BILLING CARD

Patient Name Mr. R. Yoganathan D.O.A 3/5/24 Time 1:00 Am

IP No. 2024000617

Room No. PW Rent Per Day 4100/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
3/5/24	1.45Am	ER	IW	
4/5/24	3.30pm	~~ICU~~ IW	OT	
7/5/24	5.30Pm	OT	ICU	
17/5/24	3.30pm	ICU	2nd Floor	

OPERATION THEA TRE

Date	: 7/5/24	OT No.	: 4.00 pm
Surgeon	: Dr. Sanmugasundaram	Start Time	: 5.00 pm
I Asst. Surgeon	: Dr. Alex	End Time	: —
II Asst. Surgeon	: —	Dis. Pack	: —
III Asst. Surgeon	: —	Diathermy	: Used for 5 mits
Anaesthetist	: Dr. Jamuna	C-Arm	: Used for 15 mits
OT Nurse	: S/N Renuga / Karthika	Arthroscopy	: —
Name of Surgery	: ~~1~~ ORIF Trochleochary & K-wire fixation	Laproscopy	: —
		Sevoflurane / Isoflurane	: —
		Inj. Fentanyl	: Bay
		Others	: K-wire 1.8mm - 2

MONITOR

Date	Start	Date	Disconnect
3/5/24	2 am	7/5/24	3.30pm
7/5/24	5.30pm	17/5/24	3.30pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
4/5/24	11.30Am	5/5/24	11.30 AM
5/5/24	9. pm	6/5/24	7.30Am
8/5/24	10.30 AM	11/5/24	10 AM
11/5/24	6pm	12/5/24	9 Am

SYRINGE PUMP

Date	Start	Date	Disconnect
3/05/2024	12.30pm	4/5/24	7am

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect
3/5/24	6am	24/5/24	12pm

VENTILATOR

Date	Start	Date	Disconnect
3/5/24	2 am	4/5/24	11.30Am
6/5/24	7.30AM	7/5/24	3.30 pm
7/5/24	5.30pm	8/5/24	10.30Am

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
3/5/24	CBC, CRP, ESR, RBS, RFT, LFT, Sr. electrolytes, HBA1C, Serology, Urine complete. (Tp raised)
4/5/24	FBS, Sr. electrolytes, ABG (20240576)
5/5/24	FBS, Electrolyte, WBC, (5810)
6/5/24	FBS, Electrolyte (5853)
7/5/24	FBS, Electrolyte, ABG (5929)
7/5/24	Blood Grouping & Typing (20240496)
8/5/24	ABG, FBS, Electrolyte, WBC count (5984)
8/5/24	Tracheal Culture (BOAT →) (primegen)
9/5/24	FBS, Electrolyte (BOAT)
9/5/24	Bld cls (6128] (primegen)
10/5/24	FBS, Electrolytes, CBC, CRP (6128]
11/5/24	FBS, electrolytes (6XX]
11/5/24	Urine RE, Urine CS [2024066209] primegen ↓ [20240620
~~11/5/24~~	~~Chest X-ray [20240621~~
12/5/24	FBS, electrolytes (6227]
12/5/24	~~CBC [20240623~~]

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

3/5/24 ECG - I (Tp raised)

3/5/24 CT-brain, CT-chest, CT-ABDOMEN (20240574)

3/5/24 CT-Facial bone, CT-orbit, CT-Angio brain (20240574)

5/5/24 CT brain, chest x-ray, (R) wrist AP, Lat, (L) wrist AP Lat, CT Cervical spine

8/5/24 Chest X-ray (20240623)

10/5/24 chest xray bedside (6128)

11/05/24 Chest X ray (68

CBG 12/5/2024 CBG

CT brain (6288)

Date	PHYSIOTHERAPY	NEBULIZER	NEBULIZER
03/05/24	limb Physio + Chest Physio		
04/05/24	10:30 Am limb Physio + chest Physio		
	4:30 Pm limb Physio + Chest Physio		
06/05/24	10:30 Am limb Physio + Chest Physio		
	4:00 pm limb Physio + Chest Physio		
07/05/24	10:45 Am limb Physio + Chest Physio		
08/05/24	10:30 Am limb Physio + Chest Physio		
	5:15 pm limb Physio + Chest Physio		
09/05/24	10:30 Am limb Physio + Chest Physio		
	12:00 pm limb Physio		
	2:30 pm Chest Physio + limb Physio		
	5:30 pm Chest Physio + limb Physio		
10/05/24	10:30 Am Chest Physio + limb Physio		
	12:30 pm Chest Physio +		
	3:30 pm Chest Physio + limb Physio		
	5:30 pm limb Phys + Chest Physio		

4/5/24 Aerogen neb (DE 6/4)

F.D

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	ICU	ICU	ICU	ICU	ICU	ICU	ICU
Dr. Vinothkumar	3/5/24	5/5/24	6/5/24	9/5/24	10/5/24	12/5/24	13/5/24
DR. Jamuna	3/5/24	4/5/24	4/5/24 @ 6PM	5/5/24	6/5/24	7/5/24	8/5/24
	9/5/24 (2pm)	ICU	ICU	ICU	ICU	ICU	ICU
Dr. Rajarajan (phone Order)	3/5/24 ICU						
	ICU	ICU	ICU	ICU	ICU	ICU	ICU
Dr. Jamuna	9/5/24	10/5/24	11/5/24	11/5/24 @ 6PM	12/5/24	13/5/24	14/5/24
Dr. Nirmal Kumar	3/5/24	5/5/24	6/5/24	7/5/24	8/5/24	10/5/24	12/5/24
	ICU	ICU	ICU	ICU	ICU	ICU	ICU
Dr Alex	3/5/24	4/5/24	5/5/24	6/5/24	8/5/24	11/5/24	14/5/24
	ICU	ICU	ICU	ICU	ICU	ICU	ICU
Dr. Vijayakala Rajai	3/5/24 ICU						
Dr. Subashini	9/5/24 ICU						
Dr. Arutselvam	3/5/24 ICU	10/5/24 ICU					
Dr. Pazhaniyappan	3/5/24 ICU						
Dr. Rajamanjan	3/5/24 ICU	10/5/24 ICU	11/5/24 ICU				
DR. Ravichandran	5/5/24 ICU	15/5/24 ICU					
Dr. Balaprakash	7/5/24 ICU	8/5/24 ICU	11/5/24 ICU	11/5/24 ICU	15/5/24 ICU		

