ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

✓
CASH / CREDIT

Reg. No. :	I.P.No. : 98	Corporate : .....

Name of Patient :	Mr. CH. Satyanarayana	Age : 60 Y	Sex : M
Consultant : Dr.	M. Surya Prasad	Category :	
Date of Admission :	28/03/24	Time : 11:46 A.M	Room / Bed No. : 101 (Non AC)
Date of Discharge :	29/03/24	Time : 11:30 A.M	Total Days of Stay : 1 day
Anaesthetist : Dr.		Anaesthesia / General / Spinal	
Diagnosis :	(R) TKR Pt Nail Removal (Implant Removal)		
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	28/3	29/3
Dr. Surya prasad	✓	✓
Dr. Sudhakar SIT		(Paid by patient)

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

SYRINGE PUMP

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

INFUSION PUMP

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

OXYGEN

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days	Remarks

WATER BED ☐ AIR BED ☐

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

PULSE OXYMETER

No.fo. Time				

GRBS

Date	29/3/24																		Total
Morning	✓300																		
Evening																			
Night																			

PHYSIOTHERAPY

Date											Total
No. of times											

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											Total
No. of times											

NEBULISATION

Date																			Total
Morning																			
Evening																			
Night																			

INVESTIGATIONS

Date	Investigation	Date	Investigation
28/3/24	Surgical profile (op basic done)		
28/3/24	Hb.A1C, [illegible] (paid by patient		
29/3/24	PPBS.		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
28/3/24	ECG, chest x-ray		
28/3/24	2D ECHO (paid) → by patient		

PROCEDURES

Procedure	No.of Times	Procedure	No.of Times
Intubation		Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation		Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
28/3/24	E4R	to	101	12pm

DIET

Name of Ward Secretary :

EMP. No. :

Name of Staff Nurse :

EMP. No. :

No Due Pharmacy 02:25pm 29/3/24