21 MAR 2024

ILLING CARD

Mrs.RATHNABAL.M
85/Female/MHV202401929
20/03/2024/IPV2024000202
Dr.RAJA

Patient Name _____ D.O.A. 20/03/24 Time 10.30 pm

IP No. _____

Room No. ICU-2 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
20/3/24	10.30pm	ER	ICU	SN Ramalakshmi 0039

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	10.30 pm	21/3/24	2.15 am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
20/3/24	10.30 pm	20/3/24	11.30 pm

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect
20/03/24	11.30pm	21/3/24	2.15 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	:

Date	LABORATORY
20.3.24	CBC, ELECTROLYTES, UREA, CREATININE,
	LIVER FUNCTION TEST (1690)
21.3.24	URINE ROUTINE ANALYSIS (1692)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
21/3/24	ECG (1693)		
21/03/24	Echo (1697) Dr. Karthikeyan		

CBG				CBG			
20.3.24	✓						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. KARTHIKEYAN (CARDIO)	@11 pm 20.3.24						

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

Other Procedures : (specify) :-

SK THROMBOLYS DONE BY Dr. KARTHIKEYAN 20.3.24 @ 11.30pm

CATHETERIZATION DONE AT 21.3.24 12-30 AM.

Admission Officer

Sister In-charge