

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 II
Sign: [Signature]
Emp Id: N3475
Date: 5/10/24 Time: 3:50pm

Receiving Nurse in Recovery room

Name: _____
Sign: _____
Emp Id: _____
Date: _____ Time: _____

Receiving Nurse in OT / Cath Lab

Name: Tushar
Sign: [Signature]
Emp Id: N3524
Date: 5/10/24 Time: 3:50pm

Receiving Nurse Post Procedure area

Name: _____
Sign: _____
Emp Id: _____
Date: _____ Time: _____

Receiving Nurse for ward

Name: [Signature]
Sign: [Signature]
Emp Id: N3510
Date: 5/10/24 Time: 5:00pm