ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : IPK000034	Corporate : .....

Name of Patient : B/O K. Veeravenna		Age :	Sex :
Consultant : Dr. Ravi Angadi		Category :	
Date of Admission : 27/01/24	Time : 10:00 PM	Room / Bed No. :	
Date of Discharge : 06/02/24	Time :	Total Days of Stay :	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis :			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	27/1	28/1	29/1	30/1	31/1	1/2	2/2	3/2	4/2	5/2					
Dr. A. Ravi Sir	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					

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
29/1/24	10pm	11.30AM	2/2/24	

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
27/1/24	10pm	1pm.	2/2/24	

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
27/1/24	10pm	11AM.	29/1/24	~~29/1/24~~	-
29/1/24	6pm	8AM	3/2/24		

WATER BED ☐ AIR BED ☐

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

PULSE OXYMETER

No.fo. Time				

GRBS

Date	27/1	28/1	29/1	30/1	31/1	1/2	2/2													Total
Morning	✓	✓	✓	✓	✓	✓	✓													
Evening	✓	✓	✓	✓																
Night	✓	✓	✓	✓	✓	✓														

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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
28/1/24	CBC, CRP, RBS, Calcium		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
31/1/24	Chest x-ray		

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			

31/1/24 Umbilical Catheterisation

31/1/24 Single phototherapy Start 2pm

3/2/24 " " stop 9Am

BED TRANSFER

Date	From	To	Type of Accommodation	Time
27/1/24	NICU	Admission		10pm
11/2/24	Room shifting		205	11.30Am

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse : Jyoti.

EMP. No. :