



Inter Disciplinary Team Rounds (IDTR) Checklist

Please Tick : <input checked="" type="checkbox"/> if yes, <input type="checkbox"/> if No,		NA	if Not applicable	
	Date : <u>30/10</u>	Time :	Date : <u>10/11/24</u>	Time :
Checklist	Day	Action/Remarks	Day	Action / Remarks
MEDICAL				
Daily Consultant Visit	✓	/	✓	/
Plan of care discussed	✓	/	✓	/
Discharge Planning	✗	✓	✗	/
Others if any (Specific concern)	✗	/	✗	/
NURSING				
Safety Precautions ensured	✓	/	✓	/
Care of Lines and Tubes	✓	/	✓	/
Infection Control measures	✓	/	✓	/
Skin Care	/	/	/	/
Response to assistance	/	/	/	/
Others if any	(Contact you)		/	/
DIETICIAN				
Diet Adequate	<u>NRBm</u>	<u>Rehab</u>	<u>RT Food</u>	/
Special Request	✓	/	/	/
PHYSIOTHERAPIST				
Available for assistance for activities of daily living	✓	<u>Rehab</u>	/	
Others if any	✓	/	/	/
PATIENT CARE SERVICES				
Room cleaning satisfactory	✓	<u>Cleaned</u>	✓	<u>Cleaned</u>
Room Amenities adequate	✓	<u>Adequate</u>	✓	<u>Adequate</u>
Billing update available	NA	/	NA	/
Non- Availability of any device	✗	/	✗	/
Spiritual Needs (if yes specify)	✗	/	✗	/
Others if any	/			
NON CLINICAL ISSUE				

Inter Disciplinary Team Members

	Signature	Name	Signature	Name
Doctor	<u>PF</u>	Dr. Darpan	<u>PF</u>	Dr. Darpan
Nursing Staff	<u>JK</u>	Jk	<u>JK</u>	Jk
Dietician	<u>Asmita</u>	Asmita	<u>Asmita</u>	Asmita
Physiotherapist	<u>Dr. Agnes R.</u>	Dr. Agnes R.		
Nurse Manager	<u>Manjula</u>	Manjula	<u>Manjula</u>	Manjula