

CAC



SAFETY FIRST



TRANSFER DETAILS

Rent Per Day

KL

Room No.

Dr.K.JAISRIANKAR



Date	Time	From	To	Nurse's Signature
29/7/24	8:52	Admission	RL	[Signature]
29/7/24	10:10	R	CAR Lab.	[Signature]
29/7/24	12:10	CATH LAB	RL	[Signature]

OPERATION THEATRE

Date	: 29/7/24	OT No.	: CATH/CAB-11
Surgeon	: Dr. Jaishankar K	Start Time	: 11:20
I Asst. Surgeon	:	End Time	: 11:55
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: K/N. Bavadhasani	Arthroscopy	:
Name of Surgery	: CAU	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	: 2ml 10ml/inj. monphi:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

[illegible]

SYRINGE PUMP

[illegible]

ALPHA BED

Date	Start	Date	Disconnect

SCD PUMP

t	Date

VENTILATOR

	Start	Date	Disconnect

[illegible]