ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : IPK0051	Corporate : .....

Name of Patient : M. babji		Age : 44y	Sex : m
Consultant : Dr. Manikanta		Category :	
Date of Admission : 06/02/24	Time : 8:38 Pm	Room / Bed No. :	102
Date of Discharge : 10/02/24	Time :	Total Days of Stay :	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis : Acute prostatitis			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	6/2/24	7/2	8/2	9/2	10/2
Dr. Manikanta 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

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
9/1/24	CBP,

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	6/2/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
6/2/24	EMR	To[redacted]	102	9:40 pm

DIET

Name of Ward Secretary :
EMP. No. :

Name of Staff Nurse :
EMP. No. :