



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
21/11/19	consti:	is having constipation and rectal bleeding on and off. _____	Tincy. F
8:25pm		Admission informed to Dr. Durga. _____	Tincy. F
9:10pm		Handed over to Dr. Rakhi. _____	Tincy. F
9:11pm		Received patient from Dr. Tincy. Rakhi	Rakhi
		Airway, breathing, circulation patient on room air _____	
		Disability, Risk and pain:- Amblyopia, patient at low risk for fall as per JHRAI. Braden score is 22. No pain - Hydration, Nutrition, output patient on clear liquids, self voiding _____	
		Well being and Education:- Educated regarding pre and post operative care _____	
		Focused Assessment:- GI patient complains of rectal bleeding postop for anterior resection Ammonium _____	Rakhi
10:30 pm		proactive comfort wounds taken patient is having regular voiding proactive comfort wounds taken	
21/11/19 12:30 4			



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23/11 2:40pm		Heard gun to s/s archie Handled over fifteen from SN. chairtable	Choules mcd
		At any, breathing, circulation: on boom air cable to maintain saturation within normal limits	mcd
		Disability, Pule & pain: high life for fall as per JHCRAT. B1-22. pain scale: 2. Ineffective due to limited Mobility	mcd
		Hydration, Nutrition, output: On NBM. DUE ONLY @ occlude onflow	mcd
		Will bring & education: educated about the treatment regimen	mcd
		focused assessment: p to surgical site is clean & dry	mcd
2:40pm		proactive wound tension patient is comfortable	mcd
2:40pm		Wound round taken, all of no issue	Sadp 23/11



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23/11		Saturation. Jv is present - and patent	Thuy
		- Disability risk and pain	
		infection. High obs. @ 4 hrs -	
		gone. @	Thuy
		- well being education arranged. in	
		- hydration nutrition output	
		patient & NBM, keys present -	
		monitoring output	Thuy
		- dressing assessment	
		plg anterior resection	
		patient is stable	Thuy
10pm		pro. active rounds taken -	
		night lamp put on	
		side rails kept up	Thuy
12am		Rounds taken patient is stable	Thuy
4am		Rounds taken patient is stable -	
		not have any pain complaints	Thuy
6am		Wells assessed and checked -	
		blue medicine given	Thuy
7am		have our guide to the hotel,	Thuy
7am		> Read over for 1st change	
		Airway, Breathing, Circulation	
		maintaining Sat at	
		room air	Thuy
		> Disability, Risk & Pain	

Thuy
25/11



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
10/10		Handed over taken from SIN Ansal.	med
		* Agency, breathing, circulation: on Jecmscuel able to maintain saturation within normal limits	med
		* Disability, R/L & pain: high rise for fall as per JHAT. vulnerable due to assisted mobility.	
		AS as pain score 2	med
		* Hydration, nutrition, output on clear liquid. foley's catheter is inside	med
		* Well being & collection. collected about the treatment regimen	med
		* perineal assessment: No surgical site is clean, dry	med
4pm		prostate blood taken.	
6pm		Patient is comfortable	med
		urine output is only 125ml after 4:00 clock informed to re. catheter removed	

20/11



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
July		maintaining output	Thuyet
		conscious assessment	
		no surgical site is not having	
		any signs of infection	Thuyet
upm		pro. before rounds taken	
		bed-side rounds taken	
		hairs kept up. night lamp	
		put off	Thuyet
12am		Rounds taken. patient is stable	
		not have any complaints	Thuyet
4am		Rounds taken. patient is	
		stable	Thuyet
8am		infants assessed and charted	Thuyet
1pm		hand over given to Sm Ansal	Thuyet
4pm		→ Round over Sm Sm Thanyon	
		Airway, Breathing, Circulation	
		Maintaining Saturation	
		at room air. postop	
		line post	Ansal
		→ Disability, Pilo & Pain	
		high risk to fall	
		as per JHESI pain	
		Scale 20, B3 23	Ansal
		→ ventilation, hydration, output	
		Self voiding, out Foley	
		post, clear log in.	Jody



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25 July 9' 3pm		<p>responder takes gun to Arsenal away, mentally & physically away is in normal limit. Rt IV patent & patent Dialysis, milk & pain high milk for fall to per mm BS-21 pain scale-2 Vulnerable due to limited mobility.</p> <p>intubation, hydrolysis & antibiotic on CC 40cpm WF R 60cpm on flow. He is in Salin pump pump</p> <p>Pls. But neither do 2x/1/1/1 pneumonia needs take bed light kept low. Side rails made up per safety measure takes</p>	Charles
4pm			Charles
6pm		<p>unleashed & needed. responder gun to SA Dhye Hand over files from SA Charles Bed side rounds taken - no - Artery breathing & circulation - on room air maintaining saturation for w patient</p>	Charles Dhye
9pm		<p>- Disability note and para</p>	Dhye



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
28/11/09		is stable	Ameyal
7-10		hand over for given to the Ameyal	Ameyal
		Revised over from the Dhamy	
		Airway, Breathing, circulation	
		Maintaining Saturation at	
		95% on 2L. central	
		line point	Ameyal
		Disability, Risk of being	
		high risk to fall as	
		per. IMPRO. pain	
		Scale 2/10	Ameyal
		urination, hydration, output	
		good on clear liquid	
		Foley's point	Ameyal
		Well being & Education	
		Educate about personal	
		hygiene	
8-30		proactive rounds taken	
		patient stable and	
		comfortable	Ameyal
9m		All due meds done.	
		Comfort rounds taken	
12pm		patient stable	Ameyal
		patient had food	
1-30pm		All due meds done	Ameyal
3-4pm		Handed over given to	



