

Ref 881

ESI

Ch.

RL

MHI/DP/2022/104



Mrs. SELVIM ESI
52/Female MHI202484294
11/06/2024/1P112024001398

LLING CARD

SAFETY FIRST



Patient Name

Dr. K. JAISHANKAR

D.O.A. 11/6/24 Time 10:52

IP No.

Room No.

R2

TRANSFER DETAILS

Rent Per Day

Date	Time	From	To	Nurse's Signature
11/6/24	10:52	Admission	RL	R. 0221
11/6/24	12:10	RL	Cath Lab	R. 0221
11/6/24	14:00	CATH LAB	RL	Poo04

OPERATION THEATRE

Date	: 11/6/24	OT No.	: CATH LAB-II
Surgeon	: Dr. Jaishankar K	Start Time	: 12:00
I Asst. Surgeon	:	End Time	: 13:45
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	: R/N. Poo04	Arthroscopy	:
Name of Surgery	: CATH	Laprosopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/inj. monphi:	:
		Others	:

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED

SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

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