

	B/O.JAYASRI O:Male/MHV202403529 09/07/2024 IPV2024000573 Dr.(MAJOR) SATHISH KUMAR		LLING CARD				
	Patient Name _____		D.O.A. <u>09/07/24</u> Time <u>2.30pm</u>				
	IP No. _____						
	Room No. <u>NICU - Bed - 2</u>		Rent Per Day <u>2500/-</u>				
TRANSFER DET AILS							
Date	Time	From	To	Sister Signature			
09/07/24	3 ³⁰ pm	OT	NICU	M.LTA/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 :		Laproscopey :					
		Sevoflurane / Isoflurane :					
		Inj. Fentanyl :					
		Others :					
MONITOR				WARMER INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
09/07/24	3 ³⁰ pm	09/07/24	5 ³⁰ pm	09/07/24	3 ³⁰ pm	09/07/24	5 ³⁰ pm
OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
ALPHA BED / SCD PUMP				VENTILATOR			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				09/07/24	2.30pm	09/07/24	6.15pm

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

09/7/24	VBCU, Blood grouping & typing [3872]
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RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

09/07/24 X-RAY BEDSIDE [3873]

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

