ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : IPK0045	Corporate : .....

Name of Patient : V.Syamala		Age : 39y	Sex : F
Consultant : Dr. Kineera veena		Category :	
Date of Admission : 01-02-24	Time : 8:51pm	Room / Bed No. :	
Date of Discharge : 3/2/24	Time :	Total Days of Stay :	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis : Wf (vaginal bleeding)			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	1/2/24	2/2/24	3/2														
Dr. Kineera veena		✓	✓														

MEDICAL EQUIPMENT

VENTILATOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

INFUSION PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

OXYGEN

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks

WATER BED ☐ AIR BED ☐

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

PULSE OXYMETER

No.fo. Time				

GRBS

Date																		Total
Morning																		
Evening																		
Night																		

Scanned with OKEN Scanner

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											Total
No. of times											

NEBULISATION

Date																			Total
Morning																			
Evening																			
Night																			

INVESTIGATIONS

Date	Investigation

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation

Date	Investigation

PROCEDURES

Procedure	No.of Times	Procedure	No.of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation		Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
1/2/24	Emr	to 101	Room	9:15 pm

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse : Lakshmi Kumari

EMP. No. : (0015)