

Ref: CHANESHA HEART CARE

CAR.

Self.

MHI/DP/2022/104



Medway Hospital
The way to better health
(A Unit of United Alliance Healthcare)

Mrs.INDIRA.S
59/Female.MHI202484780
11/07/2024/1P112024001623
Dr.G. GNANAVELU

ILLING CARD

SAFETY FIRST




D.O.A. 11/7/24 Time 01:33

Patient Name _____

IP No. _____

Room No. RL

TRANSFER DETAILS

Rent Per Day _____

Date	Time	From	To	Nurse's Signature
11/7/24	10:43	FO	RL	
11/7/24	14:00	RL	Cath Lab	
11/7/24	14:55	CATH LAB	RL	

OPERATION THEATRE

Date : <u>11/7/24</u>	OT No. : <u>Cath Lab 5</u>
Surgeon : <u>Dr. Gnanavelu</u>	Start Time : <u>14:15</u>
I Asst. Surgeon : _____	End Time : <u>14:40</u>
II Asst. Surgeon : _____	Dis. Pack : _____
III Asst. Surgeon : _____	Diathermy : _____
Anaesthetist : _____	C-Arm : _____
OT Nurse : <u>RLN. Abinaya</u>	Arthroscopy : _____
Name of Surgery : <u>CAL</u>	Laproscopy : _____
	Sevoflurane / Isoflurane : _____
	Inj. Fentanyl : 2ml 10ml/inj. monphi:
	Others : _____

MONITOR				INFUSION PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OXYGEN				SYRINGE PUMP			
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED				SCD PUMP		VENTILATOR	
Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

[illegible]