



17
AHK/QA/FORM/DOC/02/MAR22/V1
APEX HOSPITALS KANDIVALI
Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

CASE SHEET

NAME: <u>Ms. Gunavathi Shetty</u> AGE: <u>64 yrs</u> GENDER: <u>Female</u>	Any Allergies (Red ID Band if Yes) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
UHID No: <u>150000282</u> IPD No: <u>AHK/22-23/3</u>	Vulnerable Patient (Yellow ID Band if Yes) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WARD: <u>ward</u> BED: <u>1182</u> DOA: <u>17/06/2022</u>	Weight: _____ Height: _____
DOCTOR'S NAME: <u>Dr. Adesh Ghoshade Amit munde</u>	

SOURCE OF HISTORY: SELF / OTHER ✓ NAME _____ RELATION _____

Surgery (Name) : ORIF with plating

Date of Surgery : 18/6/22

Allergies : No

Provisional Diagnosis : off Fibula ft.

Final Diagnosis : _____

PAIN ASSESSMENT SCALE

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	No Pain		Mild Pain		Moderate pain		Moderate pain		Severe pain		Worst pain possible
Wong-Baker Facial Grimace Scale											
Activity tolerance Scale	No Pain	Can be Ignored	Interferes with Tasks	Interferes with Concentration	Interferes with Basic Needs	Interferes with Basic Needs	Interferes with Basic Needs	Interferes with Basic Needs	Interferes with Basic Needs	Interferes with Basic Needs	Bed rest Required

Chief complaints (With brief specification)

① Ankle. dislocated.. fall at home yesterday morning
Left lateral malleolus dislocated
pain + swelling

Medical History	Yes	No	Duration	Medical History	Duration
H/o. Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H/o. Hypertension	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
H/o. Coronary artery disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H/o. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H/o. Convulsion	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H/o. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
H/o. Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

18

Surgical History	
1	NAD
2	

Gynaecologic & Obstetric History (for females)			
Menarche	Cycle	Loss	Inter Menstrual Bleeding
Pain			L.M.P
Vaginal Discharge		Cervical Smear	Contraception MD
Obstetric History			

Social History	Yes	No	Details
Smoking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Drug	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Single Parent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hearing Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Environmental (Pets etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Family History : DM / HTN / CAD / CANCER / OTHERS NAD

Current Medication (For Medication Reconciliation)

Current Medication	Dose	Frequency	Route
T. Telma H	100		

Clinical Examination

Weight :	Kgs	Pallor : -	Cyanosis : -	Clubbing	SpO ₂ 98%
Oedema :	-	Oral cavity :	Icterus : -	Lymphnodes :	
Temperature :	98.6 °F	Pulse : 105/min.	B.P. : 130/90 mm of Hg.	RR : 20	/min.
ENT :					
CVS : S1S2					

- 19

RS :	ABCE
Abdomen :	8072
CNS :	conscious
Genitals :	
Others :	

Surgical Examination Details & Other Findings :

Psychological :	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Anxious	<input type="checkbox"/> Depressed
Evaluation :	<input type="checkbox"/> Others	Specify :	

Functional Evaluation

Activity	Independent	Needs assistance	Dependent
Walking		✓	
Eating	✓		
Bathing	✓		
Dressing	✓		
Toilet needs	✓		

Advise :

1) Investigation : CBL, FBS, PLBS, 3H, RFT, BTCT, PTINR, ECG, CXR-PA, Echo, x-ray - left ankle lat view

2) Medicine : Zy Max 1.5gm IV BD, Zy par 40 IV BD, Zy Sweet (Umg) IV BD, T. Clonidine forte 2-2-2

Dietician Screening :

Tick Conditions that apply. Even if one condition exists. Referral to dietitian for nutrition assessment is mandatory :

1. Loss or Gain of Weight (More than 10%)
2. Poor oral intake or NBM / IV Fluids for more than 3 days
3. Inability to feed orally / swallow
4. Inability to retain stomach contents (vomiting)
5. Inability to absorb - (diarrhoea, abdominal pain, bloating)
6. Is the patient on Acitrome / Warfarin drugs :
7. If yes was diet counselling done :

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature of Dietician :

Name :

Mehmal D.

Date & Time :

17/6/20
2pm



AHK/QA/FORM/DOC/02/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

Proposed Care Plan :Expected Outcome : Briefed to Patient ☐ / Patient attendants ☒
& Preventive AspectsExpected Cost Briefed to Patient ☐ / Patient attendants ☒**DISCHARGE PLANNING FORM**(To be filled by doctor completing History & Physical findings at the time of admission)
Please use (✓) Mark in the appropriate

- 1 Source of Information : ☒ Patient ☐ Family ☐ Friend
- 2 Mental Status : ☒ Conscious ☐ Confused ☐ Unconscious
- 3 Admitted to : ☒ Emergency Room ☐ OPD ☐ Doctor's Clinic ☐ Residence
- 4 Living with : ☐ Spouse ☒ Adult Children ☐ Minor ☐ Others
- 5 Will physiotherapy be required at home : Yes ☐ No ☒
- 6 Is home medical equipment anticipated : Yes ☐ No ☒
- 7 Is home Oxygen therapy anticipated : Yes ☐ No ☒
- 8 Are dressing needs at home anticipated : Yes ☐ No ☒
- 9 Any other needs anticipated : Yes ☐ No ☒

Medical Officer : Dr. Anita Yadav

Intensivist Name :

Sign.:

Date & Time : 17/6/22 2:30pm

Consultant Name : Dr. Amit Munde

Sign.:

Date & Time : 17/6/22



AHK/QA/FORM/DOC/01/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

HISTORY AND PHYSICAL EXAMINATION

Name	Gunavati Shetty.		Age	64/48 years	Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	0282.	IPD NO	AKH/22-2313.	Ward / Bed	ward / 118.
Doctor's Name :	Dr. Amit munde.		DOA	17/6/22	

Date

Present complaint :

17/6/22
 c/o fall at Home yesterday morning
 c/o pain, swelling (L) Ankle
 History of present illness :
 (LP) Lateral malleolus
 pain at (R) ankle.

Past history :

KLCH = HTN 5 IS yr.

Family History :

NAD.

General examination :

OLE Temp. Afebr.
 Bp = 130/90 mmHg
 PR = 105/m
 SpO2 = 98% on RA

Systematic Examination :

SLC RS
 CVS / (M)
 CNS

Local Examination :

p/A = 50 ft

PROVISION DIAGNOSIS	
INVESTIGATION	TREATMENT
<p>17/12/22</p> <p>✓ EBC — F</p> <p>✓ BSL — PP</p> <p>✓ HbA1c</p> <p>✓ HIV HBsAg</p> <p>✓ HCV</p> <p>✓ RFT</p> <p>✓ BT/CT</p> <p>✓ RT/INR</p> <p>✓ ECG</p> <p>✓ CXR - PA</p> <p>✓ X - (2) Ankle.</p> <p>Lat view</p> <p>2D each</p> <p>Adv</p> <p>physician</p> <p>fitness</p> <p>anaesthesia fitness</p>	<p>Inj - magneford (1.5gm) 1-0-1</p> <p>Inj pain 40(mg) B/0-1</p> <p>Inj Emset 4mg 1-0-1</p> <p>T. chymorax forte</p> <p>2-2-2</p> <p>strict Limb elevation</p> <p>2 pillows</p> <p>NBM 6:00 am.</p> <p>operation time = 11:00 am.</p> <p>sos. Informed sir</p> <p>Ref. DR. Nadeem mottekar informed</p>

Name of Doctor :

Date :

Time :

Signature :

17/6/22
10:10pm

Mr Dr. Nadeem M

23

Patient's Name: Gunarathi
Shekhy
64/17

Many thanks for the reference

Referral for fitness for Sp

K/O Hypertension on Telapress-CT

No H/O DM / IHD / Asthma

No known drug allergies

No H/O bleeding diathesis

BP: 120/80mmHg

HR: 173 wgt. (post-deuron)

QPR: Unremarkable

RS

CNS / NAD

V/A: NAD

CNS: R4 M6 V5

Investigation

Biochemistry: Noted

Haemogram: Noted

2D Echo: Abnormal LV function

ECG: C/cten @ 50mm/sec

WNL

CAN: NAD

May I suggest:

- Can be taken for Sp
i.e. due risk of Anaesthesia

- Avoid hypertension

Dr Nadeem M

19

17/6/02
11.30
pm

24

$\text{StB} \in \text{Rev}(Rmo)$

It seem -

- E/O = pain in Lt Ankle.
- swelling

Q. 11 E

BP - 120/80 mmHg

p - 78/initial

Sp² - 98% on RA

T - Agglonice

91E

cos
cars / NAD
RS
PR - soft

RS

pr^t-soft

7

-4m. Taj T. T. (6 am)

pt NBM : 6 am

- prepare pt for OT.

c7-all



APEX MULTISPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



022-28703377

CASHLESS FACILITY

Off Western Express Highway, Next to SuSwagat Restaurant, Dattapada Road, Borivali (E), Mumbai - 400 066.

PROGRESS REPORT

Name _____	Name : Mrs. GUNAVATHI SHETTY	Age _____ Years	Gender : M <input type="checkbox"/> F <input type="checkbox"/>
UHID NO. _____	Age/Sex : 65 Y/F	Bed/Ward : 2261 \ MULTIBED	Ward / Bed _____
Doctor's Name _____	DOA/Category : 17/06/2022--14:31 / SELF P	Doctor : Dr Amit Munde \ ORTHOPAEDICS	DOA 17/6/22

IP No : AHK/22-23/3

UHID: 156

ASSESSMENT SCALE

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	No Pain		Mild Pain		Moderate pain		Moderate pain		Severe pain		Worst pain possible
Wong-Baker Facial Grimace Scale											
Activity Tolerance Scale	No Pain		Can be ignored		Interferes with Tasks		Interferes with Concentration		Interferes with Basic Needs		Bed rest Required

Date & Time	Pain Score	Doctor's Notes
18/6/22		8/15 Dr Pankaj Dande
1.30 PM		Patient posted for (L) fibula Plating
		64 yr female Kldo H.M.
		Labs noted.
		↓ AAP → Spinal Anesthetic given
		in 15 min Spinal 286 Numb
Dr. Tranika		- 3.2 cc of Heavy Anesthetic
Dr. Pankaj Dande		- level achieved → T10
		Surgery went well. Vitals - (N)
		Postop Adv → NBM x 4 hr
		→ flat in bed
		- Monitor vitals
		- IV Fluids

Every Entry to be Named, Signed dated & timed

Dr Pankaj Dande



AMH/QA/FORM/DOC/05/MAR22/V1

APEX MULTISPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



022-28703377

CASHLESS FACILITY

Off Western Express Highway, Next to SuSwagar Restaurant, Dattapada Road, Borivali (E), Mumbai - 400 066.

PROGRESS REPORT

Name Grunvanti Shetty Age 64 Years Gender : ☒ M ☐ F

UHID NO 0282 IPD NO 22-23/3 Ward / Bed 118

Doctor's Name : Dr. Amit Munde DOA 17/6/22

PAIN ASSESSMENT SCALE

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	No Pain		Mild Pain		Moderate pain		Moderate pain		Severe pain		Worst pain possible
Wong-Baker Facial Grimace Scale											
Activity Tolerance Scale	No Pain		Can be Ignored		Interferes with Tasks		Interferes with Concentration		Interferes with Basic Needs		Bed rest Required

Date & Time	Pain Score	Doctor's Notes
18/6/22		post-OT Notes
2:50 AM		- pt. consciously oriented
		- vitals stable - pain at 2
		ole Temp. n. Feb
		Bp = 110/70
		PR = 72
		SpO2 = 98% on RA
		Stc RS
		CVS
		CNS
		PLAN - so ft
		Adv
		Inj supacef (1.5gm) 1-ry
		Inj Amikacin 500 1-ry
		Inj Tramadol 132 sos
		Strictly dry elevation
		NBM. out - 4 hrs
		Monitor vitals monitor

Every Entry to be Named, Signed dated & timed

18/6/22
4:30pm

S/B DR. Jha

257

Q/O, mild pain @ S/S

- toe movements ⊕

O/E - Backpain.

T_{ax}eb

BP-130/80mmHg

P-84/min

SpO₂-98% RA

Signs
CNS
RS

MAO

Adv

- TONS @ 60ml/hr

PlA soft

18/6/22
9:30 AM

S/B RMO

Q/O. patient feels better

mild pain at S/S

urine passed at morning

O/E Temp = A_{feb}

PR = 84/min

SpO₂ = 97%

BP = 120/70mmHg

S/C

RS
CNS
CNS

(M)

PlA = soft

call given to Dr. Amit munde.

Informed G.C

plan for discharge
at Evening



APEX MULTISPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



022-28703377

CASHLESS FACILITY

Off Western Express Highway, Next to SuSwagat Restaurant, Dattapada Road, Borivali (E), Mumbai - 400 066.

PROGRESS REPORT

Name Gumvanti Shetty Age 65 Years Gender : M ☐ F ☒
 UHID NO 0282 IPD NO AMK/22-23/3 Ward / Bed 1st floor / 118
 Doctor's Name : Dr. Amit Munday DOA 17/06/2022

PAIN ASSESSMENT SCALE

	0	1	2	3	4	5	6	7	8	9	10
Verbal Descriptor Scale	No Pain		Mild Pain		Moderate pain		Moderate pain		Severe pain		Worst pain possible
Wong-Baker Facial Grimace Scale											
Activity Tolerance Scale	No Pain		Can be Ignored		Interferes with Tasks		Interferes with Concentration		Interferes with Basic Needs		Bed rest Required

Date & Time	Pain Score	Doctor's Notes
18/6/2022		S/B Dr. Amit Munday Post-op Orders
		- Keep NBM till 6.00 pm
		- Ij. Suprofen 1.5 gm IV BD
		- Ij. Analgesin 500mg IV BD
		- Ij. PAN 40 mg IV BD
		- Ij. Emscet 4 mg IV BD
		- T. Chymoral forte 2-2-2
		- T. Zorynol SP 1-0-1
		- T. FRACINE PWS 1-0-1
		- C. Dose 60K 1/unk x 12unks
		- T. SHELAL Joints 0-1-0
		- Strict Limb Elevation over '2' pillows

Every Entry to be Named, Signed dated & timed

(24)

18/6/22

11:30pm

29

~~8~~ S/B Dr Ram

pt seen

C/O - Pain & Burning
sensation on
operative part

- mild Burning
sensation (Rt
legs)

GC: mod

BP - 140/80 mmHg

P - 86/min

SpO₂ - 98% on RA

T - Afebrile

CVS

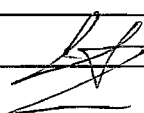
CNS / N.

RS

PA - soft

↑

CT cell

Date & Time	Pain Score	Doctor's Notes
19/6/22		TPR BP I/O charting
		Inj Supacet (1.5gm) IV 1-0-1
		Inj Amicakain 500 mg IV 1-0-1
		Inj Pan 4mg IV 1-0-1
		Inj Emset 1mg IV 1-0-1
		✓ T. chymonal Font 2-2-2
		✓ T. Zerodol SP (1-0-1)
		✓ T. F RACTINE PLUS 1-0-1
		✓ Cap: B3 bore 60K 1/wk x 12 weeks
		✓ T. SHEETAL JOINTS 0-0-0
		- Strict limb Elevation cores to pillows.
		✓ T. OLTUM AG 625 1-0-1
		✓ T. Linox 600 1-0-1
		✓ T. RABBIT D 1-0-1
		- Nil after 7 days per CTD
		

2/2

31

19/6/22
4pm

Six DR-offre

Cl-mild pain @80 site

- Ankle movements @

- Toe movements @

OK

TAFeb

BP- 110/80mmHg

P-86/min

SpO₂-98.1% RA

ACUg
only
R

AD.

RA Soft



AHK/QA/FORM/NUR/11/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSE'S NOTES

Name Gunavathi Shetty Age 65 Years Gender : M ☐ F ☒
UHID NO 150000282 IPD NO AMK/22-23/3 Ward / Bed ward/Bed 1182
Doctor's Name : Dr. Amit munde DOA 17/06/2022

DATE	TIME	TREATMENT - REMARKS - DIET	NAME & SIGNATURE
17/6/22	3pm	pt's on admission at 3pm, vital pt's Gunavathi Shetty Age-65 yrs female c/o fall at home yesterday morning - c/o pain in (L) ANKLE with swelling & evaluation by Dr. Amit munde. on admission - X-ray, ECG done, Blood sample send to AMH at 4pm. pt's vital checked & Recorded. & pt's strict limb elevation = pillows. All medication given to the pt's as per doctor's order.	pn/g
6pm		Round by Dr. Amit munde Adv. Hammer OT and Adv. ice pack applicable ice pack given pt NBM Till 01/8/22 at 6am	Anubh
8pm		pt send for 2 Decho procedure in Bernali	Anubh
8:10pm		pt hand over to night duty staff	Anubh
8:PM		pt hand over receive from evening duty staff S/N Ankita.	Anubh
		pt is stable and continuing patient shift 2050 in unit scum center. pt 2 decho done 60%.	Anubh
9:45pm		patient coming to ward at 9:45pm from unit scum center.	Anubh
		pt checked vital sign. patient all medication done by doctor order	Anubh
10pm		patient NBM 6am as per Dr. order pt kept NBM from 6am	Anubh
		- patient precedure done.	Anubh
		- LDI-TT given before OT as per Dr. order	Anubh

N.B. : Every entry to be named, signed, dated & timed



Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSE'S NOTES

Name mes. Gunavathi shetty Age 65 Years Gender : M ☐ F ☒
 UHID NO 150000282 IPD NO AHK/22-23/3 Ward / Bed ward/bed/1182
 Doctor's Name : Dr. Amit munde DOA 17/06/2022

DATE	TIME	TREATMENT - REMARKS - DIET	NAME & SIGNATURE
		- Patient 2 Echo done	
14/6/22	5pm	pt hand over taken from morning duty staff SIN Subuchi	Prateek
16/6/22	8AM	pt hand over received from Night Duty Staff SIN myel.	
		- pt conscious & oriented	
		- pt vit checked & recorded to the file.	
		- pt is NBM @ 6:00 am	
10AM		- pt All medication given as per dr order. pt shifted to OT @ 12:00 am. pt handover given to OT staff.	
2pm		pt come from ward @ 2:00pm. pt handover given from evening duty staff.	
2pm		pt hand over taken from morning duty staff, pt. Now Conscious, vitals checked. pt. I.V line side, pain and redness I.V. Cannula removed and the I.V. Cannula changed, pt. I.V fluid. RL 300ml. Balance continue pt Complaint pain. Inform DR. Rmo. Adv. Juf. Tramadol SIN given at 2:15pm. Candace nonverbal Attached Ankit	SIN Ankit
		pt NBM 2pm till the 4 hrs	
2:30pm		pt position flat and elevation given	
5:30pm		pt. I.V fluid. NS 500ml. start order by DR. Rmo.	
		pt X-Ray done at 5:30pm	

N.B. : Every entry to be named, signed, dated & timed

34



AHK/QA/FORM/NUR/11/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSE'S NOTES

Name	Gunawati shetty	Age	64	Years	Gender : M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	282	IPD NO	AKK/22-23/3	Ward / Bed	4th
Doctor's Name :	DR Amit munde	DOA	17/6/22		

