MGM NEW BOMBAY HOSPITAL, VASHI

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

DRUG ORDER CHART (ICU)

NABH ACCREDITED | JCI ACCREDITED

CARE • COMPASSION • CURE

MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years /MDOA : 05/10/2024
BED : SICU-010   WARD : SICU
DR : DR.PRASHANT ATHALE

CHART NO. **IB**

BLOOD GROUP: B +ve.

PATIENT TYPE: T

Date: From **3/10** To

ICU DAY: ___

DIAGNOSIS: Post exploratory laparotomy. Septic shock.

ALLERGIES: Not known.

ANTIMICROBIALS:

Drug Name: INJ. MEROPENUM	Generic Name: MEROPEN	Date 13/10/24 Day	Date 14/10 Day	Date 11/10/2 Day	Date 13/10 Day
Dose: 2gm Route: IV Frequency: TT	Special Instructions	Time 12mn	8am 4pm 12mn	8 4p 8	8 4
Start Date & Time: 13/10 7pm	Consultant Name Dr Priyanka 14/51	Given by	4flash 4pm		
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			

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Dose: Route: Frequency:	Special Instructions	Time			
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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: INJ OTSKI	Generic Name: Trace element	Date 16/10/24 Day	Date ___ Day ___	Date ___ Day ___	Date 16/10 Day
Dose: 1ampoule Route: IV Frequency: 1-0-0	Special Instructions	Time			
Start Date & Time: 16/10 11am	Consultant Name Dr Tushar	Given by 5.PM			5.00P
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			

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			
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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