



Patient Name _____

IP No. _____

Room No. ICU-12

Mrs. PARVATHAVARTHINI

48/Female/MHV202401988

26/03/2024/IPV2024000216

Dr. RAJA



CARD

26 MAR 2024

D.O.A. 26/3/24 Time 12.15pmRent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/3/24	12.15pm	ER	ICU	S. Ezhay/0014.

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

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/03/24	12.30am	26/03/24	6.40am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
26/03/24	12.30am	26/03/24	6.30am				

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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 :

[illegible]

[illegible]

[illegible]