

ACTIVITY RECORD FOR BILLING



SANJIVI HOSPITAL
HANDS OF CARE



CASH / ~~CREDIT~~

Corporate :

Reg. No. :		I.P.No. : 83		Corporate :	
Name of Patient : Ch. Surya Kantam			Age : 75		Sex : F
Consultant : Dr. B. Prishne prithvi			Category :		
Date of Admission : 12/3/24		Time : 4:00 PM		Room / Bed No. 210	
Date of Discharge : 13/3/24		Time : 2:00 PM		Total Days of Stay : Half day	
Anaesthetist : Dr.			Anaesthesia / General / Spinal		
Diagnosis : SOB.					
Surgery :					

ACTIVITY CARD UPDATED ON

[illegible]

DOCTOR'S VISITS

[illegible]

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
12/2/24	8:30 ^{PM}	11:30 ^{PM}	12/3/24	

SYRINGE PUMP

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
12/3/24	@ 3:30 PM	11:30 PM	12/3/24	
12/3/24	@ 6:30 PM	11:30 PM	12/3/24	

INFUSION PUMP

INFUSION PUMP				
Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

OXYGEN

OXYGEN					
Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks
12/3/20	03:35	11:30 PM	13/3	24	

WATER BED

WATER BED ☐			AIR BED ☐	
Date	Time of Start	Time of Stop	Date	Total/Hrs. Days

PULSE OXYMETER

PULSE OXYMETER				
No.	fo.	Time		

GRBS

[illegible]

PHYSIOTHERAPY													DRESSING : ☐ MINOR ☐ MEDIUM ☐ MAJOR ☐ SPECIAL												
Date													Total											Total	
No. of times																									

NEBULISATION																							
Date																							Total
Morning																							
Evening																							
Night																							

INVESTIGATIONS	
Date	Investigation
12/3/24	CBC, HbA1C, RFT, wound (R)
	wound (M)
12/3/24	Sr. Electrolytes, Sr. Calcium
12/3/24	TROP-J
	CPE-MB
	NT PROBNP LEVEL
12/3/24	Urinal markers
	BGT
	CRP
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RADIOLOGY INVESTIGATIONS	
Date	Investigation
12/3/24	ECG, Echo

PROCEDURES			
Procedure	No. of Times	Procedure	No. of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation	12/3/24 @ 8 PM	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER				
Date	From	To	Type of Accommodation	Time
12/3/24	ER	to	2nd	2:33 PM

DIET				
Date	From	To	Type of Accommodation	Time

Name of Ward Secretary :
EMP. No. :

Name of Staff Nurse :
EMP. No. :

Ch. Umavathy