30 JUL 2024

Mrs.JANA.J
58/Female/M11V202403822
28/07/2024/IPV2024000646
Dr.K.GAYATHRI MD

# NG CARD

30 JUL 2024

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 28/07/24 Time 10:00pm

IP No. _____

Room No. Triple sharing Non A/c - 302 A Rent Per Day 1000/-

## TRANSFER DETAILS

| Date | Time | From | To | Sister Signature |
|---|---|---|---|---|
| 28/07/2024 | 10.15pm | ER | ward | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## OPERATION THEATRE

| | | | |
|---|---|---|---|
| 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## 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 THEATRE

| | | | |
|---|---|---|---|
| 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 |
|---|---|
| 29/7/24 | Nat, Peripheralsmear, HbA1c (44452) Urine c/s, |
| | Spot Protine & creatine ratio (4459) |
| 30/7/24 | FLP (4484) |

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

| CBG | | | | CBG | | | |
|---|---|---|---|---|---|---|---|
| 29/7/24 | +++++ | | | | | | |
| 30/7/24 | +++ | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Date | PHYSIOTHERAPY |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| NEBULIZER | | | | NEBULIZER | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. Gayathri MD | 29/7/24 @ 10.10 AM | 30/7/24 @ 10 AM | | | | | |
| Dr. Raguenath (Opthalmologist) | 29/7/24 @ 8 pm | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : | Ambulance 4:52pm TO 6:15pm Krishna Scan MRI Brain 29/7/24 |
| BILL CLEARED : | |
| RETURNS CHECKED : | |

Other Procedures : (specify) :-

29/07/2024

Admission Officer :

0078

Sister In-charge