DATE	TIME	TREATMENT - REMARKS - DIET	NAME & SIGNATURE
	6pm	seen by Dr Amit munde Adv. tammasao Discharge plan. and. pt NBM out 6pm sips of water given	
	7:30pm	pt Blood Report received. pt urine not passed tubemed DR Amr. no any thing Adv.	SIN Anurag
	8pm	pt hand over given night duty staff	SIN Anurag
	8pm	pt hand over taken from evening duty staff SIN Anurag.	SIN peijel
		- pt conscious & oriented	
		- pt vital checked & recorded	
		- pt continer NSO 60ml H ₂ O	
		- pt Position Plate. and elevation given	
		- pt X-ray of Ankle AP & lat Portacable done & report pending.	
	10:30pm	All medication given as order	SIN peijel
		- Patient stick limb elevation 2 pillows.	
	8AM	patient hand over given from morning duty staff SIN	SIN peijel
	16/12/22 8AM	- pt hand over taken from Night Duty staff.	
		- pt conscious & oriented.	
	9AM	- pt VLS checked & recorded	

N.B. : Every entry to be named, signed, dated & timed



AHK/QA/FORM/NUR/11/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

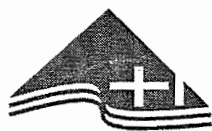
Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSE'S NOTES

Name Mrs. Ganganvati Shetty Age 65 Years Gender : M ☐ F ☒
UHID NO 0282 IPD NO AHK/22-23/3 Ward / Bed Ward 1182
Doctor's Name : Dr. Amit Munde DOA 17/06/22

DATE	TIME	TREATMENT - REMARKS - DIET	NAME & SIGNATURE
16/6/22	9AM	- pt All medication given as per Dr. order	
	11	- pt Position Flat and elevation given.	
		- X-Ray on ankle AP cut portable report pending.	
		- pt. Strick limb elevation 2 pillows	
	4pm	- pt hand over given evening duty staff.	Ankita
16/6/22	8pm	pt Hand over taken morning duty staff.	
		Suruchi patient conscious & oriented.	
		pt having left leg ORIF & plating surgery done.	
		pt having left hand veinflow -	Ankita
	2pm	patient vital noted done. BP - 110/70 mmHg	
		SpO ₂ - 99%. Oral medication given done	
		as per Rx sheet.	Ankita
	3pm	seen by Dr. Amit Munde Adv. discharge and pt Dressing done.	
	3:30pm	pt Medicine Return to Pharmacy	
	4pm	pt Billing sheet send to reception center	
	8pm	pt discharge procced done pt x-ray printed report pending.	SIN Ankita
	8:30pm	pts all discharge summary explained	
		pt hand over give night duty staff	Ankita

N.B. : Every entry to be named, signed, dated & timed



AHK/QA/FORM/NUR/02/MAR22/V1

APEX HOSPITALS KANDIVALI
Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

INITIAL NURSING ASSESSMENT FORMPatient Name : mes Gunawathi shetty. Age/Gender : 65 / female D.O.A. : 17/06/2022Consultant Dr Dr. Amit murde. UHID No 150000282 IPD No : AHK 22-23/3Patient arrived on 17/06/2022 at 2:33 PM by walking/wheelchair/trolleyAccompanied by family / friends/others (Specify Self family)**PHYSICAL ASSESSMENT**General appearance : Well nourished / thin / obese / active / dullADL (Activities of daily living): Independent / DependentLevel of consciousness : Alert / Confused / Drowsy / UnresponsiveSensory and perception : Asymptomatic / Dizziness / Headache / NumbnessVision : Normal / Impaired / Unable to assessHearing : Normal / Impaired / Unable to assessSpeech and Swallowing : Normal / Impaired / Unable to assessOral cavity : Normal / Moist / Dry / Ulcer / Coaled / Thrush / BleedingUrine appearance : Clear / Cloudy / Hematuria / Tea-coloured: Voiding-Self / Foleys / Condom catheterBowel : Normal / Constipation / Diarrhoea / MalenaSkin : Normal / Flushed / Jaundiced / PaleCool / Warm - Yes / No.

- Intact / Impaired - Yes / No.

Sleep pattern : Normal / interruptedRespiratory : Regular / Irregular / Rate 20/minTemperature : 98°FB.P. : 140/80 mmHgPulse : 88/minOther : -Name of Sister : S/M AnandSignature : [Signature]Date & Time : 17/6/22 at 3pm



AHK/QA/FORM/NUR/05/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSING REASSESSMENT FORM (DAILY NURSING FLOW CHART)

Name Mrs. Ganavanti Shetty Age 65 Years Gender: M ☒ F ☒
 UHID NO 0282 IPD NO AHK/22-23/3 Ward / Bed ward 1182
 Doctor's Name: Dr. Amit munde DOA 17/06/22

ASSESSMENT	M	E	N	Level of Consciousness		Orientation	
Shift/Time	M	E	N	Alert	A	Oriented to Person	4
LOC		A	A	Lethargic, Sleepy	L	Place time & situation	
Orientation		4	4	Stuporous - Difficult to arouse	S	Oriented to Person Place time	3
Emotional State		C	C	except with repeated stimuli		Oriented to Person Place	2
Pressure Ulcer Score		23	23	Comatose - Unarousable	C	Not Oriented	1
Cough		N	N	Emotional State		Mode of Oxygen None	N
Abdomen (L/min)		S	S	Calm	C	Nasal Cannula	NC
Mode of Oxygen		N	N	Anxious	A	Mask	M
Vulnerable Status		Y	Y	Withdraw	W	Venturi Mask	VM
Pain Assessment		3	3	Agitated	Ag	BIPAP	B
Restraint		N	N	Dressing		Cough	
Nursing Care	M	E	N	Intact	I	None	N
Self/Bed Bath		✓	✓	Dry	D	Productive	P
Back Care		N	N	Soaked	S	Non-Productive	NP
Mouth Care		N	N	Abdomen		Vulnerable Status	
				Soft	S	Yes	Y
F.Cath Care		N	N	Distended	D	No	N
NGT Care		N	N	Pain		Restraints	
Chest Physio		N	N	Yes	Y	Yes	Y
Ambulation		Y	Y	No	N	No	N
Steam Inhalation		N	N				
Stool Yes / No		Y	Y				
Patient Voided Yes / No		Y	Y				
Any other care		Y	Y				
				Pressure Ulcer Pain Score	0 NO HURTS 1 HURT LITTLE BIT 2 HURTS LITTLE MORE 3 HURTS EVEN MORE 4 HURTS WHOLE LOT 5 HURTS WORST		
NAME OF STAFF		Ankita	Pejda	Sensory Reception		Moisture	
				No Impairment	4	Rarely Moist	4
				Slightly Limited	3	Occasionally Moist	3
				Very Limited	2	Very Moist	2
				Completely Limited	1	Constantly Moist	1
DATE		17/6/22	17/6/22	Degree of Activity		Mobility	
				Walks Frequently	4	No Impatient	4
				Walks Occasionally	3	Slightly Limited	3
				Chair Fast	2	Very Limited	2
				Bed Fast	1	Completely Limited	1
TIME FOR ICU PATIENTS		3PM	8PM	Nutrition		Shear & Friction	
				Excellent	4	No Problem	3
				Adequate problem	3	Potential	2
				In Adequate	2	Problem Present	1
				Very Poor	1		
				Scores (Equals to or less than 16 : at risk 6 : very high risk) Pressure Ulcer : Yes/No. If Yes, area & level of pressure ulcer			

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSING REASSESSMENT FORM (DAILY NURSING FLOW CHART)

Name Mrs. Gangavati Shetti Age 65 Years Gender : M ☐ F ☒
UHID NO 0282 IPD NO AHK/22-23/3 Ward / Bed Ward 1182
Doctor's Name : Dr. Amit munde DOA 17/6/22

ASSESSMENT				Level of Consciousness		Orientation									
Shift/Time	M	E	N	Alert	A	Oriented to Person	4								
LOC	A	A	A	Lethargic, Sleepy	L	Place time & situation									
Orientation	4	4	4	Stuporous - Difficult to arouse	S	Oriented to Person Place time	3								
Emotional State	C	C	C	except with repeated stimuli		Oriented to Person Place	2								
Pressure Ulcer Score	11	14	14	Comatose - Unarousable	C	Not Oriented	1								
Cough	N	N	N	Emotional State		Mode of Oxygen None	N								
Abdomen (L/min)	S	S	S	Calm	C	Nasal Cannula	NC								
Mode of Oxygen	N	N	N	Anxious	A	Mask	M								
Vulnerable Status	4	4	4	Withdraw	W	Venturi Mask	VM								
Pain Assessment	2	2	2	Agitated	Ag	BIPAP	B								
Restraint	N	N	N	Dressing		Cough									
Nursing Care	M	E	N	Intact	I	None	N								
Self/Bed Bath	4	4	4	Dry	D	Productive	P								
Back Care	4	4	4	Soaked	S	Non-Productive	NP								
Mouth Care	4	4	4	Abdomen		Vulnerable Status									
				Soft	S	Yes	Y								
F.Cath Care	2	2	2	Distended	D	No	N								
NGT Care	2	2	2	Pain		Restraints									
Chest Physio	2	2	2	Yes	Y	Yes	Y								
Ambulation	2	2	2	No	N	No	N								
Steam Inhalation	2	2	2												
Stool Yes / No	Y	Y	Y												
Patient Voided Yes / No	Y	Y	Y												
Any other care															
NAME OF STAFF	18/6/22	15/6/22	18/6/22	Sensory Reception		Moisture	Degree of Activity	Mobility	Nutrition	Shear & Fuction					
				No Impairment	4	Rarely Moist	4	Walks Frequently	4	No Impatient	4	Excellent	4	No Problem	3
DATE				Slightly Limited	3	Occasuinall y Moist	3	Walks Occasionall y	3	Slightly Limited	3	Adequate problem	3	Potential	2
				Very Limited	2	Very Moist	2	Chair Fast	2	Very Limited	2	In Adequate	2	Problem Present	1
TIME	6 AM	2 PM	8 PM	Completely Limited	1	Constantly Moist	1	Bed Fast	1	Completely Limited	1	Very Poor	1		
FOR ICU PATIENTS															

0 1 2 3 4 5
Pressure Ulcer NO HURTS HURTS HURTS HURTS HURTS
Pain Score HURT LITTLE BIT LITTLE MORE EVEN MORE WHOLE LOT WORST

Scores (Equals to or less than 16 : at risk 6 : very high risk) Pressure Ulcer :
Yes/No. If Yes, area & level of pressure ulcer



39
AHK/QA/FORM/NUR/05/MAR22/V1
APEX HOSPITALS KANDIVALI
Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NURSING REASSESSMENT FORM (DAILY NURSING FLOW CHART)

Name Mrs. Gangaraj Ghetij Age 65 Years Gender : M ☒ F ☐
UHID NO 0282 IPD NO AHK/22-23/3 Ward / Bed Ward 1182
Doctor's Name : Dr. Amit munde DOA 18/06/22

ASSESSMENT	M	E	N	Level of Consciousness		Orientation																																																							
Shift/Time				Alert	A	Oriented to Person	4																																																						
LOC	A	A		Lethargic, Sleepy	L	Place time & situation																																																							
Orientation	4	4		Stuporous - Difficult to arouse	S	Oriented to Person Place time	3																																																						
Emotional State	C	C		except with repeated stimuli		Oriented to Person Place	2																																																						
Pressure Ulcer Score	14	14		Comatose - Unarousable	C	Not Oriented	1																																																						
Cough	N	N		Emotional State		Mode of Oxygen None	N																																																						
Abdomen (L/min)	S	S		Calm	C	Nasal Cannula	NC																																																						
Mode of Oxygen	N	N		Anxious	A	Mask	M																																																						
Vulnerable Status	Y	Y		Withdraw	W	Venturi Mask	VM																																																						
Pain Assessment	Y	Y		Agitated	Ag	BIPAP	B																																																						
Restraint	N	N		Dressing		Cough																																																							
Nursing Care	M	E	N	Intact	I	None	N																																																						
Self/Bed Bath	Y	Y		Dry	D	Productive	P																																																						
Back Care	Y	Y		Soaked	S	Non-Productive	NP																																																						
Mouth Care	Y	Y		Abdomen		Vulnerable Status																																																							
				Soft	S	Yes	Y																																																						
F.Cath Care	N	N		Distended	D	No	N																																																						
NGT Care	N	N		Pain		Restraints																																																							
Chest Physio	N	N		Yes	Y	Yes	Y																																																						
Ambulation	N	N		No	N	No	N																																																						
Steam Inhalation	N	N																																																											
Stool Yes / No	Y	Y																																																											
Patient Voided Yes / No	Y	Y																																																											
Any other care																																																													
NAME OF STAFF	<div style="display: flex; justify-content: space-between;"> <div> <p>01/06/22</p> <p>19/06/22</p> </div> <div> <p>Pressure Ulcer</p> <p>Pain Score</p> </div> <div> <p>0 NO HURTS</p> <p>1 HURTS</p> <p>2 HURTS</p> <p>3 HURTS</p> <p>4 HURTS</p> <p>5 HURTS</p> </div> <div> <p>HURT LITTLE BIT</p> <p>LITTLE MORE</p> <p>EVEN MORE</p> <p>WHOLE LOT</p> <p>WORST</p> </div> </div>																																																												
DATE	<table border="1"> <thead> <tr> <th>Sensory Reception</th> <th>Moisture</th> <th>Degree of Activity</th> <th>Mobility</th> <th>Nutrition</th> <th>Shear & Fuction</th> </tr> </thead> <tbody> <tr> <td>No Impairment</td> <td>4</td> <td>Rarely Moist</td> <td>4</td> <td>Walks Frequently</td> <td>4</td> <td>No Impatient</td> <td>4</td> <td>Excellent</td> <td>4</td> <td>No Problem</td> <td>3</td> </tr> <tr> <td>Slightly Limited</td> <td>3</td> <td>Occasuinall y Moist</td> <td>3</td> <td>Walks Occasionall y</td> <td>3</td> <td>Slightly Limited</td> <td>3</td> <td>Adequate problem</td> <td>3</td> <td>Potential</td> <td>2</td> </tr> <tr> <td>Very Limited</td> <td>2</td> <td>Very Moist</td> <td>2</td> <td>Chair Fast</td> <td>2</td> <td>Very Limited</td> <td>2</td> <td>In Adequate</td> <td>2</td> <td>Problem Present</td> <td>1</td> </tr> <tr> <td>Completely Limited</td> <td>1</td> <td>Constantly Moist</td> <td>1</td> <td>Bed Fast</td> <td>1</td> <td>Completely Limited</td> <td>1</td> <td>Very Poor</td> <td>1</td> <td></td> <td></td> </tr> </tbody> </table>							Sensory Reception	Moisture	Degree of Activity	Mobility	Nutrition	Shear & Fuction	No Impairment	4	Rarely Moist	4	Walks Frequently	4	No Impatient	4	Excellent	4	No Problem	3	Slightly Limited	3	Occasuinall y Moist	3	Walks Occasionall y	3	Slightly Limited	3	Adequate problem	3	Potential	2	Very Limited	2	Very Moist	2	Chair Fast	2	Very Limited	2	In Adequate	2	Problem Present	1	Completely Limited	1	Constantly Moist	1	Bed Fast	1	Completely Limited	1	Very Poor	1		
Sensory Reception	Moisture	Degree of Activity	Mobility	Nutrition	Shear & Fuction																																																								
No Impairment	4	Rarely Moist	4	Walks Frequently	4	No Impatient	4	Excellent	4	No Problem	3																																																		
Slightly Limited	3	Occasuinall y Moist	3	Walks Occasionall y	3	Slightly Limited	3	Adequate problem	3	Potential	2																																																		
Very Limited	2	Very Moist	2	Chair Fast	2	Very Limited	2	In Adequate	2	Problem Present	1																																																		
Completely Limited	1	Constantly Moist	1	Bed Fast	1	Completely Limited	1	Very Poor	1																																																				
TIME FOR ICU PATIENTS	<p>Scores (Equals to or less than 16 : at risk 6 : very high risk) Pressure Ulcer : Yes/No. If Yes, area & level of pressure ulcer</p>																																																												



AHK/QA/FORM/CONSENT/12/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VULNERABLE CONSENT FORM

Name <u>Mrs Gunavathi Shetty</u>	Age <u>65</u> Years	Gender : M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO <u>150000282</u>	IPD NO <u>AHK/22-23/3</u>	Ward / Bed <u>ward/1182</u>
Doctor's Name : <u>Dr. Amit Munde</u>	DOA <u>17/06/2022</u>	

Nature of vulnerability : Postop patient

- I have explained about the vulnerable condition of my patient and the special care and comfort required for the treatment of such patients will be according to his / her condition.
- I have also been explained that at times security personnel might have to be posted near the patient's room for the security of my patients, which might partially interfere with his / her privacy.
- I have been explained about my patient in the language understood by me.

Patient Signature : [Signature]Signature of Next of Kin : (> 18 yrs age → 18 yrs age) [Signature]Relation : DaughterFull Name : Indulishna ShettyAddress : Neighbourhood Society Lokhandwala society, Kandivali (E)Contact No : 7738664757Date : 18/06/2022Time : 4:15 pmName of Doctor : Dr. [Signature]Signature : [Signature]Date : 18/06/22Time : 4:15 pm

41



AHK/QA/FORM/NUR/03/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VULNERABILITY ASSESSMENT

Name	Gumvanti ⁹ Shetty	Age	654	Years	Gender: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	0282	IPD NO	AMIC/22-2313	Ward / Bed	ward/118.
Doctor's Name	Dr. Amit munde.	DOA	17/06/2022		

Category- ~~geriatric~~ /paediatric/mentally challenged/physical challenged/other.....

Fall risk assessment : NO

Sensory deficit : NO

Disorientation : visual/~~speech~~/hearingSelf care deficit : ~~yes~~/noMobility problem : yes/~~no~~History of fall : yes/~~no~~Impaired judgement : ~~yes~~/no

Psychological status

calm	<input checked="" type="checkbox"/>	agitated	<input type="checkbox"/>	anxious	<input type="checkbox"/>	depressed	<input type="checkbox"/>	Sleep disorder	<input type="checkbox"/>
------	-------------------------------------	----------	--------------------------	---------	--------------------------	-----------	--------------------------	----------------	--------------------------

Remarks

Nursing intervention specific to vulnerability

Bed making done
Sponge bath done.

Assessment done by : SH Sushil Chavhan

Signature :

Date : 18/6/22.

Time : @ 8:00am.

42



AHK/QA/FORM/NUR/03/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VULNERABILITY ASSESSMENT

Name	Gumvanti ^o Bhetty	Age	654	Years	Gender : M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	0282	IPD NO	AHL-22-23/3	Ward / Bed	ward / 118
Doctor's Name :	Dr. Amit munday	DOA	19/06/2022		

Category- ~~geriatric~~ /paediatric/mentally challenged/physical challenged/other.....

Fall risk assessment : NO

Sensory deficit : NO

Disorientation : visual/speech/hearing

Self care deficit : yes/no

Mobility problem : yes/no

History of fall : yes/no

Impaired judgement : yes/no

Psychological status

calm	agitated		anxious		depressed		Sleep disorder	
------	----------	--	---------	--	-----------	--	----------------	--

Remarks

Nursing intervention specific to vulnerability

Bed making done
Sponge bath done.

Assessment done by : SH Sureshi

Signature :

Date : 19/06/2022

Time : @ 8:00 am.



AHK/QA/FORM/CONSENT/08/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

HIGH RISK CONSENT FORM

Name _____	IP No : AHK/22-23/3	UHID: 15 _____	Age _____ Years	Gender : M <input type="checkbox"/> F <input type="checkbox"/>
UHID NO _____	Name : Mrs. GUNAVATHI SHETTY	Ward / Bed _____		
Doctor's Name _____	Age/Sex : 65 Y/F	DOA/Category : 17/06/2022-14:31 / SELF		
	Bed/Ward : 2261 \ MULTIBED	DOA _____		
	Doctor : Dr Amit Munde \ ORTHOPAEDICS			

I/We, the undersigned consent that I/We have been explained in the language I/We understand the best about the seriousness of my/our patient's critical medical condition and the nature of required treatment/medication/investigation/procedure/surgery. ORIF & plating

I/We herewith give consent for all further treatment and understand the high risk/all the risk as regards complications, morbidity and mortality.

