Rep:- Dr. manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr mahathuvaran	28/3/24	29/3/24	30/3/24	31/3/24	1/4/24	2/4/24	3/4/24
		PNW				9.30am	11pm
morning		9.30am	PNW	11am.	11am	12pm	
Evening	PNW	6pm	12pm	PNW			
Night	7.30pm	PNW	9.30pm	6pm	10pm		10pm
			PNW				
Dr mahathuvaran	4/4/24						
Nrg							

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED : Total - 13561	
RETURNS CHECKED : due - 644	

Other Procedures : (specify) :-

HFNC circuits used 28/3/24 (10pm)

Meena
4/4/24 9.00 am

Admission Officer :

Sister In-charge

MH PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name Baby. J. Nivesha DOA 28/3/24 Time 11:40pm

IP No. 2024000 480

Room No. PICU Rent Per Day 3000/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
28/3/24	11 am	casualty	PICU.	[illegible]
31/3/24	12pm	PICU	C.W.	after Injury.

OPERATION THEATRE

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
28/3/24	12pm	31/3/24	12pm.				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
			HFNC	28/3/24	12 pm	29/3/24	10am
			HFNC	29/3/24	12 pm	30/3/24	3pm

OPERATION THEA TRE

Date :	OT. No :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dig. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date	LABORATORY
28/2/24	CBC, RFT ~~[illegible]~~ ~~[illegible]~~ (2404217)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

CBG				CBG			
28/2/24							
(BUL ① (222)							
29/2/24							
CBG ② (423)							
30/3/24							
CBG ③ (429)							
31/3/24 (435)							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
30/3/24							
Neb: ⑤	3/4/24	Neb ④					
31/3/24							
Neb ①							
1/4/24							
Neb ④							
2/4/24							
Neb ④							