ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

CASH / ~~CREDIT~~ Cash

Reg. No. :	I.P.No. : 95	Corporate :

Name of Patient : B. Tavaviramayya		Age : 41	Sex : M
Consultant : Dr. B. Krishna prithvi		Category :	
Date of Admission : 26/3/24	Time : 7:06 PM	Room / Bed No. : Room Single Non AC	
Date of Discharge : 07/3/24	Time : 8:00 PM	Total Days of Stay : 1 Day	
Anaesthetist : Dr.	Anaesthesia / General / Spinal		
Diagnosis : General Weakness			
Surgery :			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	26/3	27/3
Dr. Krishna prathvi		✓

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
26/8/24	11:00 AM	4:15 AM	27/3/24	

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	26/4	27/4																		Total
Morning		47 3																		
Evening		2																		
Night	✓ 335																			

PHYSIOTHERAPY

Date											
No. of times											Total

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date											
No. of times											Total

NEBULISATION

Date																			
Morning																			Total
Evening																			
Night																			

INVESTIGATIONS

Date	Investigation
26/3/24	Urine for ketones, Sr. Electrolytes (OP basis), Paid
27/3/24	urine ketone & sr. electrolytes at OP
27/3/24	urine ketone, S-electrolytes (7 pm)
28/3/24	urine ketone, S-electrolytes (1:40 pm)

Date	Investigation
	→ Paid in OP

RADIOLOGY INVESTIGATIONS

Date	Investigation

Date	Investigation

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
26/3/24	Emrs	to	105	7:30 pm

DIET

Name of Ward Secretary : Tulasi
EMP. No. : 00045

Name of Staff Nurse : Sridevi
EMP. No. : 0041

pharmacy :- Nam