All my/our doubts have been cleared to my/our satisfaction.

The information given above by me/us is true to the best of my knowledge and we will not hold responsible the hospital or treating doctors or hospital staff for any consequences whatsoever arising later on due to treatment/medication/investigation/procedure/surgery given /done to the patient.

I/We further state that I/We have been given an opportunity to ask questions and all my/our questions have been answered to my/our satisfaction.

This I/We consent to by my own free act and will.

	Patient	Relative	1 st witness
Name	Siddhi GUNAVATHI SHETTY	SIDDHISHNKA SHETTY	
Signature			
Relation	Self	Daughter	
Date & Time	18/6/22 @ 11:00 AM	18/6/2022 10:30 AM	

Doctor's Signature : Dr. Amit Munde



APEX MULTISPECIALITY HOSPITALS

Where Healing & Care Comes Naturally



AMH/MRD/24

022-28703377

CASHLESS FACILITY

ISO 9001-2008 Certified

Off Western Express Highway, Next to SuSwagat Restaurant, Dattapada Road, Borivali (E), Mumbai - 400 066.

CONSENT FOR ANAESTHESIA SERVICE

Name	<u>Gunavathi Shetty</u>	Age	<u>65</u>	Years	Gender : M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	<u>0282</u>	IPD NO	<u>AHK/22-23/3</u>	Ward / Bed	
Doctor's Name	<u>Dr. Amit Munde</u>	DOA	<u>17/6/22</u>		

I, _____ acknowledge that my doctor has explained to me that I/My patient will have an operation fibula plating (rt). My doctor has explained the risks of the procedure, advised me of alternative treatments and told me about the expected outcome and what could happen if my Condition remains untreated. I also understand that anesthesia services are needed for operation, so that my doctor can perform the operation or procedure.

It has been explained to me that all forms of anaesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Also RARE, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, **paralysis, stroke, brain damage, heart attack or death.**

I Understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand that the type(s) of anaesthesia service checked below will be used for my procedure and that the anesthetic technique to be used determined by many factors including my/ my patient physical condition, the type of procedure my doctor is to do his or her preferences, as well as my own desire.

It has been explained to me that sometimes an anesthetics technique which involves the use of local anesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

My doctor has explained that I / my patient has _____ co-existing disease which may complicate the anaesthesia procedure.

General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the windpipe
	Technique	Drug Injected into the blood stream breathed into the lungs, or by other routes
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia injury to blood vessels, aspiration pneumonia
Spinal or Epidural Analgesia / Anesthesia ✓ With sedation Without Sedation	Expected Result	Temporary decreased or loss of sensation feeling and / or movement of lower part of the body
	Technique	Drug Injected through a needle / catheter placed either directly into the spinal canal or immediately outside the spinal canal
	Risks	Headache, backache, buzzing in

	NS	the ears, convulsions, infection, persistent, weakness, numbness, residual pain injury to blood vessels, "total spinal"
Major / Minor Nerve Block	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area
With sedation Without sedation	Technique	Drug injected near nerves providing loss of sensation to the area of the operation
	Risks	Infection, convulsions, weakness, persistent numbness, residual pain, injury to blood vessels
Intravenous Regional Anesthesia	Expected Result	Temporary loss of feeling and/or movement of a limb
With sedation Without sedation	Technique	Drug injected into veins of arm or leg while using a tourniquet
	Risks	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels
Monitored Anesthesia Care (With sedation)	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes producing a semi-conscious state
	Risks	An unconscious state, depressed breathing injury to blood vessels
Monitored Anesthesia Care (Without sedation)	Expected Result	Measurement of vital signs, availability of anesthesia provider for further intervention
	Technique	None
	Risks	Increased awareness, anxiety and/or discomfort

I Certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected result of the anesthesia service and that I had ample time to ask questions and to consider my decision

Gumvanthi

Patient's Signature

Alpha

Next of kin Signature

Dr. M.

Witness

Dr. Pankaj Dnm

Anaesthesiologist's Signature

Dr Pankaj Dnm

Name

18/6/22 10:30 AM.

Date and Time

son in law.

Relationship of Patient

18/6/2022 10.30 AM.

Date and Time

18/6/22 -10.30 AM

Date and Time



ASH/COP/MEDI/31

46

APEX SUPERSPECIALITY HOSPITALS*Where Healing & Care Comes Naturally*

2898 6677

2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

CONSENT FOR SURGERY / PROCEDUREName Gunavathi Shetty Age 65 Years Sex: M ☐ F ☒UHID NO 150000282 IPID NO 2261 Ward / Bed ward 118 Date. 18/6/22Consultant : Dr. Amit mundeName/s of the proposed surgery/procedure ① ORIF # plating

Patient side: Left/ Right/ NA

Schedulêd datê for the proposed surgery : _____

Any special needs of the patient (help in communication?) _____

Statement of the healthcare professional:

I confirm I am a health professional with appropriate knowledge of the proposed procedure. I have explained the procedure to the patient. In particular, I have explained:

A) Intended benefits _____

B) Possible risks involved. _____

C) Benefits and risks of alternative treatment (including no treatment) _____

D) Any extra procedure that might be necessary during the procedure _____

_____ e.g blood transfusion etc.

Consultant's Sign & Stamp (with Registration No):

Date & time:

Consent of the patient/ Guardian:

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following, in a language & manner that I understand. I have been explained the following in _____ (language or dialect) that is spoken and understood by me.
2. I have been explained & been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named doctor and team to perform the proposed treatment surgery mentioned herein.
3. I have been informed about the benefits of the procedure. I have been informed that the operation (s) involves certain risk, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and I have been provided with the requisite information about the same. I am aware that the proposed hospital stay may be extended in case of any complications arising after operation / procedure.

47

4. I have been explained about and have understood that due to unforeseen circumstances during the course of the proposed surgery, something more or different than what has been originally planned may have to be performed or attempted. In all such eventualities, I authorize and give my consent to the medical / surgical team to perform such other and further acts that they may deem fit using their professional judgment. I have been also explained that during the course of the surgical procedure, circumstances may arise or a condition may be found which may require suspension or extension of the planned procedure.
5. I have been explained about and have understood the alternative methods and therapies of the proposed treatment, their benefits, risks and disadvantages.
6. I have been explained and have understood that despite the best efforts there can be no assurance about the result of the proposed treatment. I further state and confirm that I have not been given any guarantee or warranty about the results of the proposed treatment.
7. I am aware about my right to take a second opinion at any time during the course of my treatment.
8. I have been explained that the operating surgeon will be assisted by his associates, assistant, anesthesiologist and other medical personnel in performing the operation and providing postoperative care. I agree to the involvement of the resident doctors employed by the hospital in my medical care.
9. I give my consent / do not agree (tick as appropriate) to use my clinical photograph, audio- visual recording or specimen in the course of treatment for audit or academic and medical research purposes.
10. I state that the doctor has answered all my questions to my satisfaction regarding the proposed treatment.
11. I state that after being explained and counseled, I had been given enough time to take the decision to give consent.
12. I have signed this consent voluntarily, of my free will, and without any kind of pressure or coercion

I / We also state that the aforesaid persons will not be held liable for any consequences arising thereof.

I have listed below any procedures that I do not wish to be carried out without further discussion.

Patient Name : Gunavanti Shetty

Signature [Signature] Date & Time : 18/6/22

OR If patient is unable to give consent/ in case of child,

Name of Authorized representative/ Legal Guardian : Sudhishna Shetty

Relation with patient Daughter

Signature [Signature] Date & Time : 18/6/2022

Witness : _____ Signature _____

Withdrawal of the patient consent:

The patient has withdrawn the consent

Patients sign : _____ Date & Time : _____

Doctors sign : _____ Date & Time : _____



ASH/COP/MEDI/31

APEX SUPERSPECIALITY HOSPITALS
Where Healing & Care Comes Naturally



2898 6677
2898 6646
CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

मरीज की सहमति

युएचआईडी नं. _____ आइ.पी.आई.डी. नं. _____ वार्ड/बेड _____ दिनांक _____


नाम _____ वय _____ वर्ष _____ लिंग पुरुष ☐ स्त्री ☐

सर्जन का नाम: _____

सर्जन का नाम: _____

रोगी पक्ष : दाए / बाए / कोई नहीं

सर्जरी की तारीख : _____

 रोगी की कोई विशेष आवश्यकता


स्वास्थ्य देखभाल करनेवाले का बयान

मैं यह पुष्टि करता हूँ की, मुझे स्वास्थ्य देखभाल करने की पूरी जानकारी है और मैंने सर्जरी की पूरी प्रक्रिया रोगी को समझा दी है।
विशेषतः मैंने समझाया है की :

१. इलाज के लाभ _____

२. संभवतः जोखिम _____

३. दुसरी प्रक्रिया के लाभ और जोखिम : _____

 प्रक्रिया के दौरान आवश्यक कोई अतिरिक्त प्रक्रिया हो सकती है: _____

सही और स्टँप

समय और तारीख:

रजि. नं.:



48

AHK/QA/FORM/OT/10/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000
CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

OPERATION / PROCEDURE SHEET

Name _____	IP No : AHK/22-23/3 UHID: 15
UHID NO _____	Name : Mrs. GUNAVATHI SHETTY Age _____ Years Gender : M <input type="checkbox"/> F <input type="checkbox"/>
Doctor's Name : _____	Age/Sex : 65 Y/F
	Bed/Ward : 2261 \ MULTIBED Ward / Bed _____
	DOA/Category : 17/06/2022--14:31 / SELF
	Doctor : Dr Amit Munde \ ORTHOPAEDICS DOA _____

MLC : YES / NO

Operation Date : 18/6/22

Type : MINOR / INTERMEDIATE / MAJOR / SUPRA MAJOR / MINOR + MAJOR / SPECIAL PROCEDURE

Start Time : 11.30 AM End Time : 1.45 PM Total duration : 2 hrs. 15 min.

