

Ref: Dr. G. Gnanavelu

Self

CAG

MHI/DP/2022/104

 Medway Heart Institute The way to best (A Unit of United Alliance)	BILLING CARD	 	 Medway Heart Institute Where heart beats never stop...
Patient Name Mrs. RANI IP No. _____ Room No. _____	SAFETY FIRST	D.O.A. 06/08/24 Time 10:38 AM	
TRANSFER DETAILS			

Date	Time	From	To	Nurse's Signature
6/8/24	10:38	Admission	RI	[Signature]
6/8/24	12:35	RI	CATH LAB	[Signature]
6/8/24	14:15	CATH LAB	RL	[Signature]

OPERATION THEATRE			
Date : 06/8/24 Surgeon : Dr. Gnanavelu. G I Asst. Surgeon : II Asst. Surgeon : III Asst. Surgeon : Anaesthetist : OT Nurse : R/r. Banadharani Name of Surgery : CAU	OT No. : CATH LAB-11 Start Time : 13:25 End Time : 13:35 Dis. Pack : Diathermy : C-Arm : Arthroscopy : Laproscope : Sevoflurane / Isoflurane : Inj. Fentanyl : 2ml 10ml/inj. morphine: 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]