	NO	
6	Pathological Investigation to be done	NO	
7	Reports of pathological investigation to be collected	NO	
8	Radiological Investigation to be done	NO	
9	Reports of radiological investigation to be collected	NO	
10	Any other investigation to be done	NO	
11	Reports of said investigation awaited	NO	
12	Echo	NO	
13	Physiotherapy	Done	
14	Specific Instruction/Change in treatment	Nothing → on verification.	
15	Verified by Physician's Assistant	yes.	
16	Over given by:		
	15.1 Signature		
	15.2 Name	Dr. Yogesh.	DR NL
	15.3 Date	22/03	22/3/17
	15.4 Time	8pm	
17	Over taken by:		
	16.1 Signature		
	16.2 Name	DR NL	DR Yogesh
	16.3 Date	22/3/17	23/3/17
	16.4 Time		

23-2-17

VINS	DOCTOR'S HAND OVER	Doc.No.: F/IPD/62 Rev.No.: 0.0 W.E.F.: 25.02.2017

Diagnosis: Myesthenia gravis

23/3/17

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

S.N.	Particulars	Day	Night
1	Patient is surgical/conservative	Conservative	
2	If patient is surgical than tentative date of surgery	—	
3	Please mention date of surgery performed (If surgery performed)	—	NO
4	Physician's reference	NO	
5	Any other specialist's reference	—	
6	Pathological Investigation to be done	—	
7	Reports of pathological investigation to be collected	—	
8	Radiological Investigation to be done	—	
9	Reports of radiological investigation to be collected	—	
10	Any other investigation to be done	—	
11	Reports of said investigation awaited	—	
12	Echo	—	
13	Physiotherapy	YES	Yes
14	Specific Instruction/Change in treatment	NO	—
15	Verified by Physician's Assistant	✓	Yes
16	Over given by:		
	15.1 Signature	DR Sanket	[signature]
	15.2 Name	[signature]	Dr Sagar
	15.3 Date	23/3/17	23/03/17
	15.4 Time	[signature]	11:00 PM
17	Over taken by:	D	
	16.1 Signature	[signature]	[signature]
	16.2 Name	DR Nirjam	DR NL
	16.3 Date	23/3/17	23/3/17
	16.4 Time	8AM	[signature]

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara.
Ph. : (0265) 2331343 Mobile :9978999940

VINS

CPR FORMAT

UHID:VN4160 / IPD:i20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

NO : FMT / NUR /
NO : 0.0
NO :

Patient's Name : Jayantibhai Surti IPD No. : 20162776 Age : 74 Sex M ☐ F ☐

Date : 29/3/17 Time : 11:00 PM BED NO. : 302

DATE : 29/3/17 **BED NO. :** 302

DIAGNOSIS	Myasthenic crisis/DM/HTN/Hypo					
Name of Doctor Performing CPR	Ds. Gopal.					
CPR TEAM	Ds. Gopal SIJO					
INTUBATION TIME (if done)	NA					
DEFIBRILLATOR (if used how many shocks and joules) NA	ECG RHYTHAM	Asystolic				
	DC SHOCK					
INTUBATION TIME (if done) ?	**Time**	**Medicines**				
		NA				
— Pt was already on ventilator						
		NA				
TOTAL TIME OF RESUSCITION	5 minutes					
OUTCOME	Revive					
Dr. NAME & SIGNATURE	Ds. Gopal					
REMARKS :	—					

Consultant Counseled — Yes.

Relative Name — Son.

