



### Inter Disciplinary Team Rounds (IDTR) Checklist

Please Tick :  if yes,  if No,  NA if Not applicable

Date : 10/10 Time : Date : 10/10 Time : 9.

Checklist	Day	Action/Remarks	Day	Action / Remarks
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#### MEDICAL

Daily Consultant Visit	✓		/	✓
Plan of care discussed	✓	/	/	/
Discharge Planning	✓	/	-	/
Others if any ( Specific concern)	Nil	✓	Nil	Nil

#### NURSING

Safety Precautions ensured	✓		✓	
Care of Lines and Tubes	✓	C, A, ET, F.	✓	C, A, E, F.
Infection Control measures	✓		✓	
Skin Care	✓		-	
Response to assistance	✓		-	
Others if any	—		-	

#### DIETICIAN

Diet Adequate	WBM	-	NBA	-
Special Request	—	-		

#### PHYSIOTHERAPIST

Available for assistance for activities of daily living	✓	check	✓	check
Others if any	—		✓	—

#### PATIENT CARE SERVICES

Room cleaning satisfactory	✓	yes	✓	yes
Room Amenities adequate	✓	—	—	—
Billing update available	✓	—	—	—
Non- Availability of any device	—	—	—	—
Spiritual Needs (if yes specify)	✓	—	—	—
Others if any	—	—	—	—

#### NON CLINICAL ISSUE

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### Inter Disciplinary Team Members

	Signature	Name	Signature	Name
Doctor	Dr. Kiran	Kiran	Dr. Sangat	Sangat
Nursing Staff	Rey	Niyati	Rey	Anju
Dietician	Dr.	Dr.	Rey	Rey
Physiotherapist	Rey	Rey	Rey	Rey
Nurse Manager	Rey	Rey	Rey	Rey