

Parameter	Checked (Yes/No)	Remarks
Any Devices		
Bed Sore		
Fall Score		
Pain Score		
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			

Medications:

Any Remarks:

Transferring Nurse from respective area

Name: Aswathy H  
Sign:   
Emp Id: 13423  
Date: 5/10/14 Time: 3:40pm

Receiving Nurse in Recovery room

Name:   
Sign:   
Emp Id:   
Date: Time:

Receiving Nurse in OT / Cath Lab

Name: Tushar  
Sign:   
Emp Id: 13524  
Date: 5/10/14 Time: 3:50pm

Receiving Nurse Post Procedure area

Name:   
Sign:   
Emp Id:   
Date: Time:

Receiving Nurse for ward

Name:   
Sign:   
Emp Id: 13519  
Date: Time: