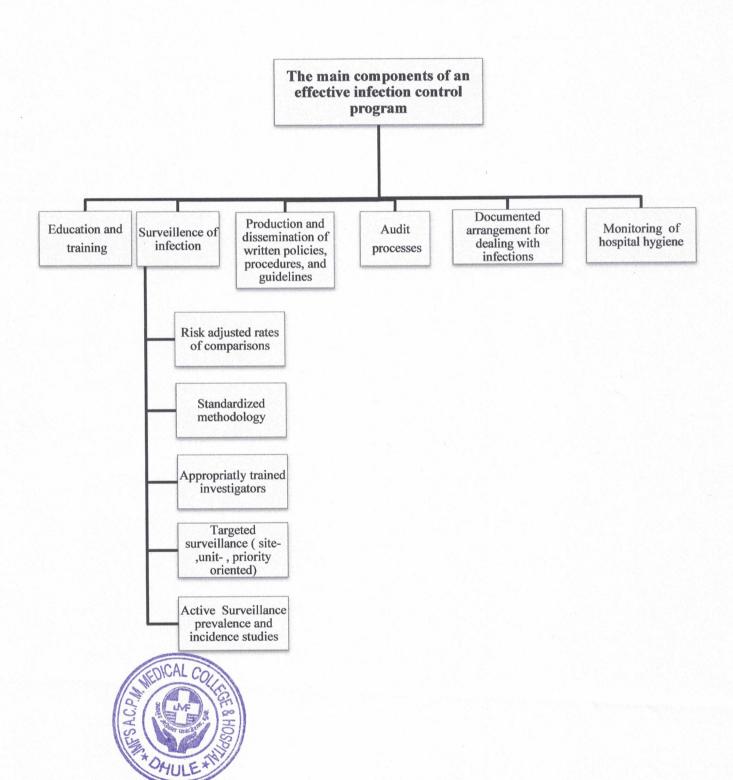
Documents pertaining to quality of care and patient safety practices followed by the teaching hospital

- Email : deanacpm@gmail.com
- o acpmmcdhule@gmail.com
- website: www.jmfacpm.com

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#### **INFECTION CONTROL**





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  - 1) Establish and sustain a safety culture
  - 2) Centralized and coordinated oversight of patient safety
  - 3) Create a commonn sert of safety matrics reflecting meaningful outcomes
  - 4) Increase funding for patient safety research and implementation science
    - 5) Address safety across entire care continuum
      - 6) Support health care workforce
      - 7) Partner with patients and families
    - 8) Ensure technology is safe and optimized to improve patient safety

## Systems approach to patient safety



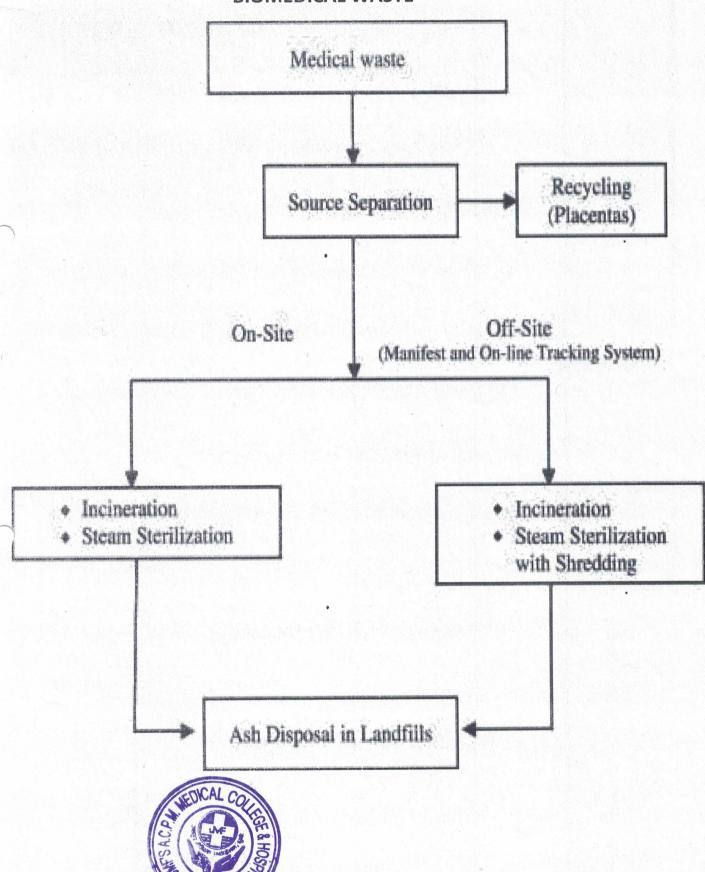


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- website: www.jmfacpm.com

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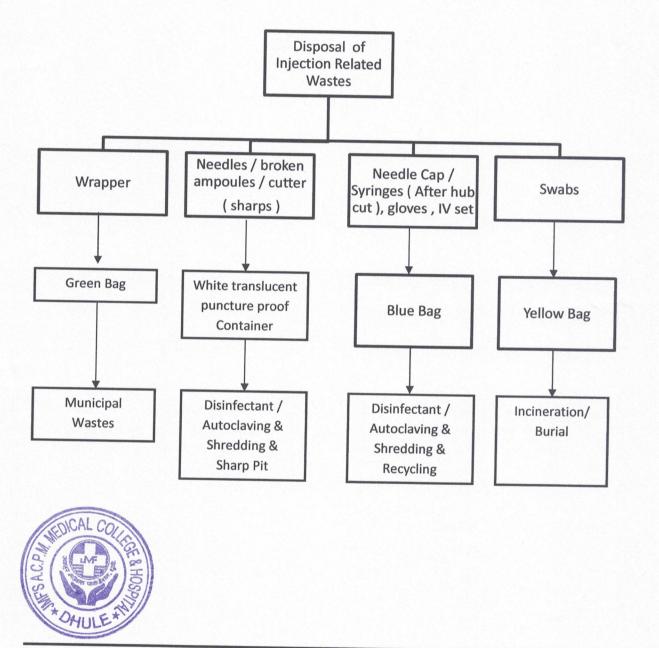
#### **BIOMEDICAL WASTE**



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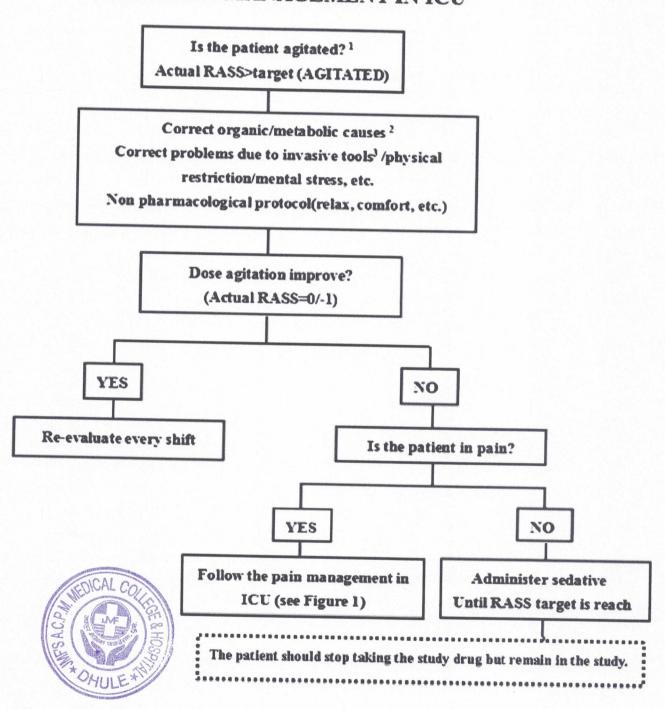
## Flow chart - Disposal of waste at the Health facility



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## **AGITATION MANAGEMENT IN ICU**

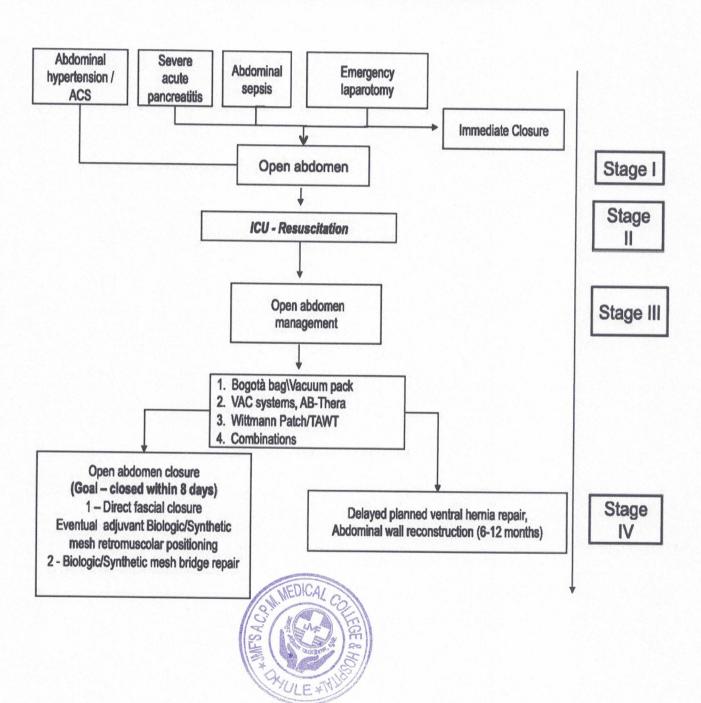




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#### Surgical management of acute abdomen



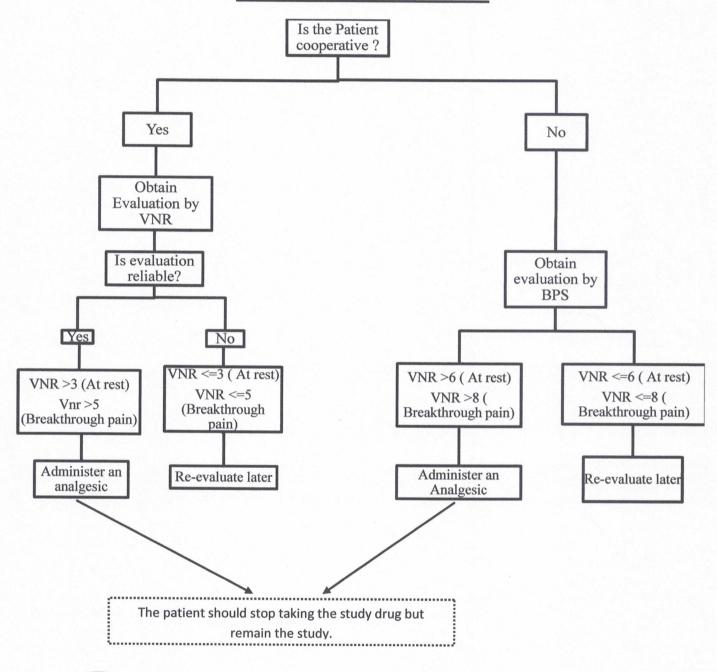


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#### Pain management in ICU

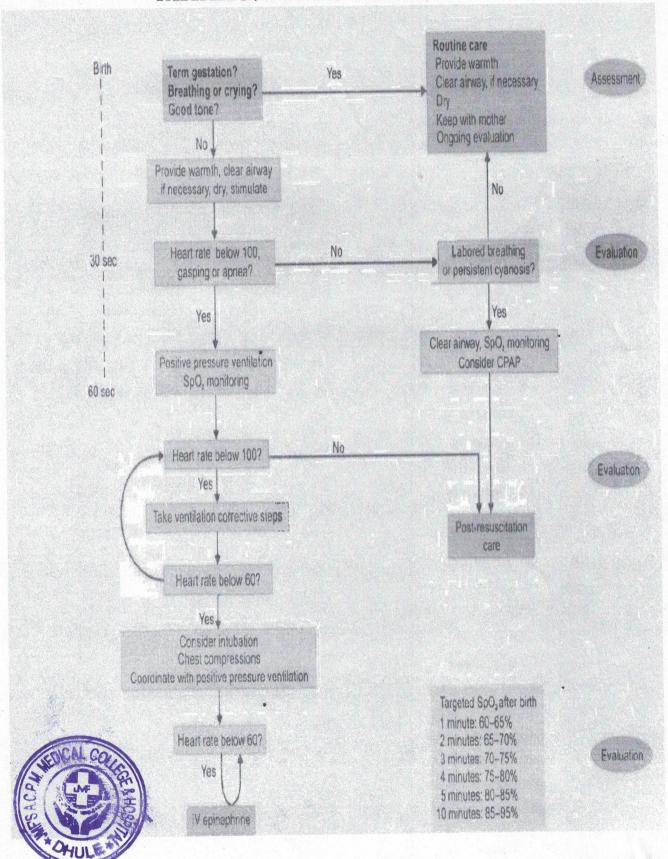




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## **MANAGEMENT IN NICU**



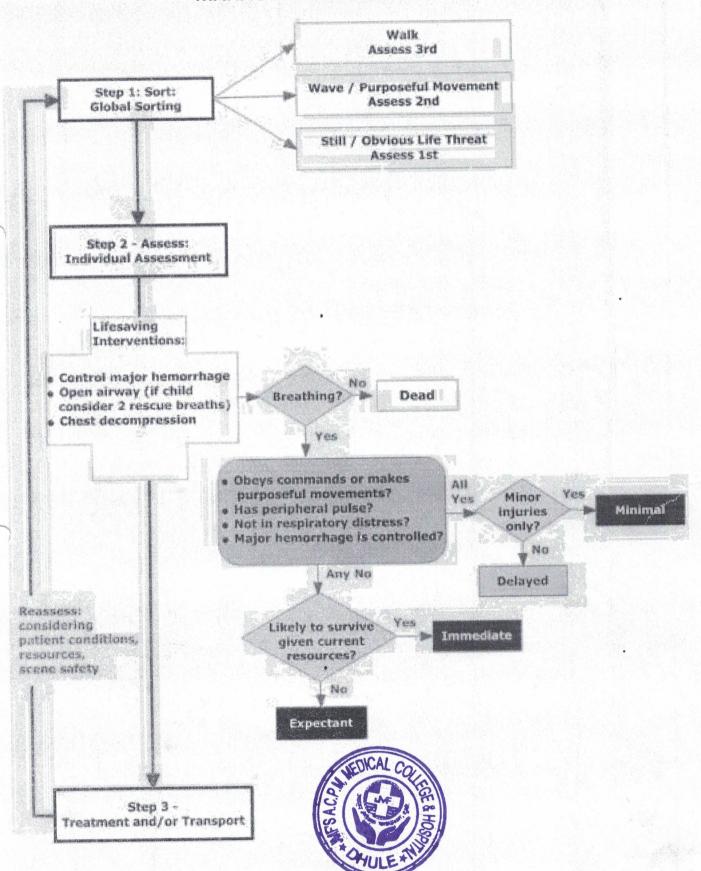


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#### MANAGEMENT IN CAUALTY

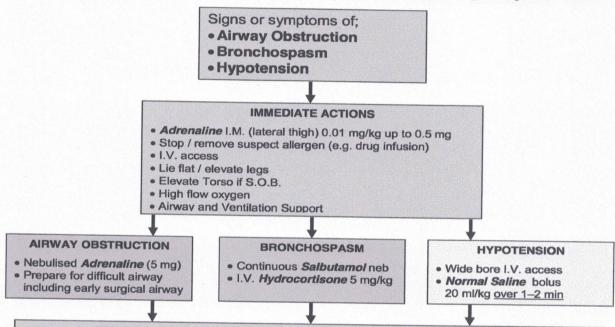




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## Management of Anaphylaxis in the Emergency Department



#### INADEQUATE RESPONSE, IMMEDIATE LIFE THREAT, or DETERIORATION

- I.V. Adrenaline infusion 1 mg in 1000 mls Saline (or standard infusion if immediately available)
   Start at 6ml/kg/hour = 0.1 mcg/kg/minute, and increase by the starting rate every 2 minutes if needed
- Repeat I.M. Adrenaline every 3–5 minutes OR
- For imminent life threat: Dilute Adrenaline 1 mg into 20 ml and give I.V. 1 ml boluses (50 mcg)

#### **HYPOTENSION - Inadequate response**

 Repeat Normal Saline boluses 10–20 ml/kg, up to 50 ml/kg total over the first 30 minutes

Consider the following (low level evidence for efficacy);

- Severe bradycardia I.V. Atropine 20 mcg/kg
- I.V. Metaraminol 2–10 mg in adults.
- I.V. Glucagon and/or balloon pump if ß-blocked or heart failure: Glucagon dose in adult: load with 1–5 mg over 5 min, followed by 5–15 mcg/min

#### **ANAPHYLACTIC CARDIAC ARREST**

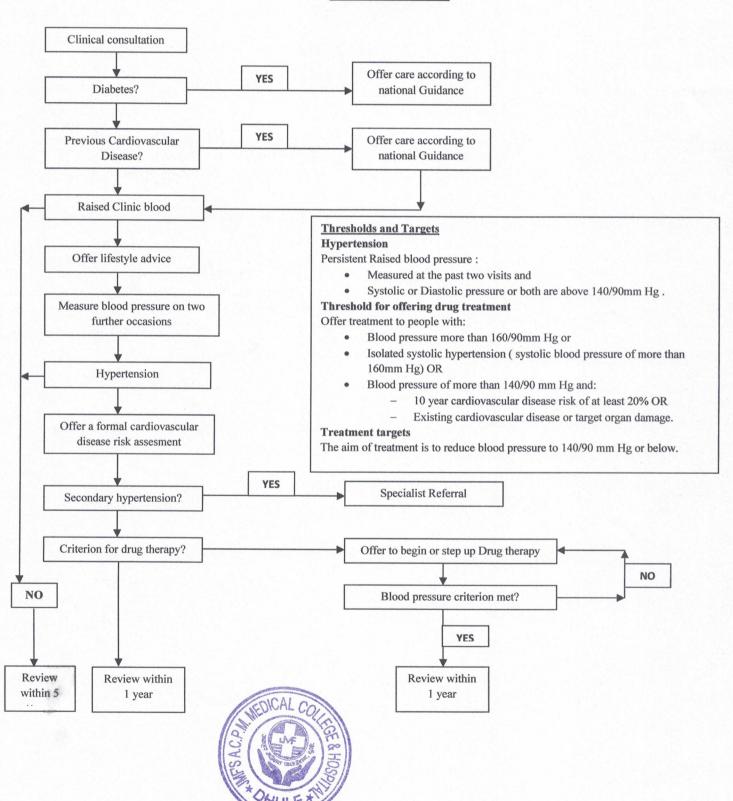
- Follow ALS arrest protocol
   AND
- Immediate Adrenaline
- Rapid escalation to high dose Adrenaline (3–5 mg every 2–3 minutes) might be effective
- Ensure high volume I.V. fluid resuscitation as above



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#### **Cardiac Care**





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### INFORMED CONSENT FORM FOR SURGERY/PROCEDURE

शस्त्रक्रिया किंवा तत्सम प्रक्रियेसाठी संमतीपत्र

 UID No:
 Date & Time Of Admission:
 / \_\_AM/PM

 Patient's Name:
 \_\_Age:
 \_\_Sex:
 \_\_ICU/Ward / Room

Consultant: \_\_\_\_\_ Diagnosis: \_\_\_\_\_\_ Bed No:\_\_\_

1	Name of Surgeon: शल्यचिकित्सकाचेनाव	Name of Procedu	ıre-शस्त्रक्रियेचे नाव-		
	I hereby authorize Dr	or hi	s associates to	perform cura	onulanarativa
	upon me / above named patient. The name	of procedure is			
	डॉदेत आहे. शस्त्रक्रिया/तत्सम प्रक्रियेचे नाव		THE STATE OF THE S	ואיפוע האואיטוו	करण्यास परवानग
1	I have been fully explained in the language	e I understand about the kind of	of procedure th	he Surgeon w	ill perform.
	have been given an opportunity to ask qu				
	answered my questions about my condition	and the procedure to my satisf	faction.		
	प्रक्रियेबाबत मला/आम्हाला समजणाऱ्या सरळ आणि सोप्या व विचारण्याची संधी देण्यात आली व माझ्या शंका/कुशंका आणि प्र	ात्येक प्रश्नाचे समाधान होईपर्यंत मला कळविण	ग्यात आलेले आहे.		
•	Doctor has fully explained to me the natu	re and purpose of operation/	procedure and	has also info	ormed me of
	expected benefits and complications, attended	dant discomfort and risks that i	may arise, as w	vell as possible	e alternatives
	to the proposed treatment				
	डॉक्टरांनी मला ऑपरेशनचा उद्देश आणि त्याची प्रक्रिया याबाबत चिकित्सापद्धती याबाबत माहिती दिलेली आहे.	माहिती देलेली आहे. तसेच ऑपरेशन करण्या	चे फायदे, तोटे, अडच	ाणी, उदभवूशकणारे	धोके तसेच पर्यायी
•	The Doctor explained the likelihood of major	or risk or complications that ma	ay occur during	g this procedu	re including
	but not limited to loss of limb function, brain	n damage, paralysis, hemorrhag	je, infection, dr	ug reaction, b	lood clots or
	sometimes loss of life I understand those ri	sks and I am willing to underg	go the procedu	ire. I have bee	en explained
	about the risk of not undergoing this proce	dure. The doctor has explained	to me the pos	ssible problem	ns related to
	recovery. शस्त्रक्रीयेदरम्यान अचानक उद्भवणारे धोके किंवा गुंतागुंत जसे वि औषधाची रिअक्शन येणे, रक्ताची गुठळी होणे, काही वेळा मृत्यू ये। शस्त्रक्रियेनंतर उदभवूशकणाऱ्या विविध समस्या आणि संपूर्ण बरा हं	हात पाय बधीर होणे किंवा अपंगत्व येणे, लव गे किंवा तत्सम इतर धोके याबाबत मला विवरा	कवा मारणे, मेंदूमध्ये वि ण आणि समज देण्यात	बेघाड रक्तस्त्रात हो।	गे जंतसंसर्ग होगो
	I understand that during the course of pro			may arisa whi	ch
	procedures different from those planned. I	therefore consent to the parfo	rmance of add	litional arras	cn requires
	above named physician or his/her associates	may consider pacessant	imance of add	illional proced	ures which
2	मला याचीही जाणीव करून देण्यात आलेली आहे कि, ऑपरेशन करण्याची गरज पडू शकते. त्यामुळे अशापरिस्थितीमध्येउपरोक्त न देत आहे.	त दरम्यान अचानक उद्भवणाऱ्या परिस्थितीन	सार निश्चित केलेल्य पा सहाय्यकाला अशाप्र	ा प्रक्रियेपेक्षा इतर उ प्रकारची प्रक्रिया कर	प्रक्रिया/ऑपरेशन रण्यास मी संमती
1	further consent to the administration of such	n anesthesia as may be consider	red necessary. I	recognize tha	at there are
C	occasional risks associated with anesthesia an ।स्त्रक्रियार्किवाप्रक्रियेसाठीगरजेच्याअसलेल्याभूलप्रकारदेण्यासमीसं	d such have been fully explained	d to me.		
	hereby consent to the procedure being perfo				-11.
ਰ	परोक्त बाबी समजावून घेतल्यानंतर मी माझ्यावर शस्त्रक्रिया करण्य				
		Name नाव EDICAL CO Sig	gnature सही:-	Date-तारीख	Time-वेळ
	ent Nameरुग्णाचेनाव	S. S. LANDER			
नाक्षी	ness (Relation with Patient)  दार (रुग्णाशी नाते)	SS (Second Second Secon			
	torचिकित्सक	The state of the s			
nter गहित	preter- ती समजावृन सांगणारे	HULE			



साक्षीदार (रुग्णाशीनाते)