Operation Theatre Supra Major OT

Chief Surgeon Dr. Amit Munde

Asst. Surgeon _____

Anesthetist Dr. Pankaj Dhanve

Anesthesia Type GA / (SA) EPIDURAL / LOCAL / REGIONAL / SEDATION / SA

Scrub Nurse Sr. Bindu Circulating Nurse Sr. Hema

Name of Operation (LT) Fibula Plating. ORIF + Plating

Pre-operative Diagnosis Indication of Surgery (L) Lt. Mollusius # (Displaced)

Position _____

Incision ✓



49



AHK/QA/FORM/OT/10/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

Findings (s)
(Details)

① Lot - Malleslus #
↳ Displaced
↳ Comminuted / Spiral

Procedure
(Details)

↓ S.A.
- Pt. given ② Lateral floppy position
- P.E. done to ① LL
- Mini Incision taken over Lot. Malleslus

Closure

- MIP ① titanium plating (6 Hble
fixation done to ① Lot. Malleslus.
- Closure & Suture done in layers

Intraoperative
Diagnostic Intervention

X-ray / USG / Endoscopy / Frozen Section

X-ray ① Ankle AP
Lot

Material Sent For YES / NO _____

Biochemical / HP Exam., _____

Special Equipment used MICROSCOPE / LASER / IMAGE INTENSIFIER

Signature of
Assistant SurgeonSignature of
Chief Surgeon



AHK/QA/FORM/OT/05/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

PRE - ANAESTHETIC ASSESSMENT

Name Gunavathi Shetty

UHID No. 0282

Age 65 yrs. Gender F

IPD No.

Weight Kg Height cm

Informant Self

Ward

Diagnosis fibula # (L)

Planned / Procedure fibula plating

Anaesthesia Plan SAB S Spinal Anesthesia

Present Complaints (L) Lower limb pain

Medical History : TB / Hypertension / IHD / DM / COPD / Asthma /

Jaundice / Epilepsy / Bleeding disorders

Effort Tolerance Very good/good/average/poor/very poor

Current Medications

Prior surgery & anaesthetic history - LSC 30 yrs ago

Prior blood, blood products transfusion

Addictions & after gets

Physical examination

GCS Good

Consciousness WGS

Temperature

Pluse 80 per min

R.R. 18 per min

B.P. 120/70 mm Hg

Pallor / Cyanosis / Icterus

Lymphadenopathy / edema / clubbing

JVP

Airway examination : (N)

Dentition (N)

Inter Incisor gap

Mallampati grade :

Neck Mobility (N)

Spine : (N)

RS : Clear

Cvs : S/S (N)

AS S/S

BHT : Sec

100

51

	Date	Date	Date	Date
Hb (gm%)	12.9			
TLC				
DLCP/L/M/E				
Platelets	4.18			
BS.F (mg%)				
BS PP (mg%)				
Urine exam				
BUN / SR Creatinine				
Na + / K+/Cl	140/4.9			
Ca++/P04				
Sbd (Total/Direct)				
SGOT				
SGPT				
S amylase				
Total Phos				
Alk Phos				
PT/INR				

Blood group

X-Ray Chest : yes

ECG yes

Any other relevant information

Advice :

Physiotherapy
2D Echo

HIV

HbsAg

HCV

2D ECHO

} negative

yes - Wt @

Date	Date	Date

Name of Anesthesiologist Dr. Pamkey Dune

Signature :

Date & Time : 18/6/22



AHK/QA/FORM/DOC/13/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

CLINICAL COUNSELLING FORM

Name mes. Gunavathi Shetty Age 65/78 Years Gender : M ☐ F ☒
UHID NO 150000282 IPD NO AH K/22-23/3 Ward / Bed ward / 1182
Doctor's Name : Dr. Amit munde DOA 17/06/2022

Counselled Details :

	Yes	No
1 Diagnosis / reason for admission	<input checked="" type="radio"/>	<input type="radio"/>
2 Any complications there of	<input type="radio"/>	<input checked="" type="radio"/>
3 The plan of treatment	<input checked="" type="radio"/>	<input type="radio"/>
4 Any other alternatives that you may wish for	<input type="radio"/>	<input checked="" type="radio"/>
5 The benefits of all the alternatives involved	<input type="radio"/>	<input checked="" type="radio"/>
6 The risks of all the alternatives involved	<input type="radio"/>	<input checked="" type="radio"/>
7 The diet & nutrition	<input checked="" type="radio"/>	<input type="radio"/>
8 That you can make an informed choice among available option	<input type="radio"/>	<input checked="" type="radio"/>
9 That you/your patient have/has right to refuse the treatment	<input checked="" type="radio"/>	<input type="radio"/>
10 Expected complications	<input checked="" type="radio"/>	<input type="radio"/>
11 Expected date of discharge	<input type="radio"/>	<input checked="" type="radio"/>

My/ our concerns about proposed care and treatment have been satisfactorily addressed by the medical counselor in a language of that I/We can understand.

I understand and agree to all the above information. my signature indicates that I have read the above information.

Dr. Anita yadav

Name of Counselor:

[Signature]

Signature of Counselor:

Date: 17/6/22 Time : _____

Gunavathi shetty

Name of Patient / Next of Kin:

Sign of Patient / Next of Kin

Date: 17/6/22 Time : _____

3



AHK/QA/FORM/DIET/01/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

NUTRITIONAL ASSESSMENT FORM

PATIENT NAME: Gurmandi's UHID/ IPD NO: 0282

AGE/SEX: 65 F DATE: 17/6/22 HEIGHT (CMS): _____ Weight (KGS): _____ BMI: _____

CASE / DIAGNOSIS: lt. Fibula #

for ORIF & plating

CO-MORBIDITIES: DM: - HTN: 4 THYROID: - CKD: -

OTHERS: -

H/o complaints : Nausea : - Vomiting : - Constipation : -

Diarrhoea : - Difficulty in swallowing or chewing food: - Mucositis: -

Social / Diet History:

1) Appetite: Good / Fair / Poor Fair

2) Food Allergy: No

3) Smoker: Yes / No No

4) Alcohol: Yes / No No

5) Are you physically active in most of the days of week: Yes / No No

6) Taking any supplements: - ; Dosage : - ; Duration : -

7) Have you ever been diagnosed with eating disorder? : Yes / No No

If yes, what type? : ☐ Binge Eating; ☐ Anorexia Nervosa; ☐ Bulimia; ☐ Others.

8) Food Preference: a) ☒ Home food ☐ outside food

b) ☐ Veg; ☒ Non-Veg; ☐ Jain; ☐ Eggitarian

9) RT Feeds: No

Diet Prescribed: Salt Restricted diet

Miyali D.
Consulting Dietician



AHK/QA/FORM/DIET/01/MAR22/V1

APEX HOSPITALS KANDIVALI

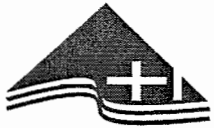
Where Healing & Care Comes Naturally

6274.7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

18/6/20 - NBM for Ex



AHK/QA/FORM/NUR/09/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000
CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

ANTIBIOTICS & I. V. DRUGS

Name	Mrs. Gunavathi Shetty		Age	65 yrs	Years	Gender	M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	150000282		IPD NO	AHK 22-23/3		Ward/Bed	ward-1182
Doctor's Name	Dr. Amit Murde		DOA	17/06/2022			
DATE OF ADMINISTRATION	17/6/22	18/6	19/06/22				
DRUG	Inj MAENEX 2pm	9 AM	(100 mg)			stop	
DOSE	(1.5 gm) FORTE	casualty					
ROUTE	IV						
FREQUENCY	1/0/1						
START DATE	17/6/22	12 PM	9 PM	10 PM	Disch	stop	
DRUG	Inj PAN 2pm	6 AM	6 PM				
DOSE	40 mg	casualty	PEANUT	PEANUT			
ROUTE	IV						
FREQUENCY	1/0/1	12 PM	6 PM	6 PM			
START DATE		17/6/22	18/6	19/6	Disch		
DRUG	Inj Emset 2pm	6 AM	6 AM				
DOSE	4 mg	casualty	PEANUT	PEANUT			
ROUTE	IV						
FREQUENCY	1/0/1	12 PM	6 PM	6 PM			
START DATE	17/6/22	17/6/22	18/6	19/6			
DRUG	T. CHYMORAL		9 AM	9 AM			
DOSE	FORTE		NBM	Swiss			
ROUTE	ORAL						
FREQUENCY	2/2/2	12 PM	2 PM	2 PM			
START DATE	17/6/22	17/6/22	18/6	19/6			
DRUG	Inj T.T						
DOSE	0.5 gm	17/6/22					
ROUTE	IM	given @ 2100 PM					
FREQUENCY	stat						
START DATE	18/6/2022						
SIGNATURE OF DOCTOR							



AHK/QA/FORM/NUR/09/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

ANTIBIOTICS & I. V. DRUGS

Name	Ganavathy Shetty			Age	65 yr	Years	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
UHID NO	150000 282			IPD NO	AHK 22-233		Ward / Bed	1182
Doctor's Name	Dr. Amit Mundt			DOA	17/6/22			
DATE OF ADMINISTRATION	17/6/22	18/6/22	19/6/22					
DRUG:	Supacel		6 AM					
DOSE:	(1.5 mg)	6 pm	PEL					
ROUTE:	T.V.	Ankita						
FREQUENCY:	BD		6 pm					
START DATE:			Ankita					
DRUG:	Amikacin 500	3.4 pm	6 AM					
DOSE:	1-0-1.500	Ankita	PEL					
ROUTE:	T.V.							
FREQUENCY:	1-0-1		6 pm					
START DATE:	18/6/22		Ankita					
DRUG:	Tramadol	at 2.30 pm						
DOSE:	40 mg	100 + 100	Ankita					
ROUTE:	I.V.							
FREQUENCY:	SOS							
START DATE:								
DRUG:	NS	5.30 pm	stet					
DOSE:	500 ml	60 ml/hr	Continu					
ROUTE:	@ 60 ml/hr	Ankita						
FREQUENCY:								
START DATE:	18/6/22							
DRUG:	T. ZERODOL SP.	11.30 pm	9 AM					
DOSE:	1-0-1	Pranab	Quin					
ROUTE:	ORAL							
FREQUENCY:	BD		9 pm					
START DATE:								
SIGNATURE OF DOCTOR:								



