B/O.SHARMILA
0/Female/MHV202402407
25/04/2024/IPV2024000324
Dr.SASIKALA

ILLING CARD

30 APR 2024

Patient Name

IP No.

D.O.A. 25/4/24 Time 8.30 PM

Room No. Nursery ward.1

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
25/4/24	8.30 PM	NICU ADMISSION		0129
26/4/24	6am	NICU	WARD 312	0129

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

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
25/4/24	9pm	26/4/24	12am

SYRINGE PUMP

Single surface phototherapy

Date	Start	Date	Disconnect
28/4/24	5.40pm	29/4/24	12.30pm

ALPHA BED / SCD PUMP

WARMER

Date	Start	Date	Disconnect
25/4/24	8.30pm	26/4/24	6am

VENTILATOR

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
28/4/24	Blood Grouping & typing, TSH, Total Billirubin, direct billirubin & Indirect billirubin [2480]
29/4/24	Total billirubin, Direct billirubin (2489)

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

CBG				CBG			
25/4/24							

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SASIKALA (Paedia) MD	10AM 26/4/24	10.30AM 28/4/24	5.30PM 28/4/24	9am 29/4/24	10.30AM 30/4/24		

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : S. Malk 25/4/24	Sister In-charge