Ref (Krg Nursing)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Kanagagini	23/4/24	24/4/24					
Morning							
Evening	1:30pm	9:30pm					
Night	10pm						

PHARMACY		AMBULANCE
OT DRUGS REPLACED :	Total - 3778	Baby Pickup to. Krg. Nursing. Kumbakonam Own Ambulance.
BILL CLEARED :		
RETURNS CHECKED :	nodues	

Other Procedures : (specify) :- Ryles tube insertion done 23/4/24.

Verified: S/N Hiruthika 2169 24/4/24 @ 10AM

Admission Officer : Sister In-charge

MH/ PRINT / 0007 / BILL / FO

BILLING CARD

Patient Name 80181/D. Swetha . D D.O.A 23/4/24 Time 12:30Pm.

IP No. 20240005 83

Room No. NICU Rent Per Day 4100/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
23/4/24	12.30pm	Direct NICU	admission	S/N Hiruthika 2169

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
(1) 23/4/24	12.30pm	24/4/24	6am.				

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
(2) 23/4/24	12.30pm	24/4/24	2.30pm	23/4/24	1pm	24/4/24	5am (1)

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	:

Date	LABORATORY
23/4/24	CBC, CRP, Calcium, Blood grouping [5370]

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

23/4/24	Chest x ray (5370)		

CBG			CBG			
23/4/24 CBG-8	[5370]					
24/4/24 CBG-8	[5383]					
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Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			