Mrs.AMEEN AMAL
69/Female/MHV202300535
29/11/2023/IPV00071
Dr.K.GAYATHRI MD

# ILLING CARD

Patient Name _____ D.O.A. 29/11/23 Time 9:15pm

IP No. _____

Room No. 319 - A Rent Per Day 1200/-

## TRANSFER DET AILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 29/11/23 | 9.15pm | ER | ward 319 | B. Soumya 1002cp |
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## OPERATION THEA TRE

| | | | |
|---|---|---|---|
| Date | : | OT No. | : |
| Surgeon | : | Start Time | : |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
|---|---|---|---|
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# OPERATION THEA TRE

| | | | |
|---|---|---|---|
| Date | : | OT. No. | : |
| Surgeon | : | Start Time | : |
| I Asst. Surgeon | : | End Time | : |
| II Asst. Surgeon | : | Dis. Pack | : |
| III Asst. Surgeon | : | Diathermy | : |
| Anaesthetist | : | C-Arm | : |
| OT Nurse | : | Arthroscopy | : |
| Name of Surgery | : | Laproscopy | : |
| | | Sevoflurane / Isoflurane | : |
| | | Inj. Fentanyl | : |
| | | Others | : |

| Date | LABORATORY |
|---|---|
| 1/12/23 | FBS, RPBS (0454) Scrub typhus IgM ELISA (0462) |
| 1/12/23 | CBC (0475). |

## RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

| | | | |
|---|---|---|---|
| 30/11/23 | chest x-ray (PA) (0442) | | |
| 30/11/23 | ECHO | | |
| 2/12/23 | Doppler (Carotid and vertebral Doppler. (0494) | | |

## CBG

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 30/11/23 | 1+1+1 | | | | | | |
| 1/12/23 | 1+1 | | | | | | |
| 2/12/23 | 1+1 | | | | | | |

## CBG

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| Date | PHYSIOTHERAPY |
|---|---|
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## NEBULIZER

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|---|---|---|---|---|---|---|---|
| 30/11/23 | 1+1 | | | | | | |
| 1/12/23 | 1+1 | | | | | | |
| 2/12/23 | 1+ | | | | | | |

## NEBULIZER

| | | | |
|---|---|---|---|
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Karthikeyan | 30/11/23 | | | | | | |
| Dr. Balachandran | 1/12/23 | | | | | | |
| Dr. K. Geayethri MD | 1/12/23 | | | | | | |
| Dr. Dhilipan (radiology) | | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED :<br>BILL CLEARED :<br>RETURNS CHECKED : | |

Other Procedures : (specify) :-

Admission Officer :

29/11/2023

Sister In-charge

S. Geeethri 30/6