



Family Wellness Hospital

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ACTIVITY RECORD CARD

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ROOM/BED NO.	NAME OF THE PATIENT	REG. NO.	AGE/SEX	DOCTOR INCHARGE

BED TRANSFER DETAILS					STENTS/ MPLANTS DEVICE	

DETAILS OF SURGERY	DESCRIPTION OF SURGERY
SURGEON'S NAME:	
ANAESTHETIST:	
ASSISTANT SURGEON:	
OTHER DOCTOR:	

OXYGEN			VENTILATOR			

PULSE OXYMETER					BIPAP	

SYRING PUMPS				

BLOOD GAS (ABG)					NEBULIZER		
ALPHA BED USED	(NORMAL/SPECIAL)						

