BILLING CARD

Patient Name MRS. JAYALakshmi K D.O.A. 20/3/24 Time 14:25PM

IP No. 2024000138

Room No. ICU Rent Per Day 4100

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/2/24	2.20p	ER	ICU	PO 22m.
24.3.24	1.00pm	ICU	2nd Floor	[illegible] 2225

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
20/3/24	2.30pm	24/3/24	1pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/3/24	2.30pm	20/3/24	10PM
21/3/24	12AM	21/3/24	1AM
21/3/24	2AM	21/3/24	3AM
21/3/24	6AM	21/3/24	8AM
21/3/24	10.am	21/3/24	12.pm
21/3/24	2.pm	21/3/24	5.pm.

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

C-PAP VENTILATOR

Date	Start	Date	Disconnect
20/3/24	10PM	21/3/24	12AM
21/3/24	1AM	21/3/24	2AM
21/3/24	3AM.	21/3/24	6AM
21/3/24	8AM	21/3/24	10.am

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	:

LABORATORY

Date	
20/3/24	CBC, LFT, KFT, Electrolytes, Urine complete Serology, FBS (Opposed)
20/3/24	ABG (240378)
21/3/24	FBS, Electrolyte, Lipid Profile, TSH, FT3, FT4, ABG, BMP (240378)
22/3/24	FBS, Electrolyte, ABG (20240386)
~~22/3/24~~	~~HbA1c (20240)~~
23/3/24	FBS, Electrolytes (20240319)
23/3/24	ABG (20240319)
~~24/3/24~~	~~FBS, Electrolyte~~ (240396)
	ABG (240397)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

20/3/24 Cas ECG ① CP raised
" CT Chest ② CP raised
Echo screening (20240378)
20/3/24 ~~Chest x-ray~~ ✓

CBG

20/3/24 Cas ① CP raised
9pm ① (2403785) 9pm (2403956)
21/3/24 2Am ① (2403785) 9am (2403956)
1pm (20240386)
9pm (20240386) 24.3.24
22/3/24 2Am (20240386) 6pm (3982).
1pm (20240390B)
9pm ① (3919) 25/3/24
23/3/24 2am ① (3919) 6am (986).
1pm. (20240394 3)

CBG

26.3.24.
~~Cas~~ ①

PHYSIOTHERAPY

Date

23/3/24 Chest Physio + DBE 11:30 Am
4:30pm Chest Physio + DBE. ② 24/3/24
25/3/24 11:30Am Chest Physio + DBE
3.00 pm Chest Physio + DBE
5:30pm Chest Physio + DBE ③ 26/3/24
26/3/24 10.30 Am Chest Physio + DBE
12.30 pm Chest Physio + DBE
5.00pm Chest Physio + DBE ⑧ - 72hrs

NEBULIZER

NEBULIZER

Ref DR. JAMUNA (Own Cases)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	Icu	Icu	Icu				
Dr. Jamuna	20/3/24	23/3/24	24/3/24	25/3/24	26/3/24.		
	Icu	Icu	Icu	Icu			
Dr. Praveen	20/3/24	21/3/24	22/3/24	23/3/24			
	Icu	Icu					
DR. Palaniyappan	20/3/24	22/3/24@ 12am					
	Icu	Icu					
Dr. Subashini	20/3/24	22/3/24	25.3.				
	Icu	Icu					
DR. Vinothkumar	21/3/24	23/3/24					
Dr. Arunselvam	24/3/24 ward.						

Verified

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thi. Nil	
BILL CLEARED : TOTAL – 2911 0/–	
RETURNS CHECKED : no due/–.	

Other Procedures : (specify) :-

Catheterization done by Dr

21/3/24 Inj ketamine 2.cc used (Icu)

verified by
B. Jhansi
13:22 26.3.24

Admission officer :

Sister In-charge

BILLING CARD

Patient Name Mrs. Jayalakshmi D.O.A. 20/3/24 Time 14.25pm

IP No. 2024000488

Room No. ICU Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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

C-pap INFUSION PUMP

Date	Start	Date	Disconnect
23/3/24	2pm	23/3/24	5pm
23/3/24	6pm	24/3/24	6am
24/3/24	10.30pm	25/3/24	6.10pm

OXYGEN

Date	Start	Date	Disconnect
22/3/24	10 AM.	22/3/24	12pm.
22/3/24	3 PM	22/3/24	11PM
23/3/24	2.30am	23/3/24	3am
23/3/24	10.30AM	23/3/24	2pm
23/3/24	5pm	23/3/24	6pm
25.3.24	11pm	26.3.24	6AM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

C-PAP VENTILATOR

Date	Start	Date	Disconnect
21/3/24	2.pm	21/3/24	3pm
21/3/24	5.pm	21/3/24	7pm
21/3/24	12 Pm	22/3/24	10 AM
22/3/24	10 pm.	22/3/24	3pm
22/3/24	11PM	23/3/24	2.30am

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	:

Date	LABORATORY
28/3/24	FBS, Sr. electrolytes

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

25/3/24
CBG 6am (1)

CBG

Date

PHYSIOTHERAPY

NEBULIZER

24/3/24 Neb (3) times
2pm (1)
6
25/3/24
6am (1)
9am (1)

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Jamuna	25/3/24 (W)						
			Verified				
			AB				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer :	Sister In-charge