Ist floor - Non AC - Single · R.NO (5)

Medway JSP Hos
The way to better he
(A Unit of United Alliance Healthcare

Mrs.ARCHANA DEVI
28/Female/MIIC202471256
13/08/2024/IPC2024002199
Dr.VALLIAMMAL K

# LLING CARD Cash

Patient Name _____ D.O.A. 13/8/24 Time 9.22 Am

IP No. _____

Room No. I - Non AC - 5 Rent Per Day RS. 1850

## TRANSFER DETAILS

| Date | Time | From | To | Nurse's Signature |
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## OPERATION THEATRE

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| Date | : 13/8/24 | OT No. | : II |
| Surgeon | : Dr. Valliammal | Start Time | : 2.00 Pm |
| I Asst. Surgeon | : Dr. Sasikala | End Time | : 2.15 Pm |
| II Asst. Surgeon | : - | Dis. Pack | : - |
| III Asst. Surgeon | : - | Diathermy | : - |
| Anaesthetist | : Dr. Ravikumar | C-Arm | : - |
| OT Nurse | : P Ils/EPa | Arthroscopy | : - |
| Name of Surgery | : D/C | Laproscopy | : - |
| | | Sevoflurane / Isoflurane | : - |
| | | Inj. Fentanyl | : 2ml 10ml/Inj. Morphine (1 amp) |
| | | Others | : |

## MONITOR

| Date | Start | Date | Disconnect |
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## INFUSION PUMP

| Date | Start | Date | Disconnect |
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## OXYGEN

| Date | Start | Date | Disconnect |
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## SYRINGE PUMP

| Date | Start | Date | Disconnect |
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## ALPHA BED

| Date | Start | Date | Disconnect |
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## SCD PUMP

| Date | Start | Date | Disconnect |
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## VENTILATOR

| Date | Start | Date | Disconnect |
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| CONSULTANT NAME | Date | Date | Date | Date | Date | Date | Date |
|---|---|---|---|---|---|---|---|
| Dr. valliammal DMO | 13/8/24 | | | | | | |
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| PHARMACY | AMBULANCE |
|---|---|
| OT DRUGS REPLACED : Given Pushpa.v MJC175<br>BILL CLEARED :<br>RETURNS CHECKED : | Nil |

**CROSS MATCHING :**

**RESERVATION OF BLOOD :**

**STERILE TRAY USED :** Nil

**TRANFUSION ( BLOOD )**

**ATTENDER'S HOLDING :**

**OTHER PROCDURES :** Physician

Discharge date & time

## 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 |
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| RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER | | | |
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| CBG | | | | ABG | | | ACT | |
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| NEBULIZER | | | | OTHERS | | | |
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| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
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