# JMF'S A.C.P.M MEDICAL COLLEGE AND HOSPITAL

#### **Informed Consent for Anesthesia**

भूल देण्यासाठी लेखीसंमती IPD No: Date & Time Of Admission: / / UID No: \_\_Age: \_\_\_\_ Sex : \_\_\_ ICU/Ward / Room Patient's Name: Diagnosis: Consultant: \_\_\_ \_\_\_\_\_ Bed No: \_\_\_ Date&Time of Surgery-/ / \_\_\_\_AM/PM \_\_\_\_ Type Of Anesthesia Name of Procedure: 1. I understand that anesthesia services are needed so that my doctor can perform the operation and procedure. माझ्या डॉक्टरांना शस्त्रक्रिया करण्यासाठी भूल देण्याची गरज आहे याची मला जाणीव आहे. Patients receiving general anaesthesia may require wind pipe (Endotracheal Intubation), the intubation may cause sore throat or hoarseness of voice and also teeth or denture may become loose. If they develop respiratory complications, they may put ventilator to support lungs. Accidental death is extremely rare. However a remote possibility of this always exists in any surgery or रुग्णाला जनरल अनेस्थेशिया देण्याकरिता खास मार्ग मोकळा ठेवण्यासाठी घशातन नळी टाकण्यात येव शकते. त्यामळे शलयाचिकित्सेनंतर घशात त्रास होवन क्वचित आवाजहीं बदल शकतो. त्याच प्रमाणे दात किंवा दाताची कवळी ढिली होवू शकते. श्वसनप्रणालीमध्ये बिघाड होवून रुग्णास क्वचित कृत्रिम श्वसना वर ठेवण्यात येव शकते. क्वित मृत्यू येण्याची शक्यता असते. शल्यचिकित्सा किंवा भूल देताना जीवास धोका असण्याची शक्यता याबाबत समजावन घेणे गरजेचे आहे. याबाबत मला जाणीव आहे. 3. It has been explained to me that all forms of anesthesia involves some risks and no guarantee or promises can be made concerning the results of my procedure or treatment. सर्व प्रकारच्या भुलप्रक्रियेमध्ये काही प्रमाणात धोका असतो याची मला जाणीव आहे तसेच यामुळे शस्त्रक्रिया किंवा तसम प्रक्रियायांची खात्री ही देता थेत नाही याची मला जाणीव करून देण्यात आलेली आहे. 4. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection. bleeding, drug reaction, blood clots, loss of sensations, loss of limb function, paralysis, stroke, brain damage, heart attack or death. भुल देण्यामुळे प्रसंगी गंभीर परिणाम उदभव शकतात तसेच कचित प्रसंगी जंतु संसर्ग, रक्तस्ताव, औषधाची रिएक्शन, रक्ताची गुठळी निर्माण होणे. बेश्रद्ध पुडणे, हात/पाय निकामी होणे, पक्षघात, स्टोक, हृदयविकाराचा झटका तसेच प्रसंगी मृत्यू उदभव राकतो याची मला कलपना देण्यात आलेली आहे. 5. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply specific type of anesthesia. I understand that the type/types of anesthesia services will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition भूल देण्यासाठी ठरविण्यात आलेल्या पद्धतीमध्ये ऐनवेळी माझ्या शारीरिक गरजेनुसार बदल करण्यात येव शकतो याची मला जाणीव करून देण्यात आलेली आहे. The type of procedure my doctor is to do, is his or her preference as well as my own desire. माड्यावर करण्यात येणारी चिकित्सा ही माझ्या डॉक्टरांचा किंवा माझा स्वतःचा निर्णय असेल. 7. It has been explained to me that sometimes anesthesia technique which involves use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia. स्थानिक बंधिरीकरण करून चिकित्सा करताना गरजेनुसार इतर भूलपद्धतीचा ज्यामध्ये जनरल अनेस्थेशियाचा सद्धा अवलंब करण्यात येव शकतो याची मला जाणीव करून 8. I hereby consent to the anesthesia service checked above and authorize that it be administered by 9. Dr.....or his assistants all of whom are credentialed to provide anesthesia services at this health facility. • I also consent alternate type of anesthesia if necessary as appropriate by them I hereby acknowledge that I have read this form or had explained me in a language I understand. • I understand the risk, alternatives and expected results of anesthesia service • I had ample time to ask questions and to consider my decision. उपरोक्त सर्व समजावून घेवून मी ..... यांना किंवा त्यांच्या सहाय्यकांना माझ्या वर करण्यात येणाऱ्या शस्त्रक्रियेसाठी भल देण्याची संमती देत आहे. • भूलातज्ञांना गरजेचे वाटेल तेव्हा भूलप्रकारामध्ये बदल करण्याची मी संमती देत आहे. याबाबत मला समजेल अश्या भाषेमध्ये मला समजावून सांगण्यात आलेले आहे. मला भूल देण्या मधील धोका, पर्यायी चिकित्सा पद्धती याबाबत समजावून सांगण्यात आलेले आहे. निर्णय घेण्यासाठी मला प्रश्न विचारण्याची संधी देण्यात आलेली आहे व त्या संबंधित सर्व शंकांचे निरसन करण्यात आलेले आहे Date-तारीख Signature-सही Name-नाव Time-वेळ Patientरुग्ण Witness(Relation with Patient) MULE



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UID No: IPD No:		Date & Time Of Admi	ssion: / / _	AM/PM
Patient's Name:				
Consultant: Diagnosis:				Bed No
Date and Time of AssessmentD	ate and Tir	ne of surgery:		
Name of Surgery:				
Name of Anesthetist:Name	of Surgeon			
Allergic To/ Adverse Drug Event:	*			
Habit to: Alcohol/ Tobacco/ Smoking / other:				
Significant History/Findings:		Investigations:		
		Date		
		Blood Group		
HTN/DM/IHD/COPD/Asthma/Thyroid		НЬ/Н		
Medication:				
		WBC		
Previous Anaesthesia History:		L/N/E/B/M		
		Platelets		
/ital Signs: P: Pulse: Temp: PO2:	7	BSL- F/PP		
ystemic Examination:		Sr. Creatinine		
VS: RS: GI: Renal: Metabolic: Neuro: Spine:		Na/K/CI		
irway: Difficult- Yes/No IPC:             V		LFT Pro/Alb		
Jouth Opening: Full/restricted		SGOT/SGPT		
M Distance: 3 Fingers- Yes/No eeth: Dentures- Yes/No		PT/APIT		
SA:1 2 3 4 5 E	•	INR		
e Operative Advice:		Fibrinogen		
BM: vestigations Advised:		ABG		
ference/Response:		Vital Markers		
edication: ood Request:				
J/Post Op Ventilation/ Risk Consent:		X Ray		
esthesia Plan explained- Yes/No		ECG		
st operative Pain Management Explained- Yes/No EDICAL COLL		2D Febr		
	2	2D Echo		
(S ( 1 M) s)	2°	Other		



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Anesthesia Plan:			
	ve Block/Sedation/MAC		
Special Requirement:			
Possibility of Ventilation_			
Post OP- ICU- Yes/No			
		Name and Signat	ure of Anesthetist with Date and Tim
Immediate Pre Operat	ive Evaluation:		
Identify/Surgery/ Surgeon/	Side of Surgery/ Reconfirmed- Yes/ No		
NBM	Fresh Complaints		
Consent			
PAC Chart Review	Comorbid/ Risk Factors		
Investigation Review			
Blood Arranged			
Change in Plan- Yes/No If YES	Describe:		
		Name and Signatu	re of Anesthetist with Date and Time
Pre Operative Advice:			
	Forcat co.		
	Se HOUSE SE S		
	CHULET		

Name and Signature of Anesthetist with Date and Time



### JMIPS A.C.P.M MEDICAL COLLEGE AND HOSPITAL

	SURGICAL SAFETY CHECKLIST	
ID No. IPD No.	Date & Time of Admission	AM/PM
atient's Name	Age Sex	ICU/Ward/Room
onsultant:	Diagnosis	Bed No.
Before Induction of anaesthesia  (with at least nurse & anaesthetist)  Has the patient confirmed his/her identity, site, procedure and consent?  Yes  Is the Site Marked?  Yes  Not applicable  Is the anaesthesia machine and medication check	Before skin incision  (With nurse, anaesthetist and surgeon)  Confirm all team members have introduced themselves by name and role.  Confirm the patient"s name, procedure, and where the incision will be made  Has antibiotic prophylaxis been given within the last 60 minutes?  Yes  Not applicable	Before patient leaves operating room  (With nurse, anaesthetist and surgeon)  Nurse Verbally Confirms:  The name of the procedure  Completetion of instrument, sponge and needle counts  Specimen labelling (read specimen labels aloud, including patient name)  Whether there are any equipment problems to be addressed
complete?  Yes  Is the pulse oximeter on the patient and functioning?  Yes  Does the patient have a: known allergy?  No Yes  Difficult airway or aspiration risk?  No Yes, and equipment/assistance available  Risk of >500ml blood loss (7ml/kg in children)?	Anticipated Critical Events  To Surgeon:  What are the critical or non-routinne steps?  How long will the case take?  What is the anticipated blood losss?  To Anaesthetist:  Are there any Patient- specific concern?  To Nursing Team:  Has sterility (including indicator result) been Confirmed?  Are there equipment issues or any concerns?	To surgeon, anaesthetist and Nurse:  What are the key concerns for recovery and management of this patient?
Yes, and two Iv's/ Central access and fluids planned  lame & signature of Anesthetist with Date & Time:	Is essential imaging displayed?  Yes  Not applicable  Name & Signature of Surgeon with Date & Time:	Name & signature of Nurse with Date & Time



