

27 MAR 2024

MH/ PRINT / 0007 / BILL / FO

	Mr. K. RAMESH	ILLING CARD 27 MAR 2024	D.O.A. <u>26/03/24</u> Time <u>1:00pm</u>
	35/Male/MHV202401996		
	26/03/2024/IPV2024000218		
Patient Name	Dr. K. GAYATHRI MD		
IP No.			

Room No. ICU/ICU-1Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
26/3/24	1:00pm	ER	ICU	Shritha
27/3/24	11 AM.	ICU	WARD CT-9, NALC	Shritha
			301/A-	10050

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
26/3/24	1:15pm	27/3/24	11am				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				26.3.24	1:45pm	26.3.24	4:30pm
				26.3.24	5 pm	26/03/24	11:45 pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

LABORATORY

26.3.24 PROTHROMBIN TIME, APTT, URINE ROUTINE ANALYSIS (1795)

RADIOLOGY - ECG / ECHO / X-RAY / U

26.3.24 ECG (1796)
 11 CHEST X-RAY BEDSIDE (1799)
 11 ECHOCARDIOGRAM (1801)
 11 ECG (1796)
 27/03/24 ECG (1812)

CBG

26/03/24 1+1

27/3/24 1



Medway Hospitals
 The way to better health

Mr. K. RAMESH

35/Male/MHV202401996

26/03/2024/IPV2024000218

Dr. K. GAYATHRI MD

PATIENT NAME



WARD

: ICU 2

TRANSFER TO

: Ward 7.3

DATE

: 301
27/3/2024

TIME

: 11 Am.

[Signature]
 SIGNATURE OF WARD SISTER

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