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
26/11/12	gr	under gun to Sir Dwayne head over taken from SW Charted	Charles
		heel rule sounds taken — Anxiety breathing circulation — on room air maintaining — saturation: self vor Foley — anxiety maintaining output —	Omge 13 Omge 14
		Disability risk and pain — Infect - high - vulnerable due to — to assist mobility — BS - 20 Upr score 20 —	Omge 15
		- Vegetation in nutrition output — on full normal liquid — Self voiding maintain Foley — present. Maintain output —	Omge 16
		- Nursing assessment No surgical site is clean and dry —	Omge 17
upon		Rounds taken. heel rules rails apt up. right lamp - Puff on —	Omge 18
exam		Rounds taken patient is stable. Not have any fresh complaints —	Omge 18
am		Rounds taken patient is stable —	Omge 19
am		Rounds taken vitals assessed and Charted —	Omge 19



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
24/11/12		patient stable and comfortable	
10:30a		> Comfort sand for all de	Shival
		> Comfort hands taken	Shival
12pm		patient stable and comfortable	Shival
		> patient stable and comfortable	Shival
		> patient hand good - Dr. Nagarajan hands taken and used. Remove the central line	Shival
1pm		> All due orders done	Shival
3:17pm		> Handed over g/m to S/N Chitali	Shival
3:26pm		S/N S/N Maria Stoma nurse, cell received from floor nurse. Assessed the patient. Stoma pouch leak present. Stoma ^(examined) Stoma is healthy, functioning well, oval shaped - size 30-35 mm. Sutures dressing soiled - Dr. Radhe changed the dressing. Stoma pouch changed. Explained relatives stoma pouch emptying & change of pouch - all queries resolved	Maria K.



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
20/11/09		Verbal given to S. Akera.	Chenlo
9:30 pm		Handed over taken from Chaitali.	
		Away, Breathing, Circulation.	
		Within limits. Maintaining saturation	
		in room air. Peripherals line present	
		and is patent	
		Disability, pain & air	
		on high flow with as per JAAAT.	
		Hydration, nutrition, output.	
		on soft diet - Soft ^{for} Nostalgia Edgworth	
		Informed Agreement.	
12 am		No Spinal site is clean and dry.	Al
		Positive chest sounds taken. Night	
		lamps are kept on	Al
2 am		Rounds taken. Patient is sleeping.	Al
4 am		Rounds taken. Patient is sleeping.	Al
6 am		Vitals checked & recorded	Al
7:30 am		Handed over to Dr. Ansal	Al
7:45		Handed over from S. Akera	
		Away, Breathing, Circulation	
		Maintaining, saturation, at room	
		air, peripherals line, present: (Ansal)	
		Disability, Risk and pain	
		low high to full as per	
		Intox	Ansal
		Hydration, nutrition, output	



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
28/11		emptying. All queries resolved —	Manick
11:00		All due orders done —	Charles
3:30 PM		Handed over going to S/W Chatty —	Charles
4 PM		harder skin feels on Ansel away, breathing & circulation away is in normal limit. peripheral line present & patent. Discolority, red & pain high red per back on per omni BS. as pain severe. Multisystem hypotension & central. On SD. & rest of it is in full form. Discharge.	Charles
4:30 PM		plan for Discharge. Limb. pressure under saline bed. Right leg low side rails made up. All safety measures taken.	
6 PM		vitals checked & recorded. pt had food —	
8 PM		Referred with a lady admitted to give to a certain & tab done —	Charles
10 PM		pt is sleeping —	

0095/IPD/2009



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
29/11 12 noon		Safely reach scales pt is sleeping	
3 am		Safely reach scales pt is sleeping	Charles
6 am		ambly checked & recorded	
9 am		sponge bath given as per need of the pt	Charles
		medication given to Mr Ansel	Charles
4.30 pm		> David was from S/W chatali	
		Airway, Breathing, Circulation	
		Maintaining Position at	
		Green Lits, perip	Ansel
		> Disability, Risk of Pain	
		Low Risk to fall	
		as per Inset, pain	
		Scale 2/10, B3 23	
		> vision, sensation, output	
		Self voiding, catheter	
		present, output good	
		on full diet	Ansel

NURSES NOTES :

DATE

ADDRESSOC



HH 1726572 ADM 1430705

HARLAKA

SUNIL

56 Y M 13E42

Dr NAGARAJAN GANESH

▲ ALWAYS ADDRESSOGRAPH THIS AREA ▲



DATE/TIME	MEDICATION/TREATMENTS	NURSE OBSERVATIONS	SIGNATURE
29/11		Focused Ant.	
		Surgical Site Clean & dry	
		> Well being & Education	
		Educate about personal hygiene	Amal
8m		> Precautions rounds taken	
		Patient Stable and comfortable	Amal
9m		> All due orders done	
		Vitals checked & recorded - Amal	
		> Patient feels discharge to day with Relief drain and Foley's catheter. Conforms with Dr. Kush.	Amal
10:52am		> SIBSN Maria Stoma nurse. Call received from floor nurse in view of discharge. Assessed the patient. Stoma pouch intact. Stoma pouch changed by relatives. Stoma is healthy, functioning well. Stoma size - 35mm, oval shaped. Mucocutaneous stitches present. Pouch changed. All queries resolved. Discharge advice given by material list	

[illegible]