

PHYSIOTHERAPY													DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL														
Date												Total	Date												Total		
No. of times														No. of times													

NEBULISATION																								
Date																								Total
Morning																								
Evening																								
Night																								

INVESTIGATIONS																								
Date												Investigation												
12/11/24												Tropin-T, Abg, Ch-ma.												
												CBC & ESR, RFT, Sp-Electrolytes												
												BGT, CRP, Urine R/E												
13/11/24												Sx Electrolytes, Stool for occult Blood												

RADIOLOGY INVESTIGATIONS																								
Date												Investigation												
12/11/24												ECG, Chest X-ray												
												2D-echo												

PROCEDURES												BED TRANSFER												
Procedure	No. of Times	Procedure	No. of Times	Date	From	To	Type of Accommodation	Time																
Intubation		Tracheostomy		12/11/24	EMP	to	ICU	4AM																
Ryle's Tube		Steam Inhalation		12/11/24	ICU	to	ICU	6:30 PM																
Lumbar Puncture		ICD																						
Cut Down		Fundus Evaluation																						
Catheterisation		Pleural Taping																						
Central Line		Suture Removal																						
Defibrillator		Enema																						
Suction																								

DIET											

Name of Ward Secretary :
EMP. No. :

Name of Staff Nurse : Sridewi
EMP. No. : 0041



SANJIVI HOSPITAL
HANDS OF CARE



CASH / CREDIT

Reg. No. :	I.P.No. : <u>IPK 0000</u>	Corporate :
Name of Patient : <u>D. APPAIAO</u>	Age : <u>60</u>	Sex : <u>M</u>
Consultant : Dr. <u>K. S. Srinivas</u>	Category :	
Date of Admission : <u>12/01/24</u>	Time : <u>9:30 AM</u>	Room / Bed No. :
Date of Discharge : <u>13/01/24</u>	Time :	Total Days of Stay :
Anaesthetist : Dr.	Anaesthesia / General / Spinal	
Diagnosis : <u>chest pain & hypertension</u>		
Surgery :		

ACTIVITY CARD UPDATED ON

[illegible]

DOCTOR'S VISITS

Doctor's Name / Date
DR. Krishna prithvi ✓✓

MEDICAL EQUIPMENT

VENTILATOR

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

SYRINGE 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
12/1/24	4:00 AM	8:00 PM	12/1/24		

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
12/1/24	4:00AM	6pm	12/1/24	

INFUSION PUMP

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

WATER BED

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

PULSE OXYMETER

No.fo. Time			
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GRBS

[illegible]