

### Non-AC-Room



**Mrs. VARALAKSHMI**

41/Female/MHC202409518

05/03/2024/IPC2024000732

Dr.VALLIAMMAL K

INS?

D.O.A. 5/3/24 Time 06:33pm

Patient Name

IP No.

Room No.

Rent Per Day

1850 ✓

## TRANSFER DETAILS

[illegible]

## OPERATION THEATRE

|                                 |                                                 |
|---------------------------------|-------------------------------------------------|
| Date : 06/03/24                 | OT No. : 02                                     |
| Surgeon : DR. Valiyamma         | Start Time : 7.00 AM                            |
| I Asst. Surgeon : DR. Sasi Kala | End Time : 8.00 AM                              |
| II Asst. Surgeon : —            | Dis. Pack : —                                   |
| III Asst. Surgeon : —           | Diathermy : —                                   |
| Anaesthetist : DR. Ravikulmal   | C-Arm : —                                       |
| OT Nurse : Regina               | Arthroscopy : —                                 |
| Name of Surgery : TAH Z BSO     | Laproscopy : —                                  |
|                                 | Sevoflurane / Isoflurane : —                    |
|                                 | Inj. Fentanyl : 2ml 10ml / Inj. Morphine (DAMP) |
|                                 | Others : HPE 3 LARGE BLOOD (D)                  |

## MONITOR

[illegible]

## INFUSION PUMP

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

## OXYGEN

[illegible]

## SYRINGE PUMP

[illegible]

## ALPHA BED

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

## SCD PUMP

|             |
|-------------|
| <b>Date</b> |
|             |
|             |

## VENTILATOR

| 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]

