

Dr. Soudarshan

CM SCHEME  
Discharge on 11/9/24

CABG

MHI/DP/2022/104

**Medway Hospitals**  
The way to better health  
(A Unit of United Alliance Healthcare)

**BILLING CARD**  
**SAFETY FIRST**



**Patient Name** Mrs. S FARIDHA BEE (CM SCHEM)  
64/Female/MHI202485402  
04/09/2024/IP112024002062

**IP No.** Dr. RAJESH V

**Room No.**

**D.O.A.** 4/9/24 **Time** 1:00 PM

**TRANSFER DETAILS** **Rent Per Day** 202

| Date    | Time  | From              | To                | Nurse's Signature |
|---------|-------|-------------------|-------------------|-------------------|
| 11/9/24 | 3.30  | admission         | 1st floor 202 (B) |                   |
| 11/9/24 | 8.30  | 11th Floor (202B) | OT                |                   |
| 11/9/24 | 12.30 | OT                | SCU               |                   |
| 11/9/24 | 10.30 | SCU               | 201-A             |                   |
| 11/9/24 | 10.0  |                   |                   |                   |

| OPERATION THEATRE                             |                                          |
|-----------------------------------------------|------------------------------------------|
| Date : 11/9/24                                | OT No. : OT-II                           |
| Surgeon : Dr. Rajesh                          | Start Time : 9.00                        |
| I Asst. Surgeon : Dr. Praveen                 | End Time : 12.30                         |
| II Asst. Surgeon :                            | Dis. Pack :                              |
| III Asst. Surgeon :                           | Diathermy : 03.00                        |
| Anaesthetist : Dr. Praveen                    | C-Arm :                                  |
| OT Nurse : Radhika / Christy                  | Arthroscopy :                            |
| Name of Surgery : OPCAB (closed heart)        | Laproscopy : ✓                           |
| 1st Asst. Surgeon : Manman Baidya / 1st Asst. | Sevoflurane / Isoflurane : 3 HRS 30 MINS |
| 2nd Asst. Surgeon : to be changed             | Inj. Fentanyl : 2ml 10ml/inj. monphi:    |
|                                               | Others :                                 |

| MONITOR |       |         |            | INFUSION PUMP |       |      |            |
|---------|-------|---------|------------|---------------|-------|------|------------|
| Date    | Start | Date    | Disconnect | Date          | Start | Date | Disconnect |
| 11/9/24 | 13.35 | 11/9/24 | 10.30      |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |
|         |       |         |            |               |       |      |            |

| OXYGEN  |       |         |            | SYRINGE PUMP |       |         |            |
|---------|-------|---------|------------|--------------|-------|---------|------------|
| Date    | Start | Date    | Disconnect | Date         | Start | Date    | Disconnect |
| 11/9/24 | 17.30 | 11/9/24 | 9.00       | 11/9/24      | 13.35 | 11/9/24 | 6.30       |
|         |       |         |            |              |       |         |            |
|         |       |         |            |              |       |         |            |
|         |       |         |            |              |       |         |            |

| ALPHA BED |       |      |            | SCD PUMP |       | VENTILATOR |            |
|-----------|-------|------|------------|----------|-------|------------|------------|
| Date      | Start | Date | Disconnect | Date     | Start | Date       | Disconnect |
|           |       |      |            | 11/9/24  | 13.35 | 11/9/24    | 17.30      |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |
|           |       |      |            |          |       |            |            |

[illegible]

## LABORATORY

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

[illegible]

49

6

3

| DATE   | NUMBERS          | DATE    | NUMBERS        | DATE     | NUMBERS                              | DATE     | NUMBERS     |
|--------|------------------|---------|----------------|----------|--------------------------------------|----------|-------------|
| 4/9/24 | 1 + 1 (1291)     | 6/9/24  | 1 (1345)       | 06/09/24 | 2 (1395) OT                          | 06/09/24 | 2 (1395) OT |
| 5/9/24 | 1 + 1 + 1 (1291) |         |                | 06/09/24 | 1 (1395) CBG (OT) <sup>2nd</sup> au. |          |             |
| 6/9/24 | 1 + (1291)       | 9/9/24  | 1 + (1568)     | 6/9/24   | 2 (1391)                             | 6/9/24   | 1 (1397)    |
| 7/9/24 | 1 (1241)         | 10/9/24 | 1 + H (1568)   | 6/9/24   | 1 (1407)                             |          |             |
| 7/9/24 | 2 (11428)        | 10/9/24 | 1 + (1644)     | 7/9/24   | 1 (11411)                            |          |             |
| 7/9/24 | 2 (11439)        | 10/9/24 | 1 + 1 + (1644) |          |                                      |          |             |
| 8/9/24 | 1 (11444)        |         |                |          |                                      |          |             |
| 8/9/24 | 1 + 1? (1201)    |         |                |          |                                      |          |             |
| 9/9/24 | 1 + 1            |         |                |          |                                      |          |             |

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

[illegible]

| NEBULIZER | OTHERS |
|-----------|--------|
|-----------|--------|

| DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS | DATE | NUMBERS |
|------|---------|------|---------|------|---------|------|---------|
|------|---------|------|---------|------|---------|------|---------|

|         |         |                    |     |        |  |  |  |  |
|---------|---------|--------------------|-----|--------|--|--|--|--|
| 6/9/24  | 1+1     | <del>10/9/24</del> | 1+1 | Q div. |  |  |  |  |
| 7/9/24  | 1+1+1+1 |                    |     |        |  |  |  |  |
| 8/9/24  | 1+1+1+1 |                    |     |        |  |  |  |  |
| 9/9/24  | 1+1+1+1 |                    |     |        |  |  |  |  |
| 10/9/24 | 1+1+1+1 |                    |     |        |  |  |  |  |
| 11/9/24 | 1+1     |                    |     |        |  |  |  |  |

[illegible]