## JMF'S A.C.P.M MEDICAL COLLEGE AND HOSPITAL

#### **Operative Notes by Surgeon**

	Operative Notes by Surgeon
UID No:	IPD No: Date & Time Of Admission: / /AM/PM
Consultant:	Diagnosis: Bed No:
	Name of Anaesthetist:
Type of Anaesthesia:	
	Operation Ended at: Total Duration of Surgery:
Name of OT Assistant:	Scrub Nurse:
Circulating Nurse:	
	• •
Post Operative Diagnosis:	
Operative Notes :	
	물병이 하면 보다 보다 보다 하는 사람들이 되었다.



	Signature	Name	Date	Time
Surgeon				

	JMF'S A.C.P.M N DICAL COLI	LEGE & HOSPITAL DHULE, N	HARASHTRA	,
	Intra Operat	ive Anaesthesia Evaluation		• • • • • • • • • • • • • • • • • • • •
Patient's Name:	Date & Time Of Admission: / /AM/PMAge: Sex : ICU / Ward / Room	IV Access-  ART Line-  CVP Line-  Problems- Yes/ No  Maintenance: Agent	Monitoring ECG,SPO2,NIBP- E1CO2,FIO2,EtAA- IBP- CVP- UO- Temp-  Asepsis for all Inv Procedures: Pre Incision Antib	LA Infiltration by
Other foodsh GCS- SpO2 Induction: IV- RSI- Gas-	Nasal- Trach- Cuffed- Size- Type- Mask Ventilation- Laryngoscope CL grade Aids to intubation-	Ventilation- Spont- Vol mode- Manual- Pr Mode- Vt- RR Paw PEEP Total gas FlowL/min	Spinal Anesthesia: Lateral- Sitting- Level- Needle-	Epidural/Caudal Lateral Sitting Awake Under GA Level: Needle:
Systolic v 250 v 240 230 Diastolic 220 A 210		V Fluids:	Drugs- Time- Block Level- Awake/Sedated/Conv GA Problems- Yes/No	Cathetercm in
Pulse- 170 160 150			Nerve Blocks- Block Awake- Under GA Guide-Anat/Pares/N Needle Drugs	
EtCO2 140 130 120 110		J. MEDICAL	Problems—Yes/No	Problems—Yes/No
SPO2 100 90 80 70 60 50 40 30 20		A CHULE	Extubated     Total Pack	Neostigminemg late/Atropinemg used and Removed d to ICU sedated and ventilated
Fluids Urine			Notes:	
Durationto	INPUT- Crystalloids OUTPOOT- Blood Lo ColloidsBlood Urine-Others-	oss-	Signature of Anesthe	etist with Name,date and time



UID No:

# JMF'S A.C.P.M MEDICAL COLLEGE AND HOSPITAL

#### **Post Anaesthesia Observation and Instructions**

IPD No: \_\_\_\_\_ Date & Time Of Admission: / / \_\_\_\_AM/PM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex : \_\_\_\_ICU/Ward / Room

