

Date							Total	Date							Total
No. of times								No. of times							

NEBULISATION

[illegible]

INVESTIGATIONS

[illegible]

RADIOLOGY INVESTIGATIONS

[illegible]

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
14/1/23	Room	Admission		11pm
		R-207		
DIET				

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse :

EMP. No. :