

ACTIVITY RECORD FOR BILLING



SANJIVI HOSPITAL

HANDS OF CARE



CASH / CREDIT

[illegible]

PHYSIOTHERAPY

Date														Total
No. of times														

DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL

Date														Total
No. of times														

NEBULISATION

Date														Total
Morning	19/2/24	20/2/24	21/2/24	22/2/24	23/2/24									
Evening														
Night														

INVESTIGATIONS

Date	Investigation
19/2/24	ABG
20/2/24	ABG
20/2/24	Sr. electrolytes
20/2/24	ABG
21/2/24	ABG, Sputum for AFB, Gram stain & Culture & Sensitivity
22/2/24	ABG, CBC, RET, LFT, SPECTROLYTES, HBAIC, Urine - (M) BUN, Sr Calcium

Date	Investigation
23/2/24	ABG
23/2/24	urine ketones
24/2/24	
25/2/24	Sr. Electrolytes & TIG Levels

RADIOLOGY INVESTIGATIONS

Date	Investigation
19/2/24	ECG
20/2/24	Chest - Xray, (Red side)

Date	Investigation
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PROCEDURES

Procedure	No. of Times	Procedure	No. of Times
Intubation	19/2/24	Tracheostomy	
Ryle's Tube	19/2/24	Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation	19/2/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction	19/2/24		

BED TRANSFER

Date	From	To	Type of Accommodation	Time
19/2/24	ER	to	ICU	3pm
23/2/24	S.I.C.U	to	202 Room	2pm

DIET

Date				
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Name of Ward Secretary :

Name of Staff Nurse :