



Mrs. BHUVANESHWARI

40/Female M11V 202404789

24/09/2024/IPV2024000882

Patient Name Dr. SOUNDARRAJAN

IP No.



## ILLING CARD

25 SEP 2024

D.O.A. 24/9/24 Time 12.50 pm

Room No. Triple Sharing Nona-302

Rent Per Day 1000/-

## TRANSFER DET AILS

| Date    | Time    | From | To   | Sister Signature |
|---------|---------|------|------|------------------|
| 24/9/24 | 12:50pm | ER   | OT   | [Signature]      |
| 24/9/24 | 2:15pm  | OT   | ward | A. Dhya 0026     |
|         |         |      |      |                  |
|         |         |      |      |                  |
|         |         |      |      |                  |

## OPERATION THEA TRE

|                   |                      |                          |          |
|-------------------|----------------------|--------------------------|----------|
| Date              | : 24/9/2024          | OT No.                   | : 3      |
| Surgeon           | : Dr. Soundhar rajan | Start Time               | : 2pm    |
| I Asst. Surgeon   | : nil                | End Time                 | : 2:15pm |
| II Asst. Surgeon  | : nil                | Dis. Pack                | : nil    |
| III Asst. Surgeon | : nil                | Diathermy                | : used   |
| Anaesthetist      | : Dr. Saranya        | C-Arm                    | : nil    |
| OT Nurse          | : sivarajani / geova | Arthroscopy              | : nil    |
| Name of Surgery   | : Lateral sphincter  | Laproscope               | : nil    |
|                   | :otomy done ↓ SA     | Sevoflurane / Isoflurane | : nil    |
|                   |                      | Inj. Fentanyl            | : nil    |
|                   |                      | Others                   | : nil    |

## MONITOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## INFUSION PUMP

## OXYGEN

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## SYRINGE PUMP

## ALPHA BED / SCD PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |
|      |       |      |            |      |       |      |            |

## VENTILATOR

| 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 :   | Laproscopy :               |
|                     | Sevoflurane / Isoflurane : |
|                     | Inj. Fentanyl :            |
|                     | Others :                   |

[illegible]



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

[illegible]

[illegible]