ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / ~~CREDIT~~ Cash

Reg. No. :	I.P.No. : 56	Corporate : .....

Name of Patient : Muppidi. Chinna		Age : 34 Sex : M
Consultant : Dr. N. Surya prasad		Category :
Date of Admission : 12/2/24	Time : 12:30PM	Room / Bed No. : Room
Date of Discharge : 12/2/24	Time :	Total Days of Stay :
Anaesthetist : Dr. Sandeep		Anaesthesia / General / Spinal Block
Diagnosis :		
Surgery : Ringer K-wire fixation 12/2/24 1:pm		

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date																		

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
12/				

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
orning																		
vening																		
Night																		

PHYSIOTHERAPY

Date											
No. of times											Total

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											
No. of times											Total

NEBULISATION

Date																			
Morning																			Total
Evening																			
Night																			

INVESTIGATIONS

Date	Investigation

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
2/2/24	EMR	TO	O.T	1:00pm
2/2/24	OT	TO	EMR	1:30pm
12/2/24	Casualty	to	Billing	3:00pm

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse : A. Kalyani 3/2/2024

EMP. No. :