PEN132277/01 and belonging to District **KAKINADA** suffering from **Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organdysfunction** having given consent for **Total knee replacement**surgery/therapy is hereby authorised by the Trust to undertake the procedure/treatment subject to maximum package rate of Rs**132247**

Authorized Signature

Name:Trust Doctor

Date:28/08/2024 01:01:11 PM

EHS

A/s → 132247

BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Mr. P. Veeraju, 73y/M

IP No. 417

Room No.

DOD:- 4/9/24

D.O.A 26/8/24 Time 4:04 P.M

Diagnosis: Arthritis

Rent Per Day

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
26/8/24	-	EMR	Male ward	P. Sandya 0017
30/8/24	11:45A	105	OT	Sandy
30/8/24	3:15 pm	OT	SICU	Mani 0003
31/8/24	6AM	SICU	105 Room	Kumari 0011
3/9/24	4AM	R-105	SICU	Bhavani
3/9/24	10:00Pm	SICU	105 Room	G. Vijaya 0053

OPERATION THEATRE

Date	:	30/8/24	OT No.	:	I
Surgeon	:	Dr. Srinubabu.	Start Time	:	12pm
I Asst. Surgeon	:	-	End Time	:	3:1 pm.
II Asst. Surgeon	:	-	Dis. Pack	:	-
III Asst. Surgeon	:	-	Diathermy	:	12:10pm to 1:30pm
Anaesthetist	:	Dr. Sandeep. Mani.	C-Arm	:	-
OT Nurse	:		Arthroscopy	:	-
Name of Surgery	:	(Rt) TKR. [Total knee Replacement]	Laproscopy	:	-
			Sevoflurane / Isoflurane	:	-
			Inj. Fentanyl	:	-
			Others	:	

MONITOR

Date	Start	Date	Disconnect
30/8/24	3:30Pm	31/8/24	6AM
3/9/24	1:00Am	3/9/24	12:30Pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
30/8/24	3.30Pm	30/8/24	6:30Pm
3/9/24	1:00Am	3/09/24	7:00AM

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
30/8/24	Fbs
3/9/24	Sr. Electrolytes.

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

27/8/24	Rt knee x-ray		
3/9/24	ECG		
4/9/24	post op X-ray Rt knee		

CBG

30/8/24	1		
3/9/24	1+1		

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Suryaprasad (orthopedician)	26/8/24 2/9/24	27/8/24 3/9/24	28/8/24 4/9/24	29/8/24	30/8/24	31/8/24	1/9/24
Dr. SREENU BABU (ortho Surgeon)	30/8/24	3/9/24					
DR. Satyanarayana (Neuro surgeon)	3/9/24 paid by patient						
Dr. Srinidhi (physiotherapist)	4/9/24 paid by patient						

PHARMACY

OT DRUGS REPLACED : –

BILL CLEARED : Medicine – 9912/–

RETURNS CHECKED : Consumables – 10,333/–

Implants – 16,000/–

Rs – 36245/–

[signature] 4/9/24

AMBULANCE

Transport – NO

Other Procedures : (specify) :-

30/8/24 14 Romovac drain done at 2:50pm.

12 folyes catheter done at 1:pm

2/9/24 Drain Removed at 2:30Pm

2/9/24 Dressing Done at, 2:31Pm.

4/9/24 Dressing done at 11Am @ (large)

Foley's Catheter removed at 3pm @ 4/9/24

Admission Officer : [signature]

Sr. Rahm [signature]

P. Vardhini (0098)

Sister In-charge