Drain Pain Conscious/ Unconscious Problems in Recovery-Yes/No  Patient Sign Responds readily, but easily falls asleep Arousable, but not readily Not responding Breathes easily with adequate volume Slightly decreased rate and/or volume Labored or limited respiration Apnea or inadequate ventilation Dirculatory BP and pulse within baseline limits BP and pulse approaching baseline limits Abnormally high or low BP and/or abnormally fast or slow pulse Voluntary movement – non purposeful Unable to lift head or move extremities otal Score Maximum Score should be 10 to shift from recovery ischarge To-ICU/Ward Time:  Conscious and Oriented Spinal Weaning off Signature Name  Name Time Time	Consultant:				_ Diagnosis:			Bed No:			-
3. Investigations- Blood Glucose / Hb /ECG/ CXR / Others 4. Watch out for- Airway Obstructions- Inadequate Respiration- Excessive bleeding-Arrhythmias - Others- 5. ICU Care Monitoring- Sedation / Ventilation Muscle Relaxation- 6. Oral Feeds From- 7. Recovery Observation Chart-    On Arrival						nfusion-					
4. Watch out for- Airway Obstructions- Arrhythmias - Others- O	IV Fluids-	Blood	Products	S-							
Arrhythmias - Others- 5. ICU Care- Monitoring Sedation / Ventilation Muscle Relaxation- 6. Oral Feeds From- 7. Recovery Observation Chart-	3. Investigation	ons- Blood Glucose / I	Hb /ECG/	CXR / C	Others						
Arrhythmias - Others- 5. ICU Care- Monitoring Sedation / Ventilation Muscle Relaxation- 6. Oral Feeds From- 7. Recovery Observation Chart-	4. Watch out	for- Airway Obstructi	ons-	Inaded	uate Respira	ation-	Excessive b	leeding-			
5. ICU Care Monitoring Sedation/ Ventilation Muscle Relaxation—  7. Recovery Observation Chart—    On Arrival O.5 hr   1hr   1.5hr   2hr   2.5hr   3hr   3.5hr   02L/min											
7. Recovery Observation Chart-  Time- Time- Pulse BP Responds readily, but easily falls asleep Arousable, but not readily Not responding Breathse easily with adequate volume Slightly decreased rate and/or volume Labored or limited respiration Apnea or inadequate ventilation Diarrulatory BP and pulse within baseline limits BP and pulse approaching baseline limits BP and pulse within baseline limits BP and pulse approaching baseline limits BP and pulse within baseline limits BP an		. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ation/Ve	ntilation		scle Relay	ation-				
7. Recovery Observation Chart-    On Arrival-   0.5 hr   1hr   1.5hr   2hr   2.5hr   3hr   3.5hr   02	•		acion, ve	iiciiacioi		iscie itelan	6				
Time- Pulse Pain Score Pain Score Achieved Score Score Achieved Score Score Achieved Score Score Pulse Pain Score Pain Score Achieved Score Pulse Pain Score Pain Score Pain Score Achieved Score Achieved Score Score Achieved Score Score Achieved Score Achieved Score Score  Achieved Score Achieved Score Score  Achieved Score											
Time- Pulse	7. Recovery O	bservation Chart-									
Time- Pulse		On Arrival-	0.5 hr	1hr	1 5hr	2hr	2.5hr	3hr	3 5hr	02-	1/min
Pulse BP	Time-	Oll Allivar	0.5 111	1111	1.5111	2.111	2.5111	1 3	3.5111		
BP SPO2						+				Pain S	Score-
SPO2										0- N	o Pain
Urine Drain 3- Severe Pain Conscious/ Unconscious Problems in Recovery-Yes/No  Patient Sign Expected Score Socre Socre Socre Achieved Score Score Responds readily, but easily falls asleep 2 Arousable, but not readily 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										1- M	ild
Drain   Pain   Conscious   Conscious   Conscious   Problems in Recovery- Yes/No    Patient Sign   Expected Score   Achieved Score   Score   Achieved Score   Score   Achieved Score   Score   Achieved Score   A	RR									2- M	oderate
Drain   Pain   Conscious   Conscious   Conscious   Problems in Recovery- Yes/No    Patient Sign   Expected Score   Achieved Score   Score   Achieved Score   Score   Achieved Score   Score   Achieved Score   A	Urine									3- 56	vere
Conscious/ Unconscious Problems in Recovery-Yes/No  Patient Sign  Awake, responds easily, Alert & Oriented x 3 (or returned to baseline) Responds readily, but easily falls asleep  Arousable, but not readily Not responding  Respiratory  Breathse easily with adequate volume Slightly decreased rate and/or volume Labored or limited respiration Apnea or inadequate ventilation Apnea or inadequate ventilation BP and pulse within baseline limits BP and pulse approaching baseline limits BP and pulse approaching baseline limits Abnormally high or low BP and/or abnormally fast or slow pulse  Octivity Able to move extremities voluntarily or on command (or returned to baseline)  Voluntary movement – non purposeful Unable to lift head or move extremities Otal Score Maximum Score should be 10 to shift from recovery vischarge To-ICU/Ward Time:  Conscious and Oriented Spinal Weaning off Signature Name  Fixpected Score Achieved Score Score Score  Achieved Score	Drain										
Problems in Recovery-Yes/No  Patient Sign	Pain										
Patient Sign  Awake, responds easily, Alert & Oriented x 3 (or returned to baseline)  Responds readily, but easily falls asleep  Arousable, but not readily Not responding  Respiratory  Breathes easily with adequate volume Slightly decreased rate and/or volume Labored or limited respiration Apnea or inadequate ventilation O  Brand pulse within baseline limits Abnormally high or low BP and/or abnormally fast or slow pulse  Activity Able to move extremities voluntarily or on command (or returned to baseline)  Voluntary movement – non purposeful Unable to lift head or move extremities  Otal Score Maximum Score should be 10 to shift from recovery Incorporation of the pulse of t											
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Awake, responds easily, Alert & Oriented x 3 (or returned to baseline)  Responds readily, but easily falls asleep  2  Arousable, but not readily  Not responding  Breathes easily with adequate volume  Slightly decreased rate and/or volume  Labored or limited respiration  Apnea or inadequate ventilation  Dirculatory  BP and pulse within baseline limits  BP and pulse approaching baseline limits  Abnormally high or low BP and/or abnormally fast or slow pulse  Octivity  Able to move extremities voluntarily or on command (or returned to baseline)  Voluntary movement – non purposeful  Unable to lift head or move extremities  Otal Score  Maximum Score should be 10 to shift from recovery  ischarge To- ICU/Ward  Time:  Conscious and Oriented  Mild or no pain  Vitals Stable  Name  Time  Time	1 TODICITIS III I										
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Not responding   0	·	Responds readily, but	easily fall	s asleep				2			
Not responding   0		Arousable, but not readily						1			
Slightly decreased rate and/or volume  Labored or limited respiration  Apnea or inadequate ventilation  O  Circulatory  BP and pulse within baseline limits  BP and pulse approaching baseline limits  Abnormally high or low BP and/or abnormally fast or slow pulse  O  Activity  Able to move extremities voluntarily or on command (or returned to baseline)  Voluntary movement – non purposeful  Unable to lift head or move extremities  Otal Score  Maximum Score should be 10 to shift from recovery  ischarge To- ICU/Ward  Time:  Conscious and Oriented  Mild or no pain  Spinal Weaning off  Vitals Stable  Signature  Name  Time											
Slightly decreased rate and/or volume  Labored or limited respiration  Apnea or inadequate ventilation  O  Circulatory  BP and pulse within baseline limits  BP and pulse approaching baseline limits  Abnormally high or low BP and/or abnormally fast or slow pulse  O  Activity  Able to move extremities voluntarily or on command (or returned to baseline)  Voluntary movement – non purposeful  Unable to lift head or move extremities  Otal Score  Maximum Score should be 10 to shift from recovery ischarge To- ICU/Ward  Time:  Conscious and Oriented  Mild or no pain  Spinal Weaning off  Vitals Stable  Signature  Name  Time	Respiratory	Breathes easily with a	ith adequate volume				3				
Apnea or inadequate ventilation 0  BP and pulse within baseline limits 2  BP and pulse approaching baseline limits 1  Abnormally high or low BP and/or abnormally fast or slow pulse 0  Activity Able to move extremities voluntarily or on command (or returned to baseline) 2  Voluntary movement – non purposeful 1  Unable to lift head or move extremities 0  otal Score Maximum Score should be 10 to shift from recovery ischarge To- ICU/Ward Time:  Conscious and Oriented Mild or no pain Vitals Stable  Signature Name Time Time			-	olume				. 2			
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Voluntary movement – non purposeful Unable to lift head or move extremities Ootal Score Maximum Score should be 10 to shift from recovery Discharge To- ICU/Ward Time:  Conscious and Oriented Spinal Weaning off Vitals Stable Signature Name Time			and the second								
Unable to lift head or move extremities  otal Score	Activity	Able to move extremit	ies volunt	arily or o	n command	(or returne	d to baseline	) 2			
Total Score Maximum Score should be 10 to shift from recovery Discharge To- ICU/Ward Time:  Conscious and Oriented Mild or no pain Spinal Weaning off Vitals Stable		Voluntary movement -	non purp	oseful				1	No. of Concession, Name of Street, or other Persons, Name of Street, or ot		8000
Conscious and Oriented Mild or no pain Spinal Weaning off Vitals Stable Signature Name Time	Unable to lift head or move extremities										
Conscious and Oriented Spinal Weaning off Vitals Stable  Signature Name Time	otal Score	Maximum Score should	be 10 to	shift from	m recovery			1/1		(2)	
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Spinal Weaning off Vitals Stable Signature Name Time		10.:	A 4:1-1					1131			
Signature Name CHUDate Time				2	in			115	COM AND STATES	18/	
	Spinal \	weaning off	Vitals			1	N		Division	N/	T!
naesthetist				Signa	ture		Name	100	MUDate		rime
	naesthetist								The second second		

