



MGM NEW BOMBAY HOSPITAL, VASHI

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



DRUG ORDER CHART (ICU)

| | | | | |
|-----------------------|--|--|---------------------------------------|--|
| CHART NO. II A | | | MR. KIRAN BHAGWAN TAWARE | |
| | | | UHD : MGM240017131 IPD : MGMIP2406720 | |
| | | | Age/Sex : 56 Years /M/PA : 05/10/2024 | |
| | | | BED : SICU-010 WARD : SICU | |
| | | | DR : DR.PRAHANT ATHALE | |

BLOOD GROUP: **B positive** Date: From **15/10/2024** To **18/10/2024**
 PATIENT TYPE: **I** ICU DAY: **II**

DIAGNOSIS: **Hernopathy post op appendicectomy**

ALLERGIES: **not known**

ANTIMICROBIALS:

| Drug Name: | Generic Name: | Date | Day | Date | Day | Date | Day | Date | Day |
|---------------------------------------|---|--------------------------------|----------------------|------------------|------------------|------------------|------------------|------------------|-----|
| LULIFER CREAM | BUCCONATE | 15/10/24 | Mon | 16/10/24 | Tue | 17/10/24 | Wed | 18/10/24 | Thu |
| Dose: 2gms as required LOCAL 1-1-1 | Route: Frequency: (TDS) | Special Instructions | Time | Gm 2pm 1pm | Gm 1pm 10am | 6am 2pm 10am | 6am 2pm 10am | Gm 2pm 1pm | |
| Start Date & Time: 10 AM 10 AM | Consultant Name: Dr. Vinita | Doctor's Sign & Emp ID: 101633 | Given by | 10 AM 10 AM | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign & Emp ID: | Checked by: | | | | | | |
| Drug Name: MD1802 EYEDrops | Generic Name: HYDROXY PROPYL METHYL CELLULOSE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 1 drop eye bokk 1-1-1 | Route: Frequency: (TDS) | Special Instructions | Time | Gm 2pm 1pm | 6am 2pm 1pm | 6am 2pm 1pm | 6am 2pm 1pm | Gm 2pm 1pm | |
| Start Date & Time: 11 AM 6 AM | Consultant Name: Dr. Athale | Doctor's Sign & Emp ID: 101633 | Given by | 11 AM 6 AM | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign & Emp ID: | Checked by: | | | | | | |
| Drug Name: INJ MEROPENEM | Generic Name: MEROPENEM | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 2gm IV 1-0-1 | Route: Frequency: (TDS) | Special Instructions | Time | | | | | 8am 4pm 12pm | |
| Start Date & Time: 13 AM 7 PM | Consultant Name: Dr. Aryantha | Doctor's Sign & Emp ID: 101633 | Given by | 13 AM 7 PM | |
| Stop Date & Time: 17/10/24 12 noon | Consultant Name: Dr. Alchana | Doctor's Sign & Emp ID: 101633 | Checked by: | | | | | 1 stop | |
| Drug Name: INJ PAXY B | Generic Name: POLYMYXIN B | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 500000 U IV 1-0-1 | Route: Frequency: (TDS) | Special Instructions | Time | | | | | 12pm 4pm 10am | |
| Start Date & Time: 17/10/24 12 noon | Consultant Name: Dr. Alchana | Doctor's Sign & Emp ID: 101633 | Given by | 17/10/24 12 noon | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign & Emp ID: | Checked by: | | | | | | |
| Drug Name: INJ MINOCYCLINE | Generic Name: MINOCYCLINE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 100mg IV 1-0-1 | Route: Frequency: (TDS) | Special Instructions | Time | | | | | 12pm 8pm 8pm | |
| Start Date & Time: 17/10/24 12 noon | Consultant Name: Dr. Alchana | Doctor's Sign & Emp ID: 101633 | Given by | 17/10/24 12 noon | |
| 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: | Generic Name: | Date | Day | Date | Day | Date | Day | Date | Day |
