



Patient Name

IP No.

Mrs. ELAVARASI

35/Female/M11V202403630

16/07/2024/1PV2024000600

Dr. SOUNDARRAJAN



## ILLING CARD

18 JUL 2024

D.O.A. 16/07/24 Time 3.00AM

Room No. Triple Sharing Non AC - 307

Rent Per Day 1000/-

TRANSFER DET AILS

| Date    | Time   | From | To         | Sister Signature |
|---------|--------|------|------------|------------------|
| 16/7/24 | 3.00am | ER   | Ward (307) | S/N (Ganesh) 003 |
| 16/7/24 | 6.50AM | Ward | OT         | S/N Arunmozhi    |
| 16/7/24 | 8:35AM | OT   | WARD       | S/N SIVG 0127    |
|         |        |      |            |                  |
|         |        |      |            |                  |
|         |        |      |            |                  |

## OPERATION THEA TRE

|                   |                                |                          |                                  |
|-------------------|--------------------------------|--------------------------|----------------------------------|
| Date              | : 16/07/2024                   | OT No.                   | : 2                              |
| Surgeon           | : Dr. Soundararajan            | Start Time               | : 7.40am                         |
| I Asst. Surgeon   | : nil                          | End Time                 | : 8.30am                         |
| II Asst. Surgeon  | : nil                          | Dis. Pack                | : nil                            |
| III Asst. Surgeon | : nil                          | Diathermy                | : used                           |
| Anaesthetist      | : Dr. Subhashini (direct)      | C-Arm                    | : nil                            |
| OT Nurse          | : Saraswathi / Eranthi / Jeenu | Arthroscopy              | : nil                            |
| Name of Surgery   | : Lap. Appendectomy            | Laproscope               | : Camera / monitor / Light cable |
| done ✓ W.A        |                                | Sevoflurane / Isoflurane | : used 40mins                    |
|                   |                                | Inj. Fentanyl            | : 1amp used                      |
|                   |                                | Others                   | :                                |

## MONITOR

## INFUSION PUMP

| Date    | Start  | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|--------|---------|------------|------|-------|------|------------|
| 16/7/24 | 8.40am | 16/7/24 | 11am       |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |

## OXYGEN

## SYRINGE PUMP

| Date    | Start  | Date    | Disconnect | Date | Start | Date | Disconnect |
|---------|--------|---------|------------|------|-------|------|------------|
| 16/7/24 | 8.40am | 16/7/24 | 10.45am    |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |
|         |        |         |            |      |       |      |            |

## ALPHA BED / SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | 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

[illegible]

**RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER**

[illegible]

[illegible]