

D.O.A: 28/2/24 at 8:30  
D.O.D: 5/3/24 at 3pm

**Mr. MARIA FERNADO ROBERT**  
40/Male/MHC202408706  
28/02/2024/IPC2024000648  
Dr. ARTHI

**Medway JSP Hos**  
The way to better in  
(A Unit of United Alliance Healthcare)

Patient Name \_\_\_\_\_  
IP No. \_\_\_\_\_  
Room No. \_\_\_\_\_

## LLING CARD

D.O.A. 28/2/24 Time 7:50

Rent Per Day 1500

### TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
|------|------|------|----|-------------------|
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |
|      |      |      |    |                   |

### OPERATION THEATRE

|                   |   |                                        |   |
|-------------------|---|----------------------------------------|---|
| 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   | : | Laproscopey                            | : |
|                   |   | Sevoflurane / Isoflurane               | : |
|                   |   | Inj. Fentanyl : 2ml 10ml/Inj. Morphine | : |
|                   |   | Others                                 | : |

### MONITOR

| Date    | Start  | Date    | Disconnect |
|---------|--------|---------|------------|
| 28/2/24 | 8:30Am | 29/2/24 | 2pm        |
|         |        |         |            |
|         |        |         |            |
|         |        |         |            |
|         |        |         |            |

### INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### OXYGEN

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### SYRINGE PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

### ALPHA BED

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |

### SCD PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |

### VENTILATOR

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |



## OPERATION THEATRE

|                     |                            |
|---------------------|----------------------------|
| 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

|          |                         |     |                   |
|----------|-------------------------|-----|-------------------|
| 28/12/24 | ECG - 3052              | Due | S. Smith          |
| 28/12/24 | C. Brain                | due | Shingh            |
| 28/12/24 | Chest - 3052            | due | Shingh            |
| 28/12/24 | USG Abd ? 3014          | due | Dr. Vanitha Mani  |
| 28/12/24 | Echo                    | due | Dr. Suresh Kumar  |
| 29/12/24 | Carotid Doppler - 03113 | due | Dr. Ameer Hussain |
| 01/02/24 | Chest AP - 3018         | Due | Ree               |
|          |                         |     |                   |
|          |                         |     |                   |
|          |                         |     |                   |

| CBG     |          |      |         | ABG  |         |      | ACT     |
|---------|----------|------|---------|------|---------|------|---------|
| DATE    | NUMBERS  | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
| 28/2/24 | 1-3051   |      |         |      |         |      |         |
| 29/2/24 | 1-3074   |      |         |      |         |      |         |
| 29/2/24 | 1-03113  |      |         |      |         |      |         |
| 1/3/24  | 1+1-3196 |      |         |      |         |      |         |
| 2/3/24  | 1+1-3262 |      |         |      |         |      |         |
| 3/3/24  | 1-3383   |      |         |      |         |      |         |
|         |          |      |         |      |         |      |         |
|         |          |      |         |      |         |      |         |

| Date      | PHYSIOTHERAPY |                              |
|-----------|---------------|------------------------------|
| 29/2/2024 | Physiotherapy | 11.00am, 4.20pm S. Gangadhar |
| 1/3/2024  | Physiotherapy | S. Gangadhar                 |
| 2/3/2024  | Physiotherapy | S. Gangadhar                 |
| 4/3/2024  | PHYSIOTHERAPY | S. Gangadhar                 |

| NEBULIZER |         |      |         | OTHERS |         |      |         |
|-----------|---------|------|---------|--------|---------|------|---------|
| DATE      | NUMBERS | DATE | NUMBERS | DATE   | NUMBERS | DATE | NUMBERS |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |
|           |         |      |         |        |         |      |         |