



MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

DRUG ORDER CHART (ICU)

CHART NO. **7A**

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

BLOOD GROUP: **B positive** Date: From **15/10/24** To **18/10/24**
PATIENT TYPE: **A** ICU DAY: **11**

DIAGNOSIS: **Neuropathy post-op appendicectomy**
ALLERGIES: **not known**

ANTIMICROBIALS:

Drug Name: LUUFEN CREAM	Generic Name: LUCONAZOLE	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 1g	Route: LOCAL	Frequency: 1-1-1	Special Instructions: (TDS)	Time	
Start Date & Time: 10/10/24 4pm	Consultant Name: Dr. Vinita	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name: MOBILOR EYEDROPS	Generic Name: HYDROXYPROPYL METHYLCELLULOSE	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 1 drop	Route: eye	Frequency: 1-1-1	Special Instructions:	Time	
Start Date & Time: 11/10/24 6am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name: INJ MEROPENEM	Generic Name: MEROPENEM	Date: Day	Date: Day	Date: 17/10 Day	Date: Day
Dose: 2gm	Route: IV	Frequency: 1-1-1	Special Instructions:	Time	
Start Date & Time: 13/10/24 7pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 17/10 12noon	Consultant Name: Dr. Archana	Doctor's Sign & Emp ID: 201635	Checked by		
Drug Name: INJ PAXYB	Generic Name: POLYMYXIN B	Date: Day	Date: Day	Date: 17/10/24 Day	Date: 18/10 Day
Dose: 500mg	Route: IV	Frequency: 1-0-1	Special Instructions:	Time	
Start Date & Time: 17/10 12noon	Consultant Name: Dr. Archana	Doctor's Sign & Emp ID: 201635	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name: INJ MINOCYCLINE	Generic Name: MINOCYCLINE	Date: Day	Date: Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 100mg	Route: IV	Frequency: 1-0-1	Special Instructions:	Time	
Start Date & Time: 17/10 12noon	Consultant Name: Dr. Archana	Doctor's Sign & Emp ID: 201635	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: NEB FORACORT	Generic Name: FORMOTEROL BUDESONIDE	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 2mg	Route: NEB	Frequency: 1-0-1	Special Instructions:	Time	
Start Date & Time: 15/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 18/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201635	Checked by		
Drug Name: VENUSIA LOTION	Generic Name: MOISTURIZER	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 1g	Route: LOCAL	Frequency: 1-1-1	Special Instructions:	Time	
Start Date & Time: 15/10/24 4pm	Consultant Name: Dr. Vinita	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name: INJ THIAMINE	Generic Name: THIAMINE	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: 17/10 Day	Date: 18/10 Day
Dose: 100mg	Route: IV	Frequency: 1-1-1	Special Instructions:	Time	
Start Date & Time: 15/10/24 1pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name: TAB MODAFINIL	Generic Name: MODAFINIL	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: Day	Date: Day
Dose: 100mg	Route: PO	Frequency: 1-0-0	Special Instructions:	Time	
Start Date & Time: 15/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 16/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201635	Checked by		
Drug Name: INJ DEXA	Generic Name: DEXAMETHASONE	Date: 15/10/24 Day	Date: 16/10/24 Day	Date: Day	Date: Day
Dose: 2mg	Route: IV	Frequency: 1-1-1	Special Instructions:	Time	
Start Date & Time: 15/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 15/10/24 10pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201635	Checked by		
Drug Name: INJ DEXA	Generic Name: DEXAMETHASONE	Date: 15/10/24 Day	Date: Day	Date: Day	Date: Day
Dose: 2mg	Route: IV	Frequency: 1-0-0	Special Instructions:	Time	
Start Date & Time: 15/10/24 8pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 15/10/24 8pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201635	Checked by		
Drug Name: INJ DEXA	Generic Name: DEXAMETHASONE	Date: 16/10/24 Day	Date: 17/10 Day	Date: Day	Date: Day
Dose: 2mg	Route: IV	Frequency: 1-0-0	Special Instructions:	Time	
Start Date & Time: 15/10/24 8pm	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201633	Given by		
Stop Date & Time: 17/10/24 8am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: 201635	Checked by		