PHARMACY

OT DRUGS REPLACED :

BILL CLEARED :

RETURNS CHECKED :

AMBULANCE

Kumbakonam GH to medway pick up in two Ambulance

Other Procedures : (specify) :-

3/5/24 ET intubation done by Casuality Dr. Karthikeyan

8/5/24. Inj. fentanyl 10ml (1) amp used (1)

3/5/24. Inj :- Fentanyl 10ml (1) amp used. (2)

6/5/24 - Intubation done by DR. Nirmal Kumar

7/5/24 - Inj. fentanyl 2ml (1) amp used (3)

11/5/24 - Dressing done by DR. Alex 12/5/24

Admission Officer :

Sister In-charge

BILLING CARD

Patient Name MR. R. Yoganathan. D.O.A. 3/5/24 Time 1.00 AM

IP No. 2024006617

Room No. ICU Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

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
13/5/24	FBS, Electrolytes, RFT (20240627], gotal count, CRP (20240627]
14/5/24	FBS, Electrolyte (20240634)
14/5/24	Tracheal cls (20240637) (primegen
15/5/24	FBS, Electrolyte [20240640] WBC counts.
16/5/24	FBS, Electrolyte (20240646)

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

13/5/24	(L) Elbow AP inl (20240633)	
13/5/24	(L) Wrist AP inl (20240633)	
13/5/24	(R) Wrist AP inl (20240633)	
16/5/24	chest X-ray (20240649 Bedside)	

CBG

16/5/24	9pm	(463)	
	1PM	(650H)	
	9pm	(6533)	
17/5	6am	(6533)	
	1PM	[6562]	

(22)

CBG

PHYSIOTHERAPY

Date		
11/05/24	10.30 Am	Chest Physio + limb Physio
	12.30 Pm	Chest Physio
	3.30 pm	Chest Phy + limb physio
	5.30 Pm	Chest Physio + limb Physio
13/05/24	10.30 Am	chest physio + limb physio
	12.30 pm	Chest Physio.
	3.30 pm	Chest Physio.
14/05/24	10.30 Am	Chest Physio + limb physio
	12.30 Pm	Chest Physio
	3.30 Pm	limb Physio + chest Physio
	5.30 Pm	Chest Physio + limb Physio
15/05/24	10.30 Am	Chest Physio + limb physio
	12.30 pm	Chest Physio + limb Physio
	4.45 Pm	chest Physio + limb Physio
16/05/24	10.30 Am	Chest Physio + limb Physio.

(20) 13/5/24

(4) 15/5/24

NEBULIZER

NEBULIZER

	12.30 pm	Chest Physio + limb physio
	3.30 pm	Chest Physio + limb Physio
	5.30 pm	Chest Physio + limb Physio
17/05/24	10.30 Am	Chest Physio + limb Physio
	12.30 Pm	Chest Physio + limb Physio.
	3.30 Pm	Chest physio + limb Physio
	5.00 Pm	Chest Physio + limb Physio

(8)

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	IW	IW	IW	W			
Dr. nirmal kumar.	13/5/24	14/5/24	16/5/24	17/5/24.			
			W	W	W	W	W
Dr. Jamuna.	15/5/24 IW	16/5/24 IW	17/5/24 11 am 6 pm	18/5/24 11 am 6pm	19/5/24	20/05/24 11 am 4 pm	21/05/24 12 pm
	W						
Dr. Alex moses	20/05/24 10 am						

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

Other Procedures : (specify) :-

(13)5/24 - Re intubation done - Dr. Jamuna.

20/5/24 - Tracheactomy Tube removed at 12pm
Dr. Jamuna

20/05/24 - Small dressing done by Dr. Alex moses

Admission Officer :

Sister In-charge

BILLING CARD

Patient Name Mr. Yoganathan D.O.A. 3/5/24 Time 1.00Am

IP No. 2024000617

Room No. _____ Rent Per Day 4100-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature

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

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

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

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

CBG

CBG - ① 6/12

CBG

PHYSIOTHERAPY

Date		
18/05/24	10.30 Am	Chest Physio + limb Physio
	1.30 pm	Chest Physio + limb Physio
	3.30 Pm	Chest Physio + limb Physio ③
20/05/24	10.00 Am	Chest Physio + limb Physio
	1.30 Pm	Chest Physio + limb Physio
21/05/24	10.00 Am	Chest Physio + limb Physio
	1.00 Pm	Chest Physio + limb Physio ②
	4.30 Pm	Chest Physio + limb Physio
22/05/24	10.50 Am	Chest Physio + limb physio
	5.30 pm	Chest Physio + limb physio ①

24/05/24

T = ⑥

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
	22/5/24	23/5/24	24/5/24				
DR. JANUNA	12Pm (W)	11.30Am	12pm				
	W	W	W				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : TH-MS	
BILL CLEARED : TOTAL -153029/-	
RETURNS CHECKED : No due/-	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge