ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / ~~CREDIT~~ Cash

Reg. No. :	I.P.No. : 44	Corporate : .....

Name of Patient : Nalan Ishani		Age : 10	Sex : F
Consultant : Dr. Ravi Angara		Category :	
Date of Admission : 1/2/24	Time : 6:38 PM	Room / Bed No. : [redacted] Single room	
Date of Discharge : 11/2/24	Time :	Total Days of Stay :	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis :			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	1/2	2/2	3/2	4/2	5/2	6/2	7/2	8/2	9/2	10/2	11/2
Dr. A Ravi Sir	✓	✓	4 times ✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr. Varsha (Duty Doctor)					✓						
Dr. Sandeep Sir (Duty Doctor)						✓					

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
4/2/24	7AM.	9Am	5/2/24	

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																			Total
Morning																			
Evening																			
Night																			

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
3/2/24	CBC, CRP, Blood Urea, LFT, BGT, Electrolyte
4/2/24	CBC, CRP.
5/2/24	CBC, CRP, Electrolyte
8/2/24	CBC, CRP & Electrolyte
10/2/24	CBC, CRP, ELECTROLYTES

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
1/2/24	Room	Admission - 203		6.38pm
2/2/24	203 -	picu shifting		2pm

DIET

Name of Ward Secretary :
EMP. No. :

Name of Staff Nurse : Jyothi
EMP. No. :