



B/O.VIVEKA

O.Female/MHV202404472

06/09/2024/IPV2024000800

Patient Name

Dr.SASIKALA

IP No.



Room No.

NICU

ILLING CARD

10 SEP 2024

D.O.A. 06/9/24 Time 2.15 pm

Rent Per Day

3500 /-

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
6/9/24	1.30pm	Direct NICU Admission	NICU	Signature
8/9/24	12pm	NICU	Nursery Ward	M. Jais (0116)

OPERATION THEA TRE

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	:	Laproscoy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

INFUSION PUMP WARMER

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				6/9/24	2pm	7/9/24	3pm

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				6/9/24	2pm	7/9/24	3pm

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEA TRE	
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Name of Surgery :	Laproscopy :
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	Inj. Fentanyl :
	Others :

[illegible]

[illegible]