AHK/QA/FORM/NUR/09/MAR22/V1
APEX HOSPITALS KANDIVALI
Where Healing & Care Comes Naturally

6274 7000
CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

ANTIBIOTICS & I. V. DRUGS

Name	mes. Gunavathi shetty		Age	65 yrs	Years	Gender	M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	150000282		IPD NO	AHK 22-23/3		Ward / Bed	ward / 1182
Doctor's Name	Dr. Amit munde		DOA	17/06/2022			
DATE OF ADMINISTRATION	18/6/22	19/6/22					
DRUG	T. PRACINIC PIV		10-30pm	9 AM			
DOSE	1001		Prunch	Prunch			
ROUTE	ORAL						
FREQUENCY	BD.			9 PM			
START DATE	18/6/22			1st Dose			
DRUG	D. D. 601C 1/101C						
DOSE	0-1 X 12wks.		10-30pm				
ROUTE	ORAL		Saturday				
FREQUENCY							
START DATE	18/6/22						
DRUG	T. SHEL CAL JONAS						
DOSE	0-10		Prunch				
ROUTE	ORAL		10-30pm	2 PM			
FREQUENCY	0-1-0			Autoclave			
START DATE	18/6/22						
DRUG							
DOSE							
ROUTE							
FREQUENCY							
START DATE							
DRUG							
DOSE							
ROUTE							
FREQUENCY							
START DATE							
SIGNATURE OF DOCTOR							

17/6/22

38

58

AHK/QA/FORM/NUR/07/MAR22/V1

**APEX HOSPITALS KANDIVALI***Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VITALS INTAKE & OUTPUT CHART

Name Mrs. Gunavathi Shetty Age 65 Years Gender : M ☐ F ☒
 UHID NO 150000282 IPD NO AHK/22-23/3 Ward / Bed ward/1182
 Doctor's Name : Dr. Amit munde DOA 17/06/22

Time	Vital Sign					INTAKE IN ML.		OUTPUT IN ML.		Nurses Sign
	Temp	Pulse	Resp	Bp	SPO2	IV	ORAL	URINE	OTHER	
8 a.m.										
9 a.m.										
10 a.m.										
11 a.m.										
12 noon										
1 p.m.										
2 p.m.	pt's on admission on 17/6/2022 at 3 p.m.									
3 p.m.	98°F	74/m	22	140/80	96%		sandwich + H2O 100ml	200ml		
4 p.m.										
5 p.m.	98°F	82/min	22	110/60mmHg	98%		H2O 100ml			
6 p.m.										
7 p.m.	98°F	82/m	22	130/70	97%			200ml		
8 p.m.										
9 p.m.	98°F	82/m	24/m	130/80mmHg	99%		dinner + H2O 100ml			Amit
10 p.m.							200ml			
11 p.m.	98°F	84/m	24/m	120/80mmHg	98%			100ml		
12 p.m.										
1 a.m.	98°F	80/m	20/m	130/80mmHg			H2O 50ml			
2 a.m.										
3 a.m.	98°F	80/m	20/m	120/80mmHg						
4 a.m.										
5 a.m.	98°F	82/m	24/m	120/80mmHg			tea + biscuits 100ml	100ml		prya
6 a.m.										
7 a.m.	98°F	86/m	24/m	110/70mmHg			650	700		
TOTAL										

II - 650

NURSES NAME : prya vane 0 - 700.SIGNATURE : prya
DATE : 17/6/22



AHK/QA/FORM/NUR/07/MAR22/V1
APEX HOSPITALS KANDIVALI
 Where Healing & Care Comes Naturally

6274 7000
 CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VITALS INTAKE & OUTPUT CHART

Name Mrs. Gunvanti Shetty Age 65 Years Gender : M ☐ F ☒
 UHID NO 0282 IPD NO Ward / Bed Ward 1 1182
 Doctor's Name : Dr. Amit Munde DOA 18/06/2022

Time	Vital Sign					INTAKE IN ML.		OUTPUT IN ML.		Nurses Sign
	Temp	Pulse	Resp	Bp	SPO2	IV	ORAL	URINE	OTHER	
8 a.m.										
9 a.m.	97°F	88	22	180/80	98%	inj magnox forte 100ml	100ml	100ml		
10 a.m.										
11 a.m.	Pt shifted to OT @ 11:00 am							200ml		
12 noon										
1 p.m.										
2 p.m.	Pt came from OT @ 2:00 PM									
3 p.m.	96°F	62/m	22	140/80	97%	RL 300ml	-/-	not		SH Ankit
4 p.m.	96°F	80/m	20/m	134/76	98%	RL	-/-	passed		
5 p.m.	97°F	72/m	20/m	131/76	98%	Trombolase 100ml NS				
6 p.m.	98°F	88/m	20/m	138/72	98%	NS 500ml	H2O 30ml			
7 p.m.						For Supacef	H2O 50ml			
8 p.m.	98°F	90/m	20/m	150/82	98%	100ml	Soup			
9 p.m.							200ml			
10 p.m.	98°F	91/m	22/m	150/87	99%		Dinner H2O 300ml	350ml		
11 p.m.										
12 p.m.	98°F	90/m	20/m	146/77	98%					SH Pooja
1 a.m.										
2 a.m.	98°F	90/m	18/m	140/80	97%					
3 a.m.										
4 a.m.	98°F	90/m	18/m	145/77	98%					
5 a.m.										
6 a.m.	98°F	90/m	20/m	140/78	98%	IN. Supacef 100ml		400ml		
7 a.m.										
TOTAL						1780		1050		

NURSES NAME : I=1780
 SH Pooja Varave O=1050

SIGNATURE : Pooja
 DATE : 18/6/22

19/6/22 (2)

60



AHK/QA/FORM/NUR/07/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

VITALS INTAKE & OUTPUT CHART

Name Mrs. Gunvanti Shetty Age 65 Years Gender : M ☐ F ☒
 UHID NO 0282 IPD NO AHK/22-23/18 Ward / Bed Ward / 118
 Doctor's Name : Dr. Amit Munday DOA 17/06/2022

Time	Vital Sign					INTAKE IN ML.		OUTPUT IN ML.		Nurses Sign
	Temp	Pulse	Resp	Bp	SPO2	IV	ORAL	URINE	OTHER	
8 a.m.								200ml		
9 a.m.	97°F	88/m	22	120/70	99%		BF 200ml H2O 50ml			
10 a.m.										
11 a.m.	97°F	88/m	22	120/60	99%		H2O 100ml			
12 noon								350ml		
1 p.m.	98°F	80/m	22	110/70	98%		H2O 200ml			
2 p.m.							H2O 100ml			
3 p.m.	98°F	89/m	20	110/70	99%			200ml		
4 p.m.							Tear 50ml H2O 100ml			
5 p.m.	98°F	86/m	20	110/80	98%			300ml		
6 p.m.										
7 p.m.										
8 p.m.	98°F	80/m	20	120/70	97%		H2O 100ml			
9 p.m.										
10 p.m.										
11 p.m.										
12 p.m.										
1 a.m.										
2 a.m.										
3 a.m.										
4 a.m.										
5 a.m.										
6 a.m.										
7 a.m.										
TOTAL										

NURSES NAME :

G11 priya Vasave.

SIGNATURE : pry

DATE : 19/6/22.



AHK/QA/FORM/FO/03/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

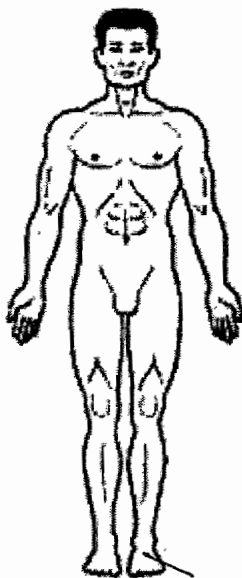
CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

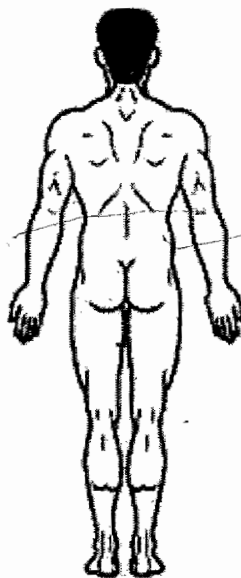
INJURY SHEETName of Patient: Mrs. Gunavathi Shetty Age/Gender: 65 / femaleUHID No.: 150000282 IPD No. AHK/22-23/3 Brought by: _____

S. No.	Type of injury	Site of injury	Size of injury	Nature of injury	Nature of inflicting weapon	Duration of injury	Remarks

FRONT



BACK

LEFT HAND THUMB
IMPRESSION

LEFT



RIGHT



Swelling

Date : 17/06/22Time : 3:05 PMAbhinav

Daughter

Name and Signature of CMO

63



AHK/QA/FORM/CONSENT/02/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

AMBULANCE TRANSFER CONSENT FORMDate 17/6/22Name of patient Gunavathi Shetty Age 64 Gender F UHID No. _____

Left lateral malleolus I/ We have been told by the doctor's, that the condition of our patient is suffering from consequences for transfer from Apex Hospital to Unity in details.

I/ We consent to transferring the purpose of transfer there being no alternative to the same, and the medical risks possible during the transfer.

I/ We consent to transferring the patient in an ambulance. I/ We also agree to co-operate fully with the doctor and to follow to the best of my/our patient's ability his / her instructions and recommendations about my / our patient's present condition.

The content of the form have been explained to me /us in my / own language and I / We have understood it fully.

By my / our signature on this form I / We reconfirm :

*That I / We authorize and consent to transferring myself / our patient by Ambulance.

*That I / We have read and understood the information provided by the doctors.

*That I / We have had a chance to ask question and I / We have received the answers to my / our satisfaction.

*I declare that I am more than 18 years of age.