#### श्क्रक्रिया किंवा उपचार पध्दतीबद्दल संमती

अपचारपध्दती / शस्त्रक्रिया होत के सम्बद्धाः क्षेत्रक क्ष	9.	मी	sulka sinda faa			A Company among	यावर खालील
पद एका व स्थान्यावहील जपवार बाजारीज इंतर कार्ड गोष्ट वदा. पेसमिक आवंती, कोरी, शारीरिक, इजा इकार्यी क्यामध्ये हाले	17 1871	उपचारपध्दती		387 703 P. XURIB	OBSTRACTOR		शस्त्रक्रिया
		वासीरिक हुमा इन्सादी न्या	the firm whit	r ang air and a	HE DOWN WITH HER	abster a trey	58
व लाले बलावती वाच्य दुवनंत्राली संबंध नहीं, अशा बोलेंग प्रस्थित वाववादार राज्यार नहीं बाको आधारत बांकितों व			इस्पित्रले वाबाबदाव र	rish now, does	ी यांचा दुखनामाही संबंध		

- 2. माझ्या वैद्यकीय तज्ञांनी ते / त्या माझ्यावर करणार असलेल्या उपचारपध्दतीबद्दल / शस्त्रक्रियेबद्दल खुलासा केले आहे आणि माझ्या प्रकृतीबद्दल आणि उपचारपध्दती विषयीच्या माझ्या प्रश्नांना समर्पक उत्तरे दिली आहेत. वैद्यकीय तज्ञांनी त्या पध्दतीमधील अंतर्भूत धोक्याची मला कल्पना दिली आहे. शस्त्रक्रिया करुन घेऊ इच्छितो, ही संमती मी माझ्या इच्छेनुसार आपण स्वयंनिर्णयाने देत आहे.
- 3. माझ्या वैद्यकीय तज्ञांनी इतर उपचारिवषयी मला माहिती दिली आहे आणि मी वरील उपचारपध्दती स्वीकारण्याचे ठरवले असून रक्त किंवा रक्तांचे घटक जर मला माझ्या हितासाठी घ्यावे लागणार असतील तर ते घेण्याची अनुमती मी देत आहे. शस्त्रक्रिये दरम्यान कथी कथी पेशंटला दसन्या हॉस्पिटलमध्ये हलवावे लागते हे ही आम्हाला समजावले आहे.
- ४. मला याची जाणीव आहे की ही उपचारपध्दती/ शस्त्रक्रिया करत असतांना माझ्या वैद्यकीय तज्ञांच्या निदर्शनाला शरीरातील असे काही अतिरिक्त दोष आढळतील ज्यांच्यावर इलाज होणे आवश्यक आहे. म्हणून मी माझ्या वैद्यकीय तज्ञांना (तो किंवा ते) अनुषंगीक इतर उपचारपध्दती करण्यास संमती व हक्क देत आहे.
- माझ्या वैद्यकीय तज्ञांना उपचारपध्दती / शस्त्रक्रिया करत असतांना निवासी डॉक्टर, सहाय्यक किंवा अन्य वैद्यकीय तज्ञ,
   बिश्तीकरण तज्ञ, विकृतीशास्त्रज्ञ, क्ष-िकरण तज्ञ तसेच पिरचारीका यांची मदत घेण्यास संमती आहे.
- इलाज करताना असफलता, गुंतार्गुत, मृत्यु इत्यादीची पूर्ण कल्पना आम्हास दिली आहे.
- ७. माझ्यावर उपचारपध्दती / शस्त्रक्रिया चालू असताना शरीराच्या संबंधीत भागाच्या निरीक्षणाची छायाचित्रणाची किंवा दूरिवित्रीकरणाची वैद्यकीय, वैज्ञानिक किंवा शैक्षणिक कामांसाठी उपयोग होत असल्यास मी परवानगी देत आहे. परंतु माझी ओळख पटू नये याची खबरदारी घेण्यात यावी.
- ८. माझ्या शरीरातील भाग किंवा ग्रंथी, पेशी इ. या उपचार पध्दतीत / शस्त्रक्रियेत जे निघतील त्यांची योग्य विल्हेवाट लावण्याची अनुमती मी रुग्णालयाच्या प्रतिनिधींना / पॅथॉलॉजीस्टना देत आहे.
- माझी माझ्या वैद्यकीय तज्ञांना पूर्ण सहकार्य देण्याची तयारी आहे. तसेच त्यांच्या सूचना आणि शिफारशी माझ्यावर उपचार
   करत असतांना स्वीकारण्याची माझी पूर्ण तयारी आहे.
- माझे संपूर्ण समाधान होईपर्यंत खालील गोष्टीविषयी मला माहिती दिली आहे.
  - १. उपचार पध्दती / शस्त्रक्रिया व त्याची गरज
  - २. उपचार पध्दती / शस्त्रक्रिया यातील सर्व पायऱ्या
  - 3. शस्त्रक्रियेचे / उपचार पध्दतीचे संभाव्य धोके व परिणाम
  - ४. बधिरीकरणाचे पध्दत
  - ५. बधिरीकरणाचे धोके व परिणाम
  - ६. उपचार पध्दती / शस्त्रक्रिया यातील असफलता व परिणाम



there was in the second presentations

- इस्पितळात दाखल झाल्यानंतर इस्पितळाचे नियम समजून घेणे व त्यांचे पालन करण्याची जबाबदारी सर्वस्वी आमची राहील. 99.
- उपचारपध्दती किंवा शस्त्रक्रिया यांचा खर्च, डॉक्टर व इतर सहभागी लोकांचे मानधन पूर्णपणे देण्याची जबाबदारी आमची राहील. 92.
- रुण व त्यांच्यावरील उपचार यांखेरीज इतर काही गोष्ट उदा. नैसर्गिक आपत्ती, चोरी, शारीरिक इजा इत्यादी ज्यामध्ये इस्पितळ 93. व त्यांचे कर्मचारी यांचा दुरान्वयानेही संबंध नाही अशा गोष्टींना इस्पितळ जबाबदार राहणार नाही यांची आम्हाला माहिती असून आम्हाला ते मंजूर आहे.
- इस्पितळात मौल्यवान वस्तु, सोन्याची वस्तू ठेवू नये हे आम्हांस सांगितले असून इस्पितळ त्याची जबाबदारी घेणार नाही.

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