



MGMV NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703



NABH ACCREDITED

JCI ACCREDITED

DRUG ORDER CHART (ICU)

CHART NO. 1(A)

MR KIRAN BHAGWAN TAWARE
HID: MGM240017131 / ID: MGMP2406720
Age/Sex: 56 Years / Male 05/10/2024
ED: ECU-001 WARD: DEPC09
P: DR. PRASHANT ATHALE

BLOOD GROUP: B +ve Date: From 05/10 To 08/10
PATIENT TYPE: III ICU DAY: 1

DIAGNOSIS: Intestinal Perforation(?) Chikungunya IgM(+ve) ? AP.

ALLERGIES: Not known.

ANTIMICROBIALS:

Drug Name: INJ PIPTAZ	Generic Name: PIPERACILLIN TAZOBACTAM	Date 5/10/24 Day	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 1.5gm IV HT	Route: Frequency: Special Instructions Time	16pm	Stop		
Start Date & Time: 5/10 1:30pm Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6am Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: INJ METRONIDOLE	Generic Name: METRONIDAZOLE	Date 5/10/24 Day	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 1.5gm IV HT	Route: Frequency: Special Instructions Time	10pm			
Start Date & Time: 5/10 1:30pm Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6am Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: T. BACT OINTMENT	Generic Name: MUPIROCIN	Date 5/10 Day	Date 6/10 Day	Date 7/10 Day	Date 8/10 Day
Dose: 1.5gms LIA HT	Route: Frequency: Special Instructions Time	12pm	8am 4pm 12pm	8am 4pm 12pm	8am 4pm 12pm
Start Date & Time: 5/10 3pm Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6am Dr. P.A.	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: Teicoplanin	Generic Name: TEICOPLANIN	Date 5/10 Day	Date 6/10 Day	Date _____ Day	Date _____ Day
Dose: 400mg IV HT	Route: Frequency: Special Instructions Time	10pm	10am 10pm		
Start Date & Time: 6/10 11pm Dr. T.S.	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 7/10 6am Dr. T.S.	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: INJ MEROPENEM	Generic Name: MEROPENEM	Date _____ Day	Date 6/10 Day	Date _____ Day	Date _____ Day
Dose: 1.5gm IV I-O-I	Route: Frequency: Special Instructions Time		8am 4pm 12pm		
Start Date & Time: 6/10 8am Dr. T.S.	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 3:45pm Dr. Vikas	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: INJ MEROPENEM	Generic Name: MEROPENEM	Date _____ Day	Date 6/10 Day	Date 7/10 Day	Date _____ Day
Dose: 1.5gm IV I-O-I	Route: Frequency: Special Instructions Time		8pm	8am 12pm	
Start Date & Time: 6/10 3:45pm Dr. Vikas	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 7/10 6pm Dr. Vikas	Consultant Name Doctor's Sign & Emp ID	Checked by			

REGULAR MEDICATIONS:

Drug Name: INJ EMESET	Generic Name: ONDANSERTRON	Date 5/10/24 Day	Date 6/10/24 Day	Date 7/10 Day	Date 8/10 Day
Dose: 0.5mg IV HT	Route: Frequency: Special Instructions Time	12pm	6am 4pm 12pm	8am 4pm 12pm	8am 4pm 12pm
Start Date & Time: 5/10 1:30pm Dr. Prashant	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6am Dr. Prashant	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: INJ PERFILIAN	Generic Name: PARACETAMOL	Date 5/10/24 Day	Date _____ Day	Date _____ Day	Date _____ Day
Dose: Route: Frequency: Special Instructions Time		10pm			
Start Date & Time:	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time:	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: NEB FORACORT	Generic Name: FORMETROL + BUDESONIDE	Date 5/10/24 Day	Date 6/10/24 Day	Date 7/10 Day	Date 8/10 Day
Dose: 1 RSP NEB I-O-I	Route: Frequency: Special Instructions Time	9am	10am 10pm	10am 10pm	10am 10pm
Start Date & Time: 5/10 9am Dr. Prashant	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6pm Dr. Prashant	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name: INJ MUCOMIX	Generic Name: NACETYLCYSTEINE	Date _____ Day	Date 6/10/24 Day	Date 7/10 Day	Date 8/10 Day
Dose: 1gm IV I-O-I	Route: Frequency: Special Instructions Time		8pm	8am 8pm	8am 8pm
Start Date & Time: 6/10 3:45pm Dr. Vikas	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time: 6/10 6pm Dr. Vikas	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name:	Generic Name:	Date _____ Day	Date _____ Day	Date _____ Day	Date _____ Day
Dose: Route: Frequency: Special Instructions Time					
Start Date & Time:	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time:	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name:	Generic Name:	Date _____ Day	Date _____ Day	Date _____ Day	Date _____ Day
Dose: Route: Frequency: Special Instructions Time					
Start Date & Time:	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time:	Consultant Name Doctor's Sign & Emp ID	Checked by			
Drug Name:	Generic Name:	Date _____ Day	Date _____ Day	Date _____ Day	Date _____ Day
Dose: Route: Frequency: Special Instructions Time					
Start Date & Time:	Consultant Name Doctor's Sign & Emp ID	Given by			
Stop Date & Time:	Consultant Name Doctor's Sign & Emp ID	Checked by			

Standard Dosage Timing: OD 6 am / 8 am / 10 am / 8 pm / 10 pm, BD 8 am - 8 pm / 10 am - 10 pm, TDS 6 am - 2 pm - 10 pm, 8am - 4pm - 12 midnight, QDS 6 am - 12 Noon - 6 pm - 12 Mid Night

* Write in Block Capital Letters. • Do not overwrite. • Use blue ball pen.

MGMV/F/Clin.ICU.06/Ver.2/01.01.2020