

ACTIVITY RECORD FOR BILLING



SANJIVI HOSPITAL

HANDS OF CARE



CASH / CREDIT

Reg. No. :	I.P.No. : 29	Corporate :
Name of Patient : <u>Penke Jolayamma</u>		Age : <u>57</u> Sex : <u>F</u>
Consultant : Dr. <u>N.S. Prabha</u>		Category :
Date of Admission : <u>25/1/24</u>	Time : <u>11:44 AM</u>	Room / Bed No. : <u>Room</u>
Date of Discharge :	Time :	Total Days of Stay :
Anaesthetist : Dr.	Anaesthesia / General / Spinal	
Diagnosis :		
Surgery :		

ACTIVITY CARD UPDATED ON

[illegible]

DOCTOR'S VISITS

[illegible]

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

8

AIR BED

1

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

PULSE OXYMETER

No.fo. Time				
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GRBS

[illegible]

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
9/3/12	EMR	HC	103-12	12:50pm

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse :

EMP. No. :

T. Alag
0645