*That I / We have signed this consent to transfer voluntarily out of my / our free will without any pressure and in my / our full senses, after realizing the consequences of the same.

Consent for transit for the purpose of 2D Echo. We the relatives of Mr/Mrs./Master Gunavathi Shetty Age 64 UHID No. _____ admitted with C/O Left lateral malleolus have been explained the need of

1. USG/Doppler.

2. CT Scan /MR Diffusion/MRA with MRI brain.

3. Public transport is risk and not recommended.

4. Any other specify _____.

Any complication of transfer by any mode will be our will only.

Any complication from hospital to center, in scan center and on the way back upto the ICU is totally on our responsibility and we shall not hold any hospital personnel responsible for the same.

PatientName GunavathiSignature [Signature]Date / Time : 17/6/22 at 7:30

Address/Tel.No. : _____

RelativeName Sudhishna Shetty

Signature _____

Date / Time : _____

Address/Tel.No. : _____

DoctorName [Signature]Signature [Signature]

Date / Time : _____

Address/Tel.No. : _____

Relation: Daughter



Where Healing & Care Comes Naturally

APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS
FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.

email: info@apexhospitals.in | www.apexgroupofhospitals.com

visit website
googlemap



Tele.:

022-62747000 (100 Lines)

64
S/O Dr. Amit Munde

17/6/2022

Mrs. Gunavati Shetty

64 yrs/F

h/o: fall at home yest. morning

s/o: Pain
Swelling } ⊕ ⊗ Ankle

Xray s/o: # ⊗ Lt. Malleolus

↳ Displaced

Sx → ORIF & Plating

Posted for tomorrow (18/6/2022)

- Admit ↓ my care

- CBC, BSL \xrightarrow{f} PP
 - HbA1C
 - HIV, HBs Ag, HCV
 - RFT, LET
 - Lipid Profile
 - Thyroid Profile
 - BT/CT, PT/INR
-

- ECG
 - CXR-PA
 - X-ray ② Ankle - Lat View
 - 2D Echo
-

- Physician fitness
- Anaesthesia fitness



Where Healing & Care Comes Naturally

APEX HOSPITALS KANDIVALI

A Superspeciality Hospital

CASHLESS
FACILITY

Akurli Road, Next to Lodha Woods, Lokhandwala Township,
Near Mahindra Gate No. 4, Kandivali (E), Mumbai 400101.
email: info@apexhospitals.in | www.apexgroupofhospitals.com



visit website
googlemap

Tele.:

022-62747000 (100 Lines)

Mrs. GUNAVATI SHETTY

B - Ij. TT 0.5 ml IM Stt 1.50 pm

① Ij. Magnex forte 1.5 gm IV BD 2 pm

② Ij. Pan 40 mg IV BD 2 pm

③ Ij. Enset 4 mg IV BD 2 pm

④ T. Chymoral forte

1 - 1 - 1

- Strict limb elevation once
'2' pillows.

[Signature]



AHK/QA/FORM/FO/03/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

DAILY BILLING CHART

Name	<u>Gunawati Shetty</u>	Age	<u>64</u>	Years	Gender : M <input type="checkbox"/> F <input checked="" type="checkbox"/>
UHID NO	<u>282</u>	IPD NO	<u>17/6/22</u>	Ward / Bed	<u>1st</u>
Doctor's Name :				DOA	<u>17/06/22</u>
No.	PARTICULARS	17/6/22	18/6/22	19/6/22	
A	COMMON CHARGES				
1	ROOM	✓✓	✓✓	✓✓	
2	NURSING	✓✓	✓✓	✓✓	
3	IV	✓✓	✓✓	✓✓	
4	RMO / INTENSIVIST	✓✓	✓✓	✓✓	
5	O2 / SpO2	✓✓	✓✓	✓✓	
6	BLOOD TRANSFUSION				
7	NEBULIZATION				
	AIR BED / WATER BED				
9	DRESSING			✓✓	
10	TRACTION				
11	SUTURING				
12	STEAM				
13	SYRING PUMP				
14	MONITOR		✓✓	✓✓	
15	CHEMOTHERAPY				
B	ICU HEAD CHARGES				
1	MONITOR				
2	VENTILATOR CHARGES				
3	VENTILATOR FILTER				
4	BIPAP / CPAP				
5	O2 / SP02	✓✓	✓✓	✓✓	
6	TEMPORARY PACEMAKER				
7	DIALYSIS CHARGES				
8	IABP CHARGES				
9	HOLTER MONITOR CHARGES				
10	SYRING PUMP				
C	PROCEDURES				
1	RYLES TUBE INSERTION				
2	CATHETERIZATION				
3	INTUBATION				
4	CENTRAL LINE INSERTION				
5	TAPPING (ASCITIC/PLEURAL)				
6	THROMBOLYSIS				
7	DIALYSIS CATHETER INSERTION				
8	BONE MARROW BIOPSY				
	BED MAKING / SPONGING	✓✓	✓✓	✓✓	
	STAFF SIGN I	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	



68

AHK/QA/FORM/FO/03/MAR22/V1

APEX HOSPITALS KANDIVALI

Where Healing & Care Comes Naturally

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

No.	PARTICULARS	17/06/22	18/06/22	19/06/22			
D	INVESTIGATIONS						
1	BLOOD SUGAR (HGT)	✓	✓	✓			
2	ECG (R/E)	✓	✓	✓			
3	X-Ray - DEPT / PORTABLE (R/E)	CXR-PA @ Ankle Appliat	X-RAY @ Ankle Appliat				
4	2-D Echo - DEPT / PORTABLE (R/E)	✓					
5	USG - DEPT / PORTABLE (R/E)						
6	PATHOLOGY (R/E)	✓					
7	CT SCAN / MRI						
E.	CONSULTANTS						
1	FIRST (UNDER CARE OF (R/E) Dr. Amit Munde		✓	✓			
2	SECOND (R/E) (Dr. Nadeem N)	1 st Visit ✓					
3	THIRD (R/E)						
4	FOURTH (R/E)						
5	PHYSIOTHERAPY						
6	DIETICIAN						
F	OT HEAD CHARGES ✓	11.30 AM TO 1.45 PM					
1	OTCHARGES	Supra Major OT					
2	ANESTHESIA	→ SAs					
3	ANESTHESIST	- Dr. Parag Darnel (Rs 5000)					
4	OPERATION CHARGES (R/E) SURGEON	(L) Fibula Plating					
5	ASSISTANT-FIRST						
6	ASSISTANT-SECOND						
7	C-ARM ✓	11.30 AM TO 1.45 PM					
8	O2/N2O						
9	MONITOR ✓	11.30 AM TO 1.45 PM					
10	VENTILATOR						
11	IMPLANT	SYS Company					
G.	MEDICINES						
		Patient Shifted OT to Ward 1.50pm					
H	OTHER CHARGES						
I	SPECIAL INVESTIGATIONS						



AHK/QA/FORM/FO/05/MAR22/V1

APEX HOSPITALS KANDIVALI*Where Healing & Care Comes Naturally*

6274 7000

CASHLESS FACILITY

Akurli Road, Next to Lodha Woods & Mahindra Gate No.4, Lokhandwala Township, Kandivali (E), Mumbai - 400 101.

PATIENT'S FEEDBACKUHID NO.: 150000282 IPD NO.: 22-2313 Date: 19/6/22

Dear Sir / Madam,

Please feel free to share your experience at our hospital as we believe that your opinion can help us to improve. You may kindly hand over the feedback form to the nursing station / suggestion box.

Thank You

PATIENT DETAILS : Name (Not Mandatory) : Gunavathi ShettyDate of Admission : 16/6/2022 Date of Discharge : 18/6/2022 Contact No. 9738664357

Who has directed you to us? (Please Specify Names)

☐ Family Doctor ☐ Hospital Employee ☐ Empanelled Corporate / TPA ☐ Govt. Schemes ☐ Apex Health CardReference : ☐ Friend ☐ Relative ☐ Website ☐ Banner ☐ Camp ☐ Just Dial ☐ News Paper (if yes)Name : Sudhisna Shetty Apex Health Card : Yes / No**Excellent** **10** **9** **8** **7** **6** **5** **4** **3** **2** **1** **Poor**

Sr. No.	10 - Excellent to 1 - Poor		Rating
1.	RECEPTION : Best Staff :	Courtesy and Politeness Enquiry	<u>10</u>
2.	ADMISSION PROCESS : Best Staff :	Convenience of the admission process Courtesy and helpfulness exhibited by the admission desk	<u>10</u>
3.	CORPORATE / TPA DEPARTMENT : Best Staff :	Counseling Courtesy and helpfulness exhibited by the TPA staff	<u>10</u>
4.	ADMIN : Best Staff :	Daily Rounds & Courtesy and Politeness Did you get adequate information about Health Card YES/NO	<u>10</u>
5.	TREATING CONSULTANT :	Clarity in explaining treatment and condition Care and Attention Waiting time for consultation	<u>10</u>
6.	NURSING CARE ICU / WARD : Staff Name :	Promptness of nursing care Communication by nurses Courtesy and helpfulness	<u>10</u>
7.	ICU / WARD DOCTORS :	Clarity in explaining treatment and condition Care and attention Courtesy and Politeness	<u>10</u>
8.	DIETARY SERVICES :	Quality of Food & Promptness of Services	<u>9</u>
9.	HOUSEKEEPING :	Cleanliness of the rooms and toilet Courtesy and helpfulness	<u>10</u>
10.	QUALITY OF SERVICES :	Pharmacy Laboratory Radiology	<u>9</u>
11.	BILLING DEPARTMENT : Prompt and adequate information about your billing. Name :	Courtesy and helpfulness exhibited by the staff	<u>10</u>
12.	DISCHARGE PROCESS :	Time taken to complete the billing formalities Convenient of the discharge process	<u>10</u>
13.	What do you find good In this hospital? <u>The staff is helpful</u> What do you find not good in this hospital? _____ Would you recommend our hospital to others <input checked="" type="checkbox"/> YES / NO SUGGESTIONS (For us Improvement) _____	

Signature