



# MGM NEW BOMBAY HOSPITAL, VASHI

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



## DRUG ORDER CHART (ICU)

CHART NO.	5
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MR. KIRAN BHAGWAN TAWARE		
UHID : MGM240017131 IPD : MGMIP2406720		
Age/Sex : 56 Years /M/DOA : 05/10/2024		
BED : SICU-011 WARD : SICU		
DR : DR.PRAHANT ATHALE		

BLOOD GROUP: B Positive	Date: From 27/10/24 To
PATIENT TYPE: I	ICU DAY: 23

DIAGNOSIS: Septic shock, perforation peritonitis, 9GBS

ALLERGIES: Not Known

### ANTIMICROBIALS:

Drug Name: Inj MEROPENEM	Generic Name: MEROPENEM	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 1gm	Route: IV	Frequency: 1-1-1	Special Instructions	Time	sa 4P 12a
Start Date & Time: 22/10/24 11AM	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Athale	sa 4P 12a
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Athale	sa 4P 12a
Drug Name: LULIFEN CREAM	Generic Name: LULICONAZOLE	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 1% w/w	Route: Local	Frequency: 1-1-1	Special Instructions	Time	ba 2P 10P
Start Date & Time: 21/10/24 1PM	Consultant Name: Dr Vinida	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Vinida	ba 2P 10P
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Vinida	ba 2P 10P
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		

### REGULAR MEDICATIONS:

Drug Name: MOISOL Drops	Generic Name: HYDROXYPROPYL METHYLCELLULOSE	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 0.7% w/v	Route: both eyes	Frequency: 1-1-1	Special Instructions	Time	ba 2P 10P
Start Date & Time: 11/10/24 6PM	Consultant Name: Dr P. Athale	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Athale	ba 2P 10P
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Athale	XO
Drug Name: VENUSIA LOTION	Generic Name: MOISTURIZER	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: Local application	Route: 1-1-1	Frequency:	Special Instructions	Time	ba 2P 10P
Start Date & Time: 9/10/24 4PM	Consultant Name: Dr Vinida	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Vinida	ba 2P 10P
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Vinida	XO
Drug Name: CAPTUREWIRE	Generic Name: LONGITINE L-RRG CARNOSINE	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: Capsule RT	Route: 0-1-0	Frequency:	Special Instructions	Time	2P
Start Date & Time: 17/10/24 10:30 AM	Consultant Name: Dr P. Tiwari	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Tiwari	2P
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Tiwari	XO
Drug Name: Inj KABELMOL	Generic Name: PARACETAMOL	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 1gm	Route: IV	Frequency: 1-1-1	Special Instructions	Time	sa 4P 12a
Start Date & Time: 19/10/24 11AM	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Archana	sa 4P 12a
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr Archana	XO
Drug Name: TAB MET XL	Generic Name: METOPROLOL	Date 27/10 Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 25mg	Route: RT	Frequency: 1-0-0	Special Instructions	Time	
Start Date & Time: 27/10 10am	Consultant Name: Dr VKV	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr VKV	
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr VKV	
Drug Name: INJ FORACORT	Generic Name: FORMOTEROL	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 0.5mg	Route: nebs	Frequency: 1-0-1	Special Instructions	Time	
Start Date & Time: 27/10 12:30pm	Consultant Name: Dr Jyoti	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr Jyoti	STOP
Stop Date & Time: 27/10 1:30pm	Consultant Name: Dr Prayanka	Doctor's Sign & Emp ID: 03-ND1298	Checked by	Dr Prayanka	XO
Drug Name: SYRUP RESUR	Generic Name: POTASSIUM CHLORIDE	Date _____ Day _____	Date 28/10 Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 20ml	Route: po	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 28/10 9:30am	Consultant Name: Dr ABM	Doctor's Sign & Emp ID: 03-ND1298	Given by	Dr ABM	
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID	