Baby,ADHARSH
0/Male/MIIV202404376
31/08/2024/IPV2024000773
Dr.(MAJOR) SATHISH KUMAR

03 SEP 2024

CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name _____ D.O.A. 31/08/24 Time 11.10pm

IP No. _____

Room No. 306-Single Room non AC Rent Per Day 1400/-

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
31/8/24	11.10pm	ER	ward 306	

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
1/9/24	8.30am	3/9/24	11.00am

INFUSION PUMP

Date	Start	Date	Disconnect

~~OXYGEN~~ HFNC

Date	Start	Date	Disconnect
1/9/24	8.30am	2/9/24	8.30am

SYRINGE PUMP

Date	Start	Date	Disconnect
	1/9/24	~~8.30am~~	
1/9/24	8.30am	9.30am	1/09/24

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
1/9/24	CBC, CRP, peripheral Smear, Blood c/s (5360)
	Urea, Creatinine, Na^+ (5374). CBC, LFT (5381)

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

CBG				CBG			
31/8/24	1						

Date	PHYSIOTHERAPY

NEBULIZER				NEBULIZER			
1/9/24	1+1+1						
2/9/24	1+1+1+1 1+1						
3/9/24	1+1+1+1						

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR. Sathishkumar	~~at 12 Pm~~ 1/9/24	2.30pm 2/9/24	2 PM 3/9/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED : BILL CLEARED : RETURNS CHECKED :	

Other Procedures : (specify) :-

Admission Officer : 3/8/24	Sister In-charge