HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : IPK 000041	Corporate : .....
Name of Patient : K. Durga		Age : 50 / Sex : F
Consultant : Dr. Krishna Prithvi		Category :
Date of Admission : 29/10/24	Time : 7:45 PM	Room / Bed No. : 103
Date of Discharge : 2/2/24	Time :	Total Days of Stay :
Anaesthetist : Dr.	Anaesthesia / General / Spinal	
Diagnosis : SOB		
Surgery :		

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	29/1	30/1	31/1	1/2/24	2/2
Dr. Krishna prithvi	✓	✓	✓	✓	✓

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 ☐ AIR BED ☐

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

PULSE OXYMETER

No.fo. Time				

GRBS

Date	29/1	30/1	31/1	1/2/24	2/2														Total
Morning		159	✓	✓	✓														
Evening		✓	✓	✓															
Night	149	✓	✓	✓															

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											Total
No. of times											

NEBULISATION

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

INVESTIGATIONS

Date	Investigation	Date	Investigation
30/1/24	Fasting lipid profile.		
31/1/24	CBC, CRP		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
30/1/24	ECG.		

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
29/1/24	Emr to		1st floor	8:45 pm

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse : Lakshi Kumari

EMP. No. : 8051