Mr.P.YESURAJA
57/Male/MHV202300692
13/12/2023/IPV00100
Dr.RAJA

LLING CARD

Patient Name _____ D.O.A. 13/12/23 Time 8:40 Pm

IP No. _____

Room No. ICU – 2 Rent Per Day 3500/–

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
13/12/23	8.40am	ER	ICU	B. Soumya 10024

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	: INJ-MORPHINE 1AMP USED IN ICU

MONITOR

Date	Start	Date	Disconnect
13/12/23	8.45 am	14/12/23	9am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
13/12/23	8.45 am	13/12/23	2.30pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

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
13/12/23	GLUCOSE RANDOM, CBC, UREA, CREATININE, ELECTROLYTES
	URINE ROUTINE [0672]
13/12/23	HIV I & II, HBASG, BLOOD GROUP AND RH TYPE, ANTI HCV [0682]

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
13/12/23	ECG (A) (0672)		
13/12/23	ECG I (0672)		
13/12/23	ECHO (0678)		
14/12/23	ECHO I (0672)		

CBG				CBG			
13/12/23	1+1+1						
14/12/23	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI . M.D	13/12/23						
DR. KARTHIKEYAN (CARDIO)	13/12/23						

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

→ Thrombolysed on 13/12/23. by Dr. Raja.

13/12/23

Admission Officer :

Sister In-charge