Baby.AARADHYA
0/Female MHV202403473
07/07/2024 IPV2024000568
Dr.(MAJOR) SATHISH KUMAR

ILLING CARD

Patient Name _____ 09 JUL 2024 D.O.A. 07/07/24 Time 3.50pm

IP No. _____

Room No. NICU - Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
7/7/24	4.00pm.	OP	NICU.	Shylaja.

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~~ WARMER. Single Surface ~~INFUSION PUMP~~ phototherapy

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
7/7/24	4 pm.	9/7/24	11 am	7/7/24	5 pm.	8/7/24	11 pm.

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
8/7/24	8 am	9/7/24	8 am

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
7/7/24	PERIPHERAL SMEAR (3886) UREA, BILIRUBIN - TOTAL, CREATININE
	BILIRUBIN - DIRECT (3888)
8/7/24	BILIRUBIN - TOTAL, BILIRUBIN - DIRECT, COOMBS TEST - DIRECT (3894)
09/7/24	BILIRUBIN TOTAL, BILIRUBIN DIRECT

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

CBG				CBG			
7/7/24	1+1						
8/7/24	1+1						
9/7/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. SATHISH KUMAR	8/7/24 @ 8pm	9/7/24 @10 am					
ll	(NICU doctor)						

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

Other Procedures : (specify) :-

Admission Officer : 7/7/24

Sister In-charge