





| PHYSIOTHERAPY |  |  |  |  |  |  |  |  |  |  |  |       | DRESSING : <input type="checkbox"/> MINOR <input type="checkbox"/> MEDIUM <input type="checkbox"/> MAJOR <input type="checkbox"/> SPECIAL |  |  |  |  |  |  |  |  |  |  |       |  |
|---------------|--|--|--|--|--|--|--|--|--|--|--|-------|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|-------|--|
| Date          |  |  |  |  |  |  |  |  |  |  |  | Total | Date                                                                                                                                      |  |  |  |  |  |  |  |  |  |  | Total |  |
| No. of times  |  |  |  |  |  |  |  |  |  |  |  |       | No. of times                                                                                                                              |  |  |  |  |  |  |  |  |  |  |       |  |

| NEBULISATION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Total |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| Date         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| Morning      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| Evening      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |
| Night        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |

| INVESTIGATIONS |                                                                      |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |
|----------------|----------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|------|---------------|--|--|--|--|--|--|--|--|--|--|--|
| Date           | Investigation                                                        |  |  |  |  |  |  |  |  |  |  |  | Date | Investigation |  |  |  |  |  |  |  |  |  |  |  |
| 1/03/24        | A/BG, Urine Albumine, Creatinine, Ratio                              |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |
| 11/3/24        | Viral markers, S. Albumin (acute)                                    |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |
| 2/3/24         | Thyroid profile, Lipid profile                                       |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |
| 4/3/24         | CBC ESR, CRP, Serum electrolytes, Serum calcium, RFT, FBS, uric acid |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |
| 4/3/24         | PRBS                                                                 |  |  |  |  |  |  |  |  |  |  |  |      |               |  |  |  |  |  |  |  |  |  |  |  |

| 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 | 29/12/24 @ 10pm | Pleural Taping    |              |
| Central Line    |                 | Suture Removal    |              |
| Defibrillator   |                 | Enema             |              |
| Suction         |                 |                   |              |

| BED TRANSFER |          |    |                       |          |
|--------------|----------|----|-----------------------|----------|
| Date         | From     | To | Type of Accommodation | Time     |
| 29/12/24     | EMR      | to | 102-R                 | 12 AM    |
| 1/1/24       | 102 Room | to | SLCU 1st floor        | 11:20 PM |
| 2/1/24       | SLCU     | to | ROOM                  | 1:30 PM  |
| 2/1/24       | 102 Room | to | ST20                  | 6:30 PM  |
| 4/1/24       | S.T.CU   | to | 102 Room              | 10:00 PM |
| DIET         |          |    |                       |          |
|              |          |    |                       |          |
|              |          |    |                       |          |
|              |          |    |                       |          |

i @ blood transfusion done on 1/3/24 at 11:10pm to 1:30 pm

= Catheter removed 3/3/24 @ 7:30pm.

7 @ blood transfusion done on 4/3/24 6:30 pm to 10:00 pm

Name of Ward Secretary :

Name of Staff Nurse :