PH:- 8519970375

ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / CREDIT

Reg. No. :	I.P.No. : 78	Corporate :	
Name of Patient : Mrs. CH. Ramamma		Age : 50 y	Sex : Female
Consultant : Dr. B. Krishna Prithvi		Category :	
Date of Admission : 04/03/24	Time : 8:38PM	Room / Bed No. : Non AC - 103	
Date of Discharge : 07/03/24	Time : 6:30pm	Total Days of Stay : 3 days	
Anaesthetist : Dr.		Anaesthesia / General / Spinal	
Diagnosis : Foot Swelling			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	4/3	5/3	6/3	7/3
Dr. Krishna Prithvi Sir	✓	✓	✓	✓
Dr. N.S. prasad				✓

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

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																		Total
Morning																		
Evening																		

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
4/3/24	Serum Albumin, Serum PROTEIN
5/3/24	CRP, Electrolytes

Date	Investigation

RADIOLOGY INVESTIGATIONS

Date	Investigation
5/3/24	(RT) Knee AP, Lateral.

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		Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
4/3/24	EMR	to	Ward-R	7PM

DIET

e of Ward Secretary :

Name of Staff N