

	Mr. JAYACHANDRAN.K 61/Male/MHV202401912 19/03/2024/IPV2024000197	ILLING CARD 20 MAR 2024	D.O.A. <u>19/03/24</u> Time <u>9.15 Pm</u>
	Patient Name <u>Dr. PANDIYAN.A</u> IP No. <u> </u>		
Room No. <u>ICU-3</u>		Rent Per Day <u>3500 /-</u>	

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/3/24	9.30pm	ER	ICU	Sri Gauri Selvi 0029

OPERATION THEA TRE

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 :

MONITOR

Date	Start	Date	Disconnect
19/3/24	9.30pm	20/3/24	11.30 ^{am}

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
19/3/24	9.30pm	20/3/24	11.30 ^{am}

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

Date :	OT. No. :
Surgeon :	Start Time :
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III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

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