

Patient Name Mohan KumarIP No. 8pm 2024 000 574Room No. 200D.O.A. 13/7/24 Time 11:30 pmRent Per Day 7500

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
14/7/24	12-06pm	ER	ICU	<i>[Signature]</i>

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

Date	Start	Date	Disconnect
14/7/24	1Am	14/7/24	10:0am

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

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Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopey :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

14/12/24 CBE, RFT, CFI, APTT, PT INR (4825)
 14/12/24 ABC (4826)

[illegible]**CBG**

Date _____

NEBULIZER

