B/O.ANITHA ROSY
0/Male/MHV202402985
05/06/2024/IPV2024060465
Dr.(MAJOR) SATHISH KUMAR

Patient Name
IP No.

ILLING CARD

07 JUN 2024 D.O.A. 05/06/24 Time 11:00 AM

Room No. NICU Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
5/6/24	11 am	ER	NICU	

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~~ MARKER

Date	Start	Date	Disconnect
5/6/24	11 am	6/6/24	12pm

~~OXYGEN~~ CPAP

Date	Start	Date	Disconnect
5/6/24	11.30 am	6/6/24	6am

SYRINGE PUMP

Date	Start	Date	Disconnect
5/6/24	11.30 am	06/6/24	1am

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
5/6/24	Blood C/s, CBC, C.R.P, Calcium, Blood Group RH type (3279)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
5|6|24	X-ray (3280)		

CBG				CBG			
5|6|24	1+1+1						
6|6|24	1+1+1+1						
07|6|24	1+1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Sasikala	5/6/24 11 a.m						
ENICU doctor so no post							

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

Other Procedures : (specify) :-

Admission Officer 06/24

Sister In-charge