Time Initial Time: _____	Pulse	BP	SPO_2	RR	Chest Compression	ECG Rhythm	DC Shock	Medication
0 minute	30	220/100	20%	40	No	Brady	~~NA~~	1mg. Atropine ~~9mg. Adrenalin~~
5 minutes	90	160/80	99%	18	Yes.	Normy	—	—
10 minutes								
15 minutes								
20 minutes								
25 minutes		Revived						
30 minutes	PR							

VADODARA INSTITUTE OF NEUROLOGICAL SCIENCES
99, Urmi Society, Opp. Haveli Productivity Road,
Akota Vadodara. Ph. : (0265) 2331343 Mobile :9978999940

DOC NO : F / IPD /49
REV NO : 0.0
W.E.F : 25-02-2015

TRANSFER CHECK LIST FOR NURSES

Transfer to Transfer From ICU

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYANTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

SR. NO.	PAPERS IN THE FILE	NO OF PAPERS	CHECKED BY
1	Main front sheet	1	
2	Patient information form	1	
3	Complete nursing assessment form	1	
4	If MLC, PS, FIR/No., MLC Cons:		
5	Ref Dr. sheet		
6	History sheet	1	
7	Consultant's notes	1	
8	General informed consent		
9	Consent for valuable	1	
10	Restrain consent		
11	Information and Anesthesia consent		
12	Consent for surgery/procedure		
13	High Risk Consent		
14	Consent for special procedure	6	
15	Patient transfer checklist	2	
16	Pre Angio checklist		
17	PAC & Anesthesia notes	1	
18	Pre-OT checklist	1	
19	Anesthesia record	1	
20	Doctor's daily notes	23	
21	Treatment/MAR/Flow sheet	23	
22	Glasgow coma scale charting	3	
23	Ventilator chart		
24	Infusion therapy charting	4	
25	Blood monitoring sheet	3	
26	Nursing duty over	14	
27	RBS charting		
28	Investigation sheet	1	
29	Lab sheet	1	
30	Pathology investigation reports	9	
31	Radiology investigation reports	1	
32	X-Ray	1	
33	MRI		
34	CT Scan		
35	ECG	4	
36	USG		
37	Physiotherapy notes	4	
38	Nutritional assessment	17	
39	Bills of pharmacy implant etc		
40	Ward procedure record		
41	Visiting charge sheet		
42	Other		
	Total No. Sheets		

Post Op day

Foley's	—
CVC	—
IV Line	2
TT	—
RT/PEG	2
Drain	—
Temp	98.3°F
Pulse	84/min
Resp	22/min
BP	120/80
SPO2	96%

Diet : 200ml/h
RT Feed.

Other Note :

No Bedsore

Transferred Nurse	
Name & ID	Fertney
Signature	
Date & Time	21/3/17
In-charge Name & Sign	

Received Nurse	
Name & ID	Archana
Signature	
Date & Time	31/3/17 at 4.30 pm
In-charge Name & Sign	

VINS	Doctor's Initial Assessment	DOC NO. F/IPD/52 REV. NO. 0.0 W.E.F. 01-05-2015

History : C/o difficulty in breathing
C/o cough

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Past History: HTN/DM/ Hyaline grain

Allergic History:

In case of Road Traffic Accident

Name of Informant: Brought By:

Place of Accident: Time: AM/PM

Date: __/__/____ MLC: Done outside or not

History of:

- LOC ☐ Yes ☐ No
- Seizures ☐ Yes ☐ No
- ENT Bleeding ☐ Yes ☐ No
- Vomiting ☐ Yes ☐ No

Vitals:

Pulse: 100 BP: 180/100 Temperature: P

SPO2: 85% RA RBS: 250 Pain: ☐ Yes ☐ ~~No~~

GCS: E 4 M 6 V 5

Systemic Examination: RS/ RR - 18/m shallow breath
CVS/ NAD

Any other findings/injuries:

Treatment on Admission: Aspecdoc

Shifted to:

Physician Assistant
Signature

Name of Doctor
Dr Amit Chauhan

Date & Time
10/03 , 01:30

F/IPD/41

Vadodara Institute of Neurological Sciences

VINS

99, Urmi Society, Opp. Haveli Productivity Road, Akota Vadodara.
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Patient Valuable Form

Date / તારીખ : 10/3/17	UHID:VN4160 / IPD:I20162776 Admission Dt:10/03/2017 JAYNTIBHAI M SURTI Adm. Dr.:DR.RS/DR.AV/DR.S.B Gender/Age:Male / 74 Yrs	Unit / યુનિટ: ICU
Patient's Name / દર્દી નું નામ		IP No.:

