



Inter Disciplinary Team Rounds (IDTR) Checklist

Please Tick : <input checked="" type="checkbox"/> if yes, <input type="checkbox"/> If No,	Date : 18/10	Time : 9	Date : 20/10	Time : 9
Checklist	Day	Action/Remarks	Day	Action / Remarks
MEDICAL				
Daily Consultant Visit	/	/	/	/
Plan of care discussed	/	/	/	/
Discharge Planning	/	/	/	/
Others if any (Specific concern)	/	pw	wtw	ML
NURSING				
Safety Precautions ensured	/	Contact preacti Peripherad	/	contact perel
Care of Lines and Tubes	/	✓	/	/
Infection Control measures	/	✓	/	/
Skin Care	/	Not Infected	/	/
Response to assistance	/	✓	/	/
Others if any	/	✓	/	/
DIETICIAN				
Diet Adequate	Deficient	/	/	/
Special Request	/	/	/	/
PHYSIOTHERAPIST				
Available for assistance for activities of daily living	✓	Rehab	✓	Rehab
Others if any	✓	/	✓	/
PATIENT CARE SERVICES				
Room cleaning satisfactory	✓	y	✓	✓
Room Amenities adequate	/	/	✓	✓
Billing update available	/	/	✓	✓
Non- Availability of any device	/	/	✓	✓
Spiritual Needs (if yes specify)	✓	/	✓	✓
Others if any	✓	/	L.	L.
NON CLINICAL ISSUE				

Inter Disciplinary Team Members

	Signature	Name	Signature	Name
Doctor	l	Shankar	✓	Sanghat
Nursing Staff	Kalita	Kalita	Chile	Chile
Dietician	Pr	Pr	Gurcharan Singh	Gurcharan
Physiotherapist	Om Prakash	Om Prakash	Om Prakash	Om Prakash
Nurse Manager	meenakshi	meenakshi	Om Prakash	Om Prakash