25 JUN 2024 MH/ PRINT / 0007 / BILL / FO

Baby.HITHANSHA MANTHRA
0.Female:MHV2024032655
23/06/2024/IPV2024000508
Dr.SASIKALA

LLING CARD

25 JUN 2024

Patient Name _____ D.O.A. 23/06/24 Time 12:50 Pm

IP No. _____

Room No. NICU - Bed 1 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
23/6/24	12.55pm	OP	NICU	M. Latha (0116)
24/6/24	10am	NICU	SICU	M. Latha (0116)

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~~ WARMER

Date	Start	Date	Disconnect
23/6/24	1pm	24/6/24	10 AM

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
23/6/24	1.30pm	25/6/24	2PM

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
23/6/24	peripheral smear, creatinine, calcium, CBC, Blood c/s, CRP, Urea, potassium, sodium [3575]
23/6/24	stool Reducing substances, Stool Routine analysis, stool occult blood (3515)
24/6/24	Haemoglobin (3587)

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

CBG				CBG			
23/6/24	1						
24/6/24	171						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SASIKALA	23/6/24 @ 4pm	24/6/24 @ 9:30	25/6/24 @ 11:30				
DR. PALANI RAJ	23/6/24 @ 3:00 pm	24/6/24 @ 5:00 pm					

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

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge