



MGM
NEW BOMBAY HOSPITAL, VASHI



Organization Accredited by
Joint Commission International
JCI ACCREDITED



MR KIRAN BHAGWAN TAWARE

UHID : MGM240017131 IPD : MGMIP2406720

Age/Sex : 56 Years / M POA : 05/10/2024

BED : SW-518 WARD : MWU

DR : DR. PRASHANT ATHALE

Inter Disciplinary Team Rounds (IDTR) Checklist

Please Tick : ☒ if yes,

☐ if No,

NA if Not applicable

	Date: 11/11/24	Time: 11	Date: 11/11/24	Time: 6 Am
Checklist	Day	Action/Remarks	Day	Action / Remarks
MEDICAL				
Daily Consultant Visit	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Plan of care discussed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Discharge Planning	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Others if any (Specific concern)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
NURSING				
Safety Precautions ensured	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Care of Lines and Tubes	<input checked="" type="checkbox"/>	Penicillin, Foley, vac	<input checked="" type="checkbox"/>	
Infection Control measures	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Skin Care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Response to assistance				
Others if any				
DIETICIAN				
Diet Adequate	RT feed	-	RT feed	-
Special Request	-	-	-	-
PHYSIOTHERAPIST				
Available for assistance for activities of daily living	<input checked="" type="checkbox"/>	Rehab	<input checked="" type="checkbox"/>	Rehab
Others if any	<input checked="" type="checkbox"/>	-	<input checked="" type="checkbox"/>	-
PATIENT CARE SERVICES				
Room cleaning satisfactory	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Room Amenities adequate	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Billing update available	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Non- Availability of any device	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Spiritual Needs (if yes specify)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Others if any	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
NON CLINICAL ISSUE				

Inter Disciplinary Team Members

	Signature	Name	Signature	Name
Doctor		Dr Datta		Dr Datta
Nursing Staff		Nilajan		Nilajan
Dietician		Ankita		Ankita
Physiotherapist		Dr Anand		Dr Anand
Nurse Manager				