Mr.SATHISHKUMAR.S
35/Male/MHV202402578
08/05/2024/IPV2024000364
Dr.RAJA

LLING CARD

10 MAY 2024

Patient Name _____ D.O.A. 08/05/24 Time 8.30 Am

IP No. _____

Room No. ICU-2 Rent Per Day 3,500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
8/5/24	8.30am	ER	ICU	S/N Gowri/Sethu 0829

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
8/5/24	9am	10/5/24	9am

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
8/5/2024	GLUCOSE (R), UREA, CREATININE, ELECTROLYTES, CBC,
	URINE RE (2705)

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER			
8/5/2024	ECG, CHEST X-RAY (BED)	2725	

CBG				CBG			
08/05/24	1						
9/5/24	1 +1						
10/5/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date

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

Other Procedures : (specify) :-

STOMACH WASH GIVEN IN ICU ON 8/5/2024

STOMACH WASH GIVEN IN ICU ON 08/05/24 at 7.00pm.

Admission Officer : 08/05/24

Sister In-charge