

Investigations Advised

- Urine Cx.

CBC, LFT, RFT, PT/INR, PCH, ABG, Urine R/M,
 Viral marker, 2D B/U, Chest X-ray, blood clt,
 Urine blood group - USG (A+B), X-ray abdomen

Plan of Care

- Monitor vital

- Selective intubation followed by,
 Surgical intervention.- Tube labe, NBM, ~~SA~~ continue LV bleed.**Diet Instructions:**

NBM

Early Discharge Planning

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

Nutritional Advice**Specific Instructions**

Resident Doctor Name Dr. Subhankar Emp ID 1192 Signature [Signature] Date 5/10/24 Time 1:40 PM

Consultant Name Dr. Prashant Achale Signature [Signature] Date 5/10/24 Time 3 PM

Name of Patient / Attendant [Signature] Relationship Daughter Signature [Signature]

Pournima Kishan Taware