



MGM
NEW BOMBAY HOSPITAL, VASHI



Organization Accredited by
Joint Commission International
JCI ACCREDITED

Patient Sticker

Inter Disciplinary Team Rounds (IDTR) Checklist

| Please Tick : <input checked="" type="checkbox"/> if yes, <input type="checkbox"/> if No, | | NA | if Not applicable | |
|---|-----------|----------------|-------------------|------------------|
| Checklist | Date : | Time : | Date : | Time : |
| MEDICAL | Day _____ | Action/Remarks | Day _____ | Action / Remarks |
| 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 | | | | |
| DIETICIAN | | | | |
| Diet Adequate | | | | |
| Special Request | | | | |
| PHYSIOTHERAPIST | | | | |
| Available for assistance for activities of daily living | | | | |
| Others if any | | | | |
| PATIENT CARE SERVICES | | | | |
| Room cleaning satisfactory | | | | |
| Room Amenities adequate | | | | |
| Billing update available | | | | |
| 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 | | | | |
| Nursing Staff | | | | |
| Dietician | | | | |
| Physiotherapist | | | | |
| Nurse Manager | | | | |