

Parameter	Checked (Yes/No)	Remarks
Any Devices	NO	
Bed Sore	NO	
Fall Score	35	
Pain Score	0/6	
Others	-	
Medication Chart Explained	Y	

Investigations: Checked Y N Attached to file Y N

Lab Reports	Radiology Reports	File / Others	OPD Tests
CBC ✓/N	X-Ray		OPD File
PTINR ✓/N	CT		
Cratinine ✓/N	MRI		
Urine R/E ✓/N	PET Scan		Other Tests
Electrolytes ✓/N			
Others			
MRSA ✓/N			
3H ✓/N			

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area

Name: Chabine
Sign: ✓
Emp Id: 13418
Date: 25/10 Time: 3:30 P.M.

Receiving Nurse in Recovery room

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

Receiving Nurse in OT / Cath Lab

Name: VRUSHNAI
Sign: ✓
Emp Id: NEW
Date: 25/10/24 Time: 3:55

Receiving Nurse Post Procedure area

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

Receiving Nurse for ward

Name: Chabine
Sign: ✓
Emp Id: 13444
Date: 25/10 Time: 4