

Investigations Advised

CBC, LFT, RFT, ECG, ABG, Urine, CXR, Blood Culture, D-dyne test, IgM, MP, RMA

Plan of Care

Medical Management.

Diet Instructions: Diabetic salt restricted diet

Early Discharge Planning

		Special support needed at home	
Special support needed at home	Yes	No	If Yes, PFE done
Home equipment anticipated	Yes	No	If Yes, PFE done and equipment advised
Physiotherapy at home anticipated	Yes	No	If Yes, educated on physical limitations, if any
Wound care needs anticipated at home	Yes	No	If Yes, educated on signs on infection
Pain management	Yes	No	If Yes, PFE done and medication advised
Special dietary needs	Yes	No	If Yes, educated on dietary restrictions, food drug interactions and allergies
Continuous / ongoing care anticipated	Yes	No	If Yes, educated on various aspects of ongoing care required
Other special education needs i.e. _____	Yes	No	If Yes, PFE done
Nature of post hospital needs like patient safety, infection control fall risk etc addressed	Yes	No	If Yes, specific education given

Nutritional Advice

Diabetic salt restricted diet

Specific Instructions

Resident Doctor Name Dr. Mutyajy Emp ID D1687 Signature n Date 3/10/24 Time 2 pm

Consultant Name Dr. K. Farsan Signature f.m.f Date 4/10/24 Time 12 pm

Name of Patient / Attendant D. N. Lokurkar Relationship Son Signature NMK