

**Investigations Advised**

CBC, LFT, RFT, ECG, ABG, Urine RM,  
CXR, Blood Culture, Dengue NSI, IgM, MP,  
RMA

**Plan of Care**

Medical Management.

**Diet Instructions:**

Diabetic salt restricted diet

**Early Discharge Planning**

		Special support needed at home	
Special support needed at home	Yes	<input checked="" type="radio"/> No	If Yes, PFE done
Home equipment anticipated	Yes	<input checked="" type="radio"/> No	If Yes, PFE done and equipment advised
Physiotherapy at home anticipated	Yes	<input checked="" type="radio"/> No	If Yes, educated on physical limitations, if any
Wound care needs anticipated at home	Yes	<input checked="" type="radio"/> No	If Yes, educated on signs on infection
Pain management	Yes	<input checked="" type="radio"/> No	If Yes, PFE done and medication advised
Special dietary needs	Yes	<input checked="" type="radio"/> No	If Yes, educated on dietary restrictions, food drug interactions and allergies
Continuous / ongoing care anticipated	Yes	<input checked="" type="radio"/> No	If Yes, educated on various aspects of ongoing care required
Other special education needs i.e. _____	Yes	<input checked="" type="radio"/> No	If Yes, PFE done
Nature of post hospital needs like patient safety, infection control fall risk etc addressed	Yes	<input checked="" type="radio"/> No	If Yes, specific education given

**Nutritional Advice**

Diabetic salt restricted diet

**Specific Instructions**

Resident Doctor Name Dr. Monty Emp ID D1687 Signature [Signature] Date 3/10/24 Time 2pm

Consultant Name Dr. K. Karmahar Signature [Signature] Date 4/10/24 Time 12pm

Name of Patient / Attendant S. M. Lokkharde Relationship Son Signature [Signature]