



Baby.MYSHA.T

01Female/M11V202403481

08/07/2024/1PV2024000570

Dr.SASIKALA



Patient Name

IP No.

Room No. NICU**LLING CARD****12 JUL 2024**D.O.A. 08/07/24 Time 12.00 AMRent Per Day 3500/-**TRANSFER DET AILS**

Date	Time	From	To	Sister Signature
8/7/2024	12:30 AM	ER	NICU	Ba 1 - 0143
10/7/24	7:30 PM	NICU	307 A'	M. JOTA (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**INFUSION PUMP WORMER**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
8/7/24	12 ^{am}	10/7/24	4pm	8/7/24	12 ^{pm}	10/7/24	4pm

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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