



Mrs. BABY SHALINI

25/Female/MHV202401284

02/02/2024/IPV2024000067

Patient Name Dr. RAJA

IP No.



ILLING CARD

05 FEB 2024

D.O.A. 02/02/24 Time 10:15 PM

Room No. ICU/ICU-2

Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
02/02/24	10.40 PM	ER	ICU	R. Priya / 0009
4/2/24	12 PM	ICU	WARD	R. Priya / 0052

OPERATION THEA TRE

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 :

MONITOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
2/2/24	10.40 PM	4/2/24	12 PM				

INFUSION PUMP

OXYGEN

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
3/2/24	11.30 AM	4/2/24	12 PM				
4/2/24	12.30 PM	5/2/24	11.50 AM				

SYRINGE PUMP

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

VENTILATOR

OPERATION THEA TRE	
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 :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

24 CT KUB PLAIN (0667)
 2/2/24 CHEST X-RAY (0670) BEDSIDE.
 3/2/24 ECG (0674)
 8/2/24 ECHOCARDIOGRAM (0679)
 3/2/24 CT CHEST (0686)
 4/2/24 CHEST X-RAY PA (0698)

CBG

CBG

3/2/24 1+1+1
 4/2/24 1+1+1
 5/2/24 1

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

