B/O.SWATHI S
0/Male/MHV202402982
05/06/2024/IPV2024000464
Dr.(MAJOR) SATHISH KUMAR

ILLING CARD

Patient Name

09 JUN 2024

D.O.A. 05/06/24 Time 7.30 AM

IP No.

Room No. Nursery ward

Rent Per Day

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/6/24	7.30 am	OT	WARD	

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	:

PHOTOTHERAPY ~~MONITOR~~ DOUBLE SURFACE

INFUSION PUMP

Date	Start	Date	Disconnect
07/06/24	12pm	08/6/24	2am

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
7/6/24	CBC, Bilirubin Direct, Blood Group and Rh type, Bilirubin
	Total, T4 (Free), TSH 3rd Generation (2333
8/6/24	Bilirubin Total, Bilirubin Direct, Bilirubin Indirect, Coombs
	test Direct, peripheral smear, Reticulocyte Count (3365)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
8/6/24	USG Cranium (3380)		

CBG				CBG			
5/6/24	1+1+1+1+1						
	1+1+1+1+1						
	1						
6/6/24	1+1+1+1+1						
	1+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. (Comdr.) Satish Kumar (Ret)	5/6/24	5/6/24	6/6/24	7/6/24	8/6/24	9/6/24	

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

Other Procedures : (specify) :-

Double Surface Phototherapy started on 7/6/24 @ 12pm

Admission Officer :

05/06/24.

Sister In-charge