



Mr. SETHIL RAMNATH S

41/Male/MHM202405402

28/06/2024/1PM2024000517

Patient Name

Dr. P. SHANMUGA SUNDARAM

IP No.



Room No.

Rent Per Day 4000/-

## TRANSFER DET AILS

| Date    | Time     | From      | To            | Sister Signature |
|---------|----------|-----------|---------------|------------------|
| 28/6/24 | 8.00 PM  | ER        | III 1st Floor | M. Karan 249     |
| 29/6/24 | 8.00 AM  | 3rd floor | OT            | Bi. Abha 3144    |
| 29/6/24 | 11.00 AM | OT        | 1W            | Ushi 367         |
| 29/6/24 | 12N      | ICU       | 3rd floor     | Jul 3200         |
|         |          |           |               |                  |
|         |          |           |               |                  |

## OPERATION THEA TRE

|                   |                         |                          |                      |
|-------------------|-------------------------|--------------------------|----------------------|
| Date              | : 29/6/24               | OT No.                   | : OT-1               |
| Surgeon           | : DR. SHANMUGA SUNDARAM | Start Time               | : 9.15 AM            |
| I Asst. Surgeon   | :                       | End Time                 | : 10.15 AM           |
| II Asst. Surgeon  | :                       | Dis. Pack                | :                    |
| III Asst. Surgeon | :                       | Diathermy                | : USED               |
| Anaesthetist      | : DR. PREM [OUTSIDE]    | C-Arm                    | : USED 10 Shock. US@ |
| OT Nurse          | : VASANTHA Sagarvi      | Arthroscopy              | :                    |
| Name of Surgery   | : L5-S1 DISCECTOMY      | Laprosopy                | :                    |
|                   | ↓ GA                    | Sevoflurane / Isoflurane | :                    |
|                   |                         | Inj. Fentanyl            | : 1 AMP USED.        |
|                   |                         | Others                   | : 1                  |

## MONITOR

| Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|
| 29/6/24 | 11 am | 29/6/24 | 12 pm      |
|         |       |         |            |
|         |       |         |            |
|         |       |         |            |

## INFUSION PUMP

| Date | Start | Date | Disconnect |
|------|-------|------|------------|
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |
|      |       |      |            |

## OXYGEN

| Date    | Start | Date    | Disconnect |
|---------|-------|---------|------------|
| 29/6/24 | 11 am | 29/6/24 | 12 pm      |
|         |       |         |            |
|         |       |         |            |
|         |       |         |            |

## 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 :                   |

## LABORATORY

|         |                                                                                               |
|---------|-----------------------------------------------------------------------------------------------|
| 28/6/24 | CBC, RFT, LFT, Urea & E, HBA/C, Coagulation (BT, CT profile, Serology (ECISA) (A508) PT, INR) |
|---------|-----------------------------------------------------------------------------------------------|

## Blood group and typing (4570)

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

28/1/24

ECG (4509)

X-Ray (4509)

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

