




MGM
NEW BOMBAY HOSPITAL, VASHI





MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / M DOA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR.PRASHANT ATHALE

Inter Disciplinary Team Rounds (IDTR) Checklist				
Please Tick : <input checked="" type="checkbox"/> if yes, <input checked="" type="checkbox"/> if No, <input type="checkbox"/> NA if Not applicable				
	Date : 10/10	Time :	Date : 10/10	Time : 9.00
Checklist	Day : 1	Action/Remarks	Day : 1	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)	Nil		Nil	
NURSING				
Safety Precautions ensured	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Care of Lines and Tubes	<input checked="" type="checkbox"/>	C, A, ET, F.	<input checked="" type="checkbox"/>	C, A, E, T, F
Infection Control measures	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Skin Care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Response to assistance	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Others if any				
DIETICIAN				
Diet Adequate	NBA		NBA	
Special Request				
PHYSIOTHERAPIST				
Available for assistance for activities of daily living	<input checked="" type="checkbox"/>	check	<input checked="" type="checkbox"/>	chest PT limb PT
Others if any				
PATIENT CARE SERVICES				
Room cleaning satisfactory	<input checked="" type="checkbox"/>	yes	<input checked="" type="checkbox"/>	yes
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				
NON CLINICAL ISSUE				

Inter Disciplinary Team Members				
	Signature	Name	Signature	Name
Doctor		Dr. Kiran Bhagwan Taware		Dr. Prashant Athale
Nursing Staff		Nicaya		Nicaya
Dietician		Dr. ...		Dr. ...
Physiotherapist		Dr. ...		Dr. ...
Nurse Manager		Nurse Manager		Nurse Manager