

Ref (ESI)


 CAG  
 MHI/DP/2022/104

**Medway Hos**  
 The way to better  
 (A Unit of United Alliance Health)

Mr. ELUMALAI J (ESI)

50/Male/MHI202486099

Patient Name

30/09/2024/1P112024002296

IP No.

Dr. G. GNANAVELU

Room No.

## TRANSFER DETAILS

Rent Per Day

RL



D.O.A. 30/9/24 Time 10:11 AM

| Date    | Time  | From      | To       | Nurse's Signature |
|---------|-------|-----------|----------|-------------------|
| 30/9/24 | 10.20 | Admission | RL       |                   |
| 30/9/24 | 12.10 | RL        | Cath Lab |                   |
| 30/9/24 | 13.15 | Cath Lab  | RL       |                   |
|         |       |           |          |                   |
|         |       |           |          |                   |
|         |       |           |          |                   |

## OPERATION THEATRE

|                   |                  |                                       |               |
|-------------------|------------------|---------------------------------------|---------------|
| Date              | : 30/9/24        | OT No.                                | : Cath Lab 51 |
| Surgeon           | : Dr. Gnanaavelu | Start Time                            | : 12.35       |
| I Asst. Surgeon   | :                | End Time                              | : 13.00       |
| II Asst. Surgeon  | :                | Dis. Pack                             | :             |
| III Asst. Surgeon | :                | Diathermy                             | :             |
| Anaesthetist      | :                | C-Arm                                 | :             |
| OT Nurse          | : P.N. Priya     | Arthroscopy                           | :             |
| Name of Surgery   | : CAG            | Laproscopey                           | :             |
|                   |                  | Sevoflurane / Isoflurane              | :             |
|                   |                  | Inj. Fentanyl : 2ml 10ml/inj. morphi: | :             |
|                   |                  | Others                                | :             |

## MONITOR

## INFUSION PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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## OXYGEN

## SYRINGE PUMP

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
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## ALPHA BED

## SCD PUMP

## VENTILATOR

| Date | Start | Date | Disconnect | Date | Start | Date | Disconnect |
|------|-------|------|------------|------|-------|------|------------|
|      |       |      |            |      |       |      |            |
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[illegible]