

Parameter	Checked (Yes/No)	Remarks
Any Devices	Y	
Bed Sore	Y	
Fall Score	Y	
Pain Score	Y	
Others	Y -	
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	FESS	Other Tests
Electrolytes ✓ Y/N		EEG	
Others			
MRSA -ve			
3H -ve			

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area	Receiving Nurse in Recovery room	Receiving Nurse in OT / Gath Lab
Name: Komal	Name: Prayankar V	Name: Thuma
Sign:	Sign:	Sign:
Emp Id: M3W1	Emp Id: N3520	Emp Id: N3W1
Date: 6/11/24 Time: 8:45PM	Date: 6/11/24 Time: 8:45PM	Date: 6/11/24 Time: 3:15 PM

Receiving Nurse Post Procedure area	Receiving Nurse for ward
Name: Prayankar V	Name: Akash
Sign:	Sign:
Emp Id: N3520	Emp Id: N3520
Date: 6/11/24 Time: 4:27PM	Date: 6/11/24 Time: 6pm