ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : IPK000062	Corporate :	
Name of Patient : Gaddimella Pushpusha		Age : 26	Sex : F
Consultant : Dr. Hima Bindu		Category :	205-AC 2on.
Date of Admission : 18/02/24	Time : 11:18 P.M.	Room / Bed No. :	~~NEW-AC (GEN)~~
Date of Discharge : 24/02/24	Time : 12:00PM	Total Days of Stay :	
Anaesthetist : Dr. Dr. Hemalatha		Anaesthesia / General / Spinal	
Diagnosis : primi c PIH c 38 wks			
Surgery : L.S.C.S. 19/2/24 8.20AM			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	18/2/24	19/2	20/2	21/2	22/2	23/2	24/2
Dr. Hemabindu		✓	✓	✓	✓	✓	

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
19/2/24	9AM	10:00am	20/2/24	

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	19/2	20/2	21/2	22/2	Total
Morning	105	107			
Evening	75				
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	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	19/2/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
18/2/24	Emr	to 205	Room	11:20 pm
19/2/24	205 Room	to OT	OT	6:40 am
19/2/24	OT	to	I.C.U	8 pm
20/2/24	SICU	to	205 Room (AC)	10 Am

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse :

EMP. No. :