

Treatment: _____

Drug	Dose	Route	Frequency	Given at	Given by Emp. ID & Sign	Counter signature in case of high risk
INJ. PAN	40mg	IV	STAT	12:10 ^{pm}	<i>[Signature]</i>	
INJ. ONDEM	4mg	IV	STAT	12:15 ^{pm}	<i>[Signature]</i>	
INJ. PERFALGAN	1gm	IV	STAT	12:15 ^{pm}	<i>[Signature]</i>	
INJ. OPTINEURON	1amp	IV	STAT	12:20 ^{pm}	<i>[Signature]</i>	
in 100 ml NS						
IV FLUID NORMAL	500ml	IV	80ml/hr	12:30 ^{pm}	<i>[Signature]</i>	
SALINE						
INJ. HUMAN	5000u	IV	STAT	12:05 ^{pm}	<i>[Signature]</i>	<i>[Signature]</i>
ACTRAPID						

Doctor's Notes:

Patient assessed, Vitals noted
 Admission Under Dr. Rajmohan
 Informed Dr. Nishh

Time of Completion of Initial Assessment: 11:15 am

Referred to Speciality / Consultant: Dr. Rajmohan Time: _____ Seen at: _____

Outcome: ☐ Discharge ☐ Transfer to ward ☐ LAMA

Name of the transferring Doctor Dr. Jayshree Name of Receiving Doctor Dr. Monty

Sign: [Signature] Emp ID: D1618 Sign: [Signature] Emp ID: D1618

Date: 3/10/24 Time: 2pm Date: 03/10/24 Time: 2PM