Items Collected by / વસ્તુ લેનાર :

Detail of personal items collected / વસ્તુ ની વિગત :

Sr. No / નં. :	Description /વિગત :	Handed to relative / સગાને આપેલ છે. (✓)	kept in Locker / લોકરમાં રાખેલ છે.
1	1 pair clothes	✓	
	(pant, T shirt undergarment)		

Signature of Unit Nurse / યુનિટ નર્સની સહી	Signature of Security / સીકયુરીટી સ્ટાફ ની સહી	Signature of Sister In Charge સીસ્ટર ઈન્ચાર્જની સહી
Shivani	–	

To be filled when the items are handed over to the relatives / વસ્તુ સગાને આપતી વખતે ભરવું.

Date તારીખ :	Time સમય (a.m./p.m.)	Released by (Name & Sign.) આપનાર નું નામ અને સહી.	Name & Address of Relative આપનાર નું નામ અને સરનામું	Relationship to Patient's દર્દી સાથેનો સંબધ	Signature of Relative સગાની સહી.
10/3/17	2pm	Shanty	Hemant Swami RADHA SWAMI BH RAMGAT RESTAURANT FATEHGUNJ VADODARA	SON	

I have received the above - mentioned items froms the hospital management in good condition
The hospital is not responsible for loss of any other items and I am not entitled to claim any other items
મને હોસ્પિટલના સ્ટાફે ઉપર જણાવેલ વસ્તુઓ સહી સલામત સ્થિતિમાં આપેલ છે. આ સિવાયની કોઈપણ વસ્તુ આપવા હોસ્પિટલ બંધાયેલ નથી તથા કોઈ પણ વસ્તુ ખોવાય તો તેની જવાબદારી હોસ્પિટલ ની રહેશે નહીં.

It is policy of the hospital that on admission, all valuables & belongings of the patient be sent home with the patient's relatives. The above items are deposited with the understanding that in the event of loss, the hospital shall not be held liable beyond the exercise of ordinary care & diligence. The patient authorizes the hospital to dispose of property without liability.
હોસ્પિટલના નીતિ નિયમ મુજબ, પેશન્ટની બધી જ કિંમતી ચીજ વસ્તુઓ એડમીશન વખતે તેમના સગાને આપી દેવામાં આવશે. ઉપર જણાવેલ વસ્તુઓ હોસ્પિટલમાં જમા કરાવેલછે. પંરતુ કાંઈપણ ખોવાયતો તેની જવાબદારી હોસ્પિટલ ની રહેશે નહીં. હોસ્પિટલ બિનવારસી વસ્તુના નિકાલની સતા ધરાવે છે.

VINS	ER OBSERVATION CHART	DOC NO. F/IPD/53 REV. NO. 0.0 W.E.F. 15-05-2015

UHID:VN4160 / IPD:I20162776
Admission Dt:10/03/2017
JAYNTIBHAI M
SURTI
Adm. Dr.:DR.RS/DR.AV/DR.S.B
Gender/Age:Male / 74 Yrs

Triage Category

Date: 10-3-17.

Diagnosis : Mysthenia Gravis

Investigations: Pre-OT, Electrolytes

Time	2AM		
Pulse	104bpm		
BP	190/110 mmHg		
SpO2	90%		
RR	24bpm.		
GCS	E4 V5 M6		
Temperature			

IV Infusion	Qty	Start Time	End Time	Remarks

NA

Medication Administration

Name of Drug	Dosage	Route	Administered by	Time

NA

Patient Shifted to : ICU
ER Nurse: Nut
Signature:

Glasgow Coma Scale

EYES OPEN	VERBAL RESPONSE	MOTOR RESPONSE
4 = Spontaneous	5 = Oriented	6 = Obey's commands
3 = To speech	4 = Confused	5 = Localizes to pain
2 = To pain	3 = Inappropriate	4 = Withdraws to pain
1 = No response	2 = Incomprehensive	3 = Flexion to pain
	1 = None	2 = Extension to pain
		1 = None