Mr.SABARISASTHA .M
22/Male/MLIV202403681
19/07/2024/IPV2024000620
Dr.K.GAYATHRI MD

19 JUL 2024

.LING CARD

19 JUL 2024

Patient Name _____ D.O.A. 19/07/2024 Time 6:00AM

IP No. _____

Room No. PCU - I4 Rent Per Day 3500/-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
19/7/24	10am	ER	PCU	

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
19/7/24	10am	19/7/24	5pm.

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect
19/7/24	1pm	19/7/24	5pm.

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
19/7/24	CBC, UREA, CREATININE, ELECTROLYTES, LFT, PLP
	URINE ROUTINE (AIIA)
19/7/24	Glucose (R), HIV I&II, HbsAg, Anti Hcv, Grouping Rh (AIIA)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER			
19/7/24	ECG (A170)		
19/7/24	ECHO (2D-Echocardiogram) (A179)		

CBG				CBG			
19/7/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. GAYATHRI M.D	19/7/24 @ 10.30am						
DR. KARTHIKEYAN (Card)	19/7/24 @ 4.50pm						

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

Other Procedures : (specify) :-

Thrombolysed in ICU (DR. NIVEDHIDHA)

Admission Officer :

Sister In-charge