

Parameter	Checked (Yes/No)	Remarks
Any Devices	Yes	Vaccum Drain, RT, T.T, IV Cannula's.
Bed Sore	Yes	Present. Biactine.
Fall Score	Yes	
Pain Score	Yes	
Others		
Medication Chart Explained		

Investigations: Checked Y N Attached to file Y N

Lab Reports	Radiology Reports	File / Others	OPD Tests
CBC	Y/N X-Ray		OPD File
PTINR	Y/N CT		
Cratinine	Y/N MRI		
Urine R/E	Y/N PET Scan		Other Tests
Electrolytes	Y/N		
Others			
MRSA / 3H	Not detected / Nonreactive.		

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area

Name: Ayan
Sign:
Emp Id: 112499
Date: 20/10/24 Time: 3pm

Receiving Nurse in Recovery room

Name: Priyanka Atcole
Sign:
Emp Id: 112499
Date: 20/10/24 Time: 3pm

Receiving Nurse in OT / Cath Lab

Name: Vrushali Pawar
Sign:
Emp Id: 112499
Date: 20/10/24 Time: 5:00

Receiving Nurse Post Procedure area

Name: Priyanka Atcole
Sign:
Emp Id: 112499
Date: 30/10/24 Time: 5:52 PM

Receiving Nurse for ward

Name: Ayan Day
Sign:
Emp Id: 112499
Date: 30/10/24 Time: 7:00 PM