Transport -100/-

ACTIVITY RECORD FOR BILLING

SANJIVI HOSPITAL
HANDS OF CARE

~~CASH~~ / CREDIT

B/S 70,300/-

Reg. No. :	I.P.No. : 1644	Corporate : .....

Name of Patient : V. Satyanarayana		Age : 67	Sex : M
Consultant : Dr. K.V.V. Satyanarayana		Category :	
Date of Admission : 28/3/24	Time : 3:51 PM	Room / Bed No. : M/20	
Date of Discharge : 10/4/24	Time :	Total Days of Stay :	
Anaesthetist : Dr. Varsha	Anaesthesia / General / Spinal		
Diagnosis : SDH (midline)			
Surgery : ~~(B)~~ SDH 29/3/24 11pm			

ACTIVITY CARD UPDATED ON

DOCTOR'S VISITS

Doctor's Name / Date	28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4
Dr. K.V.V. Satyanarayana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physiotherapy med			paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid

MEDICAL EQUIPMENT

VENTILATOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
29/3/24	1.5AM	~~3.pm~~	2/4/24	

MONITOR

Date	Time of Start	Time of Stop	Date	Total/Hrs. Days
28/3/24	@4:40PM	12:00pm	10/4/24	

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
28/3/24	@10:30PM	12:00pm	10/4/24	

PULSE OXYMETER

No.fo. Time				

GRBS

Date	28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4	9/4	10/4	Total
Morning		3	2	1	1	1	2	2	3	1	1	1	1	1	
Evening	✓	1	1	1	1	1	1	1	1	1	1	1			
Night		1	2	1	1	2	2	1	1	1	1	1			

PHYSIOTHERAPY

Date	20/3	31/3	1/4	2/4	3/4	4/4	5/4	6/4	7/4	8/4	Total
No. of times	paid	paid	paid	paid	paid	paid	paid	paid	paid	paid	9/4

DRESSING : ☐ MINOR ☐MEDIUM ☐MAJOR ☐SPECIAL

Date												Total
No. of times												

NEBULISATION

Date	29/3/24	30/3	31/3	1/4/24	2/4/24	3/4	4/4	5/4	6/4	7/4	8/4							Total
Morning			✓	✓	✓	✓	✓	✓	✓	✓	✓							
Evening		✓			ø			ø										
Night	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓							

INVESTIGATIONS

Date	Investigation	Date	Investigation
28/3/24	Surgical profile, Coagulation profile	6/4/24	s. electrolytes, Hb.
29/3/24	ABG. S. electrolytes	8/4/24	Serum protein
10:00	S. electrolytes		
30/3/24	S. electrolytes		
1/4/24	S. electrolytes		
2/4/24	S. electrolytes		
4/4/24	S. Electrolytes		

RADIOLOGY INVESTIGATIONS

Date	Investigation	Date	Investigation
28/3/24	ECG, Chest x-ray		
3/4/24	CT. Brain		

PROCEDURES

Procedure	No.of Times	Procedure	No.of Times
Intubation	29/3/24	Tracheostomy	
Ryle's Tube		Steam Inhalation	
Lumbar Puncture		ICD	
Cut Down		Fundus Evaluation	
Catheterisation	29/3/24	Pleural Taping	
Central Line		Suture Removal	
Defibrillator		Enema	
Suction			

BED TRANSFER

Date	From	To	Type of Accommodation	Time
28/3/24	Emr	to	~~m/s~~ SICU at	4:30pm
28/3/24	SICU	to	OT at	8.20pm
29/3/24	OT	to	SICU	1.AM

DIET

OT Report 28/3/24

OT Utilization - 9pm to 12:30am

Diathermy - 9:15pm 12:10am

1 Blood transfusion done on 28/3/24. 10pm to 11.30pm

1 Blood transfusion done on 29/3/24. 2.40Am to 5.30Am

1 Blood transfusion Done on 29/3/24 12:00pm to 4:00pm

Name of Ward Secretary : L. Rahim N/S

EMP. No. : 82

Name of Staff Nurse : A Kalyani S/N

EMP. No. : ASK0029

Nonme ~~259740~~

26403

Cons - 9895

Dr. YSR Aarogyasri Health Care Trust

Dr. YSR Aarogyasri Health Care Trust
D.No. 241, MGM Capital Building,Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant,Chinnakakani,Mangalagiri, Guntur District,Pin: 522508.
Phone No:0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/1/04391259

Date : 08/04/2024 13:21:13

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which ha admitted Mr/Ms Vallem Satyanarayana (the patient) on 29/03/2024 01:37:02 having Health/White/TAP/RAP card nc **WAP044502300021/01** and belonging to district **EAST GODAVARI**, suffering from **SDH** having given consent for **Craniotomy An Evacuation of Subdural Haematoma (S10.1.1)** surgery/therapy is hereby AUTHORISED to undertake the procedure/treatmer subject to the maximum package rate of **70300** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr. YSR Aarogyasri Health Care Trust)
Date: 30-Mar-2024 11:34 AM

Seal :