|---------------------------------|-----------------------------|--------------------------------|-------------|--------------|--------------|--------------|--------------|--------------|-------------|
| NET FORAWERT | FORMOTEROL BUDSONIDE | 15/10/24 | Mon | 16/10/24 | Tue | 17/10/24 | Wed | 18/10/24 | Thu |
| Dose: 20mcg 0.5mg | Route: Frequency: 1-0-1 | Special Instructions | Time | 10am 10pm | 10am 10pm |
| Start Date & Time: 10 AM 10 AM | Consultant Name: Dr. Athale | Doctor's Sign & Emp ID: 101633 | Given by | 10 AM 10 AM | 10 AM 10 AM |
| Stop Date & Time: 10 AM 10 AM | Consultant Name: Dr. Athale | Doctor's Sign & Emp ID: 101633 | Checked by: | | | | | | |
| Drug Name: VENUSIA LOTION | Generic Name: MOISTURIZER | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: Required LOCAL 1-1-1 | Route: Frequency: (TDS) | Special Instructions | Time | Gm 2pm 1pm | Gm 2pm 1pm | 6am 2pm 1pm | 6am 2pm 1pm | Gm 2pm 1pm | |
| Start Date & Time: 10 AM 10 AM | Consultant Name: Dr. Vinita | Doctor's Sign & Emp ID: 101633 | Given by | 10 AM 10 AM | 10 AM 10 AM |
| Stop Date & Time: | Consultant Name: | Doctor's Sign & Emp ID: | Checked by: | | | | | | |
| Drug Name: PN5 THIAMINE | Generic Name: THIAMINE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 100mg IV 1-0-1 | Route: Frequency: (TDS) | Special Instructions | Time | 8am 4pm 12pm | |
| Start Date & Time: 11 AM 1 PM | Consultant Name: Dr. Tiwari | Doctor's Sign & Emp ID: 101633 | Given by | 11 AM 1 PM | |
| Stop Date & Time: | Consultant Name: | Doctor's Sign & Emp ID: | Checked by: | | | | | | |
| Drug Name: TAG MODAWERT | Generic Name: MODAFINIL | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 100mg RT 1-0-0 | Route: Frequency: (TDS) | Special Instructions | Time | 8am 4pm 12pm | |
| Start Date & Time: 11 AM 1 PM | Consultant Name: Dr. Tiwari | Doctor's Sign & Emp ID: 101633 | Given by | 11 AM 1 PM | |
| Stop Date & Time: 11 AM 1 PM | Consultant Name: Dr. Tiwari | Doctor's Sign & Emp ID: 101633 | Checked by: | | | | | | |
| Drug Name: INJ DEXA | Generic Name: DEXAMETASONE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 2mg | Route: Frequency: 1-0-1 | Special Instructions | Time | Gm 4pm 1pm | Gm 4pm 1pm | | | | |
| Start Date & Time: 11 AM 1 PM | Consultant Name: Dr. Tiwari | Doctor's Sign & Emp ID: 101633 | Given by | 11 AM 1 PM | 11 AM 1 PM | | | | |
| Stop Date & Time: 11 AM 1 PM | Consultant Name: Dr. Tiwari | Doctor's Sign & Emp ID: 101633 | Checked by: | | | | | | |
| Drug Name: INJ DEXA | Generic Name: DEXAMETHASONE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 2mg | Route: Frequency: 1-0-0 | Special Instructions | Time | 8pm | 8pm | 8pm | 8pm | 8pm | |
| Start Date & Time: 15/10/24 8PM | Consultant Name: Dr. Jitwan | Doctor's Sign & Emp ID: 101633 | Given by | 15/10/24 8PM | |
| Stop Date & Time: 15/10/24 8PM | Consultant Name: Dr. Jitwan | Doctor's Sign & Emp ID: 101633 | Checked by: | | | | | | |
| Drug Name: INJ DEXA | Generic Name: DEXAMETHASONE | Date | Day | Date | Day | Date | Day | Date | Day |
| Dose: 2mg | Route: Frequency: 1-0-0 | Special Instructions | Time | 8pm | 8pm | 8pm | 8pm | 8pm | |
| Start Date & Time: 15/10/24 8PM | Consultant Name: Dr. Jitwan | Doctor's Sign & Emp ID: 101633 | Given by | 15/10/24 8PM | |
| Stop Date & Time: 15/10/24 8PM | Consultant Name: Dr. Jitwan | Doctor's Sign & Emp ID: 101633 | 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