# ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :
I.P.No. : 000005
Corporate : .....

Name of Patient : M. Anantha Lakshmi
Age : 54 Sex : Female
Consultant : Dr. Krishna prithvi
Category :
Date of Admission : 06/01/24
Time : 2:40pm
Room / Bed No. : ICU
Date of Discharge : 10/01/24
Time : 2:00pm
Total Days of Stay :
Anaesthetist : Dr.
Anaesthesia / General / Spinal
Diagnosis : SOB
Surgery :

## ACTIVITY CARD UPDATED ON

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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## DOCTOR'S VISITS

| Doctor's Name / Date | 6/1 | 7/1 | 8/1 | 9/1 | 10/1 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dr. Krishna prithvi | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | | | | |
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## 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 |
|---|---|---|---|---|
| 6/1/24 | 1:30pm | 9.33Am | 8/1/24 | |
| | | | | |

### SYRINGE PUMP

| Date | Time of Start | Time of Stop | Date | Total/Hrs. Days |
|---|---|---|---|---|
| 6/1/24 | 3:40pm | 9.33Am | 8/1/24 | |
| | | | | |

### 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 |
|---|---|---|---|---|---|
| 6/1/24 | 1:30pm | 10Am | 9/1/24 | | |
| | | | | | |
| | | | | | |

### WATER BED ☐ AIR BED ☐

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

### PULSE OXYMETER

| No.fo. Time | | | | |
|---|---|---|---|---|

## GRBS

| Date | 6/1 | 7/1 | 8/1 | 9/1 | 10/1/24 | | | | | | | | | | | | | | | 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 |
|---|---|---|---|
| 6/1/24 | S. electrolytes urine ketone bodies ABG. | 9/1/24 | Urin ketones |
| 7/1/24 | S. electrolytes urine ketone bodies | 9/1/24 | CBC, CRP, S. electrolytes, urine ketones |
| 8/1/24 | S. electrolytes urine ketones | 9/1/24 | urin ketones |
| 9/1/24 | S. electrolytes, urine ketones. | 9/1/24 | urine ketones |
| 10/1/24 | (Morn) S. electrolytes, urine ketones, | | |
| 5/1/24 | TLC, CRP. S. electrolytes. Urin ketobodies:- 7AM, 12pm | | |
| 6/1/24 | urin ketones | | |

## RADIOLOGY INVESTIGATIONS

| Date | Investigation | Date | Investigation |
|---|---|---|---|
| 6/1/23 | ECG. + - ortho chest | | |

## PROCEDURES

| Procedure | No.of Times | Procedure | No.of Times |
|---|---|---|---|
| Intubation | | Tracheostomy | |
| Ryle's Tube | | Steam Inhalation | |
| Lumbar Puncture | | ICD | |
| Cut Down | | Fundus Evaluation | |
| Catheterisation | 6/1/2024 | Pleural Taping | |
| Central Line | | Suture Removal | |
| Defibrillator | | Enema | |
| Suction | | | |

## BED TRANSFER

| Date | From | To | Type of Accommodation | Time |
|---|---|---|---|---|
| 6/1/24 | EMR | to | TCU | 3:30 pm |
| 8/1/23 | ICU | to | 1st floor ward | 9.35 pm |
| | | | | |
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## DIET

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Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse : P. Sandhya

EMP. No. : 2017