REF! ESI

CABG

Discharge on 7/9/24

ESI

W - 48.3
H - 144

MHI/DP/2022/104

Medway Hospitals®
The way to better health
(A Unit of United Alliance Healthcare P

BILLING CARD
SAFETY FIRST

Medway Heart Institute
Where heart beat never stops...

Mrs.MALLAMMAL.P
68/Female/MHI202481966
01/09/2024/IP112024002020
Dr.KAILASH A JAIN

Patient Name _____ D.O.A. 01/09/24 Time 09:58 A.M

IP No. _____

Room No. ___ TRANSFER DETAILS Rent Per Day G/W

Date	Time		To	Nurse's Signature
01/9/24	11.00	ADMISSION	IInd floor C.W	
02/9/24	7:30	II nd floor	OT	
2/9/24	14:25	CTOT-II	SICU	0343
2/9/24	11:00	SICU	SDICU	Meer 02/9
7/9/24	12:50	SDICU	2nd Floor (CABG-II)	

OPERATION THEATRE

Date	: 2/9/2024.	OT No.	: CTOT-II
Surgeon	: DR. KAILASH-AJAIN	Start Time	: 9:15
I Asst. Surgeon	: DR. GHAYOOR AHMED	End Time	: 14:25
II Asst. ~~Surgeon~~	: PA. SARITHA	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 1 USED
Anaesthetist	: DR. SHAPNA	C-Arm	: -
OT Nurse	: S/NAKSHAYA.	Arthroscopy	: -
Name of Surgery	: OPCAB(CLOSED HEART)	Laproscopy	: -
MAN-MANDRILLING SAW USED		Sevoflurane / Isoflurane	: - 3 HRS
ETO THINGS Z1000 TO BE CHARGED		Inj. Fentanyl	: 2ml 10ml/inj. monphi: -
		Others	:

MONITOR

Date	Start	Date	Disconnect
02/09/24	14:30	7/9/24	12:50

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
2/9/24	14:30	7/9/24	12:50.

SYRINGE PUMP

Date	Start	Date	Disconnect
	02/09/24	14:30	2/9/24 @20.00
	2/9/24	14:30	2/9/24 @21.00

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
	02/09/24	14:30	2/9/24 AT 18:40

OPERATION THEATRE

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
3/9/24	WBC, UREA, CREA (11182)
3/9/24	potassium (11186)
5/9/24	Hb, Urea, Cr, Na+ / K+ (11354)
2/9/24	TSH (Free) (11159)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
02/09/24	chest x-ray A/P B/s 1(11163)		
02/09/24	ECG B/s 1 (11163)		
3/9/24	ECG B/S (1) (11182)		
3/9/24	CXR - A/P (B/S), D/R (11210)		
6/9/24	CXR, ECG, (1354)		

CBG				ABG		ACT	
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
[illegible]	[illegible]			2/09/24	11159 OT (2)	2/09/24	11159 (4) OT
3/9/24	1+(11185)			2/09/24	1 (11163)		
3/9/24	2 (11210)			2/9/24	2 (11181)		
4/9/24	1 (11235)			3/9/24	3 (11182)		
				2/9/24	1 (11276)		

Date	PHYSIOTHERAPY
2/9/24	15:30 / 16:00 / 18.45
3/9/24	9:00 / 17.00
4/9/24	9:00 / 16.45
5/9/24	11.30 / 19.45
6/9/24	10:00

NEBULIZER				OTHERS			
DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS	DATE	NUMBERS
02/09/24	1+						
3/9/24	1+2+1+3						
4/9/24	2+1+1						
5/9/24	1+2						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kailash Jain	01/9/24	2/9/24	3/9/24	4/9/24	5/9/24	6/9/24	7/9/24
DR. praveen (Anaes)	1/9/24	—	—	—	—	—	—
DR. Elakkiya (palmo)	5/9/24	—	—	—	—	—	—
~~Dr. Sakthivel (dental)~~	6/9/24	—	—	—	—	—	—
MS Catherine (Dietitian)	2/9/24	4/9/24	5/9/24	7/9/24	—	—	—

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : 80654 / 6/9/24. RETURNS CHECKED :	529-CASH-118371 6/9/24

CROSS MATCHING :

RESERVATION PF BLOOD : 30 PU reservation done on 1/9/24.

STERILE TRAY USED : SR TRAY ① no used in SICU
SR Tray ① used on 6/9/24 on. 4/9/

TRANFUSION (BLOOD) PRBC 1 unit GIVEN (OT) ON 2/9/24
PRBC 1 UNIT Given in SICU on 2/9/24

ATTENDER'S HOLDING :

OTHER PROCDURES : TEE PROBE 2DTEE

Admission Officer : Reshma Bam

Sister In-charge

2763 KKN

Employees State Insurance Corporation

KK Nagar Chennai, TN (ESIC Model Hosp.)

Referral Letter

DO NOT MUTILATE THE QR

Insurance No/Staff/ Pensioner Card : 5116242792

Age/Gender : 69 Years /Female

UHID : ADYR.0000021826

Referral No : Tamil2024044707

Name of the Patient : Ms. MALLAMMAL P

UAN of IP :

Address/Contact No :

Identification marks (if any) :

IP/Beneficiary/Staff : Beneficiary

Relationship with IP/Staff : Dependant mother

Entitled for Specialty Rx : YES

Entitled Super Specialty Rx : YES

Diagnosis : ICD - Atherosclerotic heart disease - I25.1 Remarks :

CGHS (Name and Code)* : 529 - CABG - Cardiovascular and Cardiac Surgery Procedures / Treatment / Investigations - No Of Sessions Allowed - 1 - Validity Upto - 09-Sep-2024

Remarks Additional Clinical Information/Procedure/Investigation CABG

Reasons / Purpose for Referral Investigations/Rx/Procedure : lof

Name of the empanelled hospital whereto refer — Hospital: MEDWAY HOSPITALS; Department: Diagnostic Cardiology

Dr. G.KOTHAI,M.D.,MRCP(UK) Associate Professor General Medicine ESIC Medical College & Hospital, K.K. Nagar, Chennai

Name and Designation of the Referring Doctor

Dr. KOTHAI GNANAMOORTHY - Associate Professor

Date & Time of Referral : 30-Aug-2024 09:28:57 AM

Or Agreeing to / contradicting the above, I voluntarily choose MEDWAY Hospital for treatment of self or for my Mother (relationship).

Date and Time: 30/8

Signature/Thumb Impression of IP/Beneficiary/Staff

Referred to ______ Department of ______ Hospital/Diagnostic

Centre for ______ (Reason/purpose for referral).

(VERIFIED & RECOMMENDED BY)
(Signature, Name &Designation)
Date & Time:

(AUTHORISED SIGNATORY WITH STAMP)
(Signature, Name &Designation)
Date & Time:

Medical Superintendent ESIC Medical College & Hospital K.K. Nagar, Chennai-78

30/8/24

A. SIVAKUMAR

N.B.
The entitlement eligibility of the patient should also be verified through IP Portal at www.esic.in. Referral shall be governed by the rules and administrative instructions issued from time to time. Referred Hospital is instructed to perform only those procedure/treatment for which the patient has been referred to. In case any additional procedure treatment /investigation is essentially required to be carried out, permission for the same is mandatorily required from the approving authority of the referring hospital. The validity of this referral is upto 7 days from the date of issuance or as per the contract whichever is later and is subject to fulfilment of other terms and conditions as defined in the contract/agreement.

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Ph - 9964789535

30-08-2024