



Inter Disciplinary Team Rounds (IDTR) Checklist				
Please Tick : <input checked="" type="checkbox"/> if yes, <input type="checkbox"/> if No, <input type="checkbox"/> NA if Not applicable	Date : 16/10/24	Time : 9	Date : 16/10	Time : 9
<b>CHECKLIST</b>	Day _____	Action/Remarks	Day _____	Action / Remarks
<b>MEDICAL</b>				
Daily Consultant Visit	/	/	/	/
Plan of care discussed	/	/	/	/
Discharge Planning	/	/	/	/
Others if any ( Specific concern)	m	v	NIC	m
<b>NURSING</b>				
Safety Precautions ensured	yes	✓	✓	/
Care of Lines and Tubes	Pradeep Folter	✓	/	/
Infection Control measures	yes	✓	/	/
Skin Care	yes	skin peel on sonata	/	✓
Response to assistance	NG	x	/	✓
Others if any	ND	x	✓	✓
<b>DIETICIAN</b>				
Diet Adequate	RT Feed		RT feed	RT feed
Special Request			✓	/
<b>PHYSIOTHERAPIST</b>				
Available for assistance for activities of daily living	16/10/24	9:15 a	✓	Rehab
Others if any	Rehabilitation		✓	/
<b>PATIENT CARE SERVICES</b>				
Room cleaning satisfactory	✓	yes	✓	yes
Room Amenities adequate	/	/	/	/
Billing update available	/	/	/	/
Non- Availability of any device	/	/	/	/
Spiritual Needs (if yes specify)	/	/	/	/
Others if any	/	/	/	/
<b>NON CLINICAL ISSUE</b>				

Inter Disciplinary Team Members				
	Signature	Name	Signature	Name
Doctor				
Nursing Staff	ewh/3st			
Dietician	Gayatri/A1329	Gayatri		
Physiotherapist	Dr. Laxmi	Dr. Laxmi	Dr. Dr. S. S.	Dr. Anil
Nurse Manager				