



# MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

## DRUG ORDER CHART (ICU)

CHART NO. **18**

MR. KIRAN BHAGWAN TAWARE  
UHIC : MGM240017131 PD MGMIP2406720  
Age/Sex : 56 Years / M DOA : 05/10/2024  
REF : SICU-010 WARD : SICU  
DR : DR PRASHANT ATHALE

BLOOD GROUP: **B positive** Date: From **5/10/24** to **8/10/24**  
PATIENT TYPE: **II** ICU DAY: **2**

DIAGNOSIS: **Appendicular perforation post op**  
ALLERGIES:

### ANTIMICROBIALS:

Drug Name: <b>1st TELCOPLANIN</b>	Generic Name: <b>TEICOPLANIN</b>	Date: <b>7/10/24</b> Day	Date: Day	Date: Day	Date: Day
Dose: <b>400mg</b>	Route: <b>IV</b>	Frequency: <b>1-0-0</b>	Special Instructions: <b>(cont'n)</b>	Time: <b>10am</b>	
Start Date & Time: <b>7/10/24 8am</b>	Consultant Name: <b>Dr Athale</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>I SATAP</b>		
Stop Date & Time: <b>7/10/24 10-12</b>	Consultant Name: <b>Dr Athale</b>	Doctor's Sign & Emp ID: <b>4/10/24</b>	Checked by:		
Drug Name: <b>2nd TARCOID</b>	Generic Name: <b>TEICOPLANIN</b>	Date: <b>7/10/24</b> Day	Date: <b>8/10/24</b> Day	Date: <b>9/10/24</b> Day	Date: <b>10/10/24</b> Day
Dose: <b>200mg</b>	Route: <b>IV</b>	Frequency: <b>1-0-0</b>	Special Instructions:	Time: <b>10am</b>	
Start Date & Time: <b>8/10/24 10am</b>	Consultant Name: <b>Dr Athale</b>	Doctor's Sign & Emp ID: <b>4/10/24</b>	Given by: <b>Athale 9:30am</b>	<b>100m</b>	<b>10am</b>
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by:		
Drug Name: <b>3rd MEROPENEM</b>	Generic Name: <b>MEROPENEM</b>	Date: <b>7/10/24</b> Day	Date: <b>8/10/24</b> Day	Date: <b>9/10/24</b> Day	Date: <b>10/10/24</b> Day
Dose: <b>500mg</b>	Route: <b>IV</b>	Frequency: <b>1-1-1</b>	Special Instructions:	Time: <b>4pm 12pm 8am</b>	
Start Date & Time: <b>7/10/24 8am</b>	Consultant Name: <b>Dr Athale</b>	Doctor's Sign & Emp ID: <b>4/10/24</b>	Given by: <b>4pm 12pm 8am</b>	<b>4pm 12pm 8am</b>	<b>8am 4pm 12pm</b>
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by:		
Drug Name: <b>LUUFEN CREAM</b>	Generic Name: <b>LUCONAZOLE</b>	Date: Day	Date: Day	Date: <b>9/10/24</b> Day	Date: <b>10/10/24</b> Day
Dose: <b>as required local 1-1-1</b>	Route: <b>local</b>	Frequency: <b>1-1-1</b>	Special Instructions:	Time: <b>8am</b>	
Start Date & Time: <b>9/10/24 4pm</b>	Consultant Name: <b>Dr Athale</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>8am</b>	<b>8am</b>	<b>8am</b>
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:		

### REGULAR MEDICATIONS:

Drug Name: <b>1st. EMESET</b>	Generic Name: <b>ONDANSETRON</b>	Date: Day	Date: Day	Date: <b>9/10/24</b> Day	Date: <b>10/10/24</b> Day
Dose: <b>4mg I.V.</b>	Route: <b>I.V.</b>	Frequency: <b>1-1-1</b>	Special Instructions:	Time: <b>8am 4pm</b>	
Start Date & Time: <b>5/10/24 4pm</b>	Consultant Name: <b>Dr. P.A.</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>8am 4pm</b>	<b>8am 4pm</b>	<b>8am 4pm</b>
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by:		
Drug Name: <b>2nd. FORACORT</b>	Generic Name: <b>FORMETEROLOL</b>	Date: Day	Date: Day	Date: <b>9/10/24</b> Day	Date: <b>10/10/24</b> Day
Dose: <b>10mg Neb.</b>	Route: <b>Neb.</b>	Frequency: <b>1-0-1</b>	Special Instructions:	Time: <b>8am</b>	
Start Date & Time: <b>5/10/24 4pm</b>	Consultant Name: <b>Dr. P.A.</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>8am</b>	<b>8am</b>	<b>8am</b>
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by:		
Drug Name: <b>3rd. MUCOMAX</b>	Generic Name: <b>ACETYLCHOLINE</b>	Date: Day	Date: Day	Date: <b>9/10/24</b> Day	Date: Day
Dose: <b>1gm</b>	Route: <b>I.V.</b>	Frequency: <b>1-0-1</b>	Special Instructions:	Time: <b>10am</b>	
Start Date & Time: <b>6/10/24 5pm</b>	Consultant Name: <b>Dr. P.A.</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>10am</b>	<b>10am</b>	<b>10am</b>
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by:		
Drug Name: <b>VENUSIA CONIS</b>	Generic Name: <b>MOISINZON</b>	Date: Day	Date: Day	Date: <b>9/10/24</b> Day	Date: Day
Dose: <b>as required local 1-1-1</b>	Route: <b>local</b>	Frequency: <b>1-1-1</b>	Special Instructions:	Time: <b>8am</b>	
Start Date & Time: <b>9/10/24 4pm</b>	Consultant Name: <b>Dr. P.A.</b>	Doctor's Sign & Emp ID: <b>001633</b>	Given by: <b>8am</b>	<b>8am</b>	<b>8am</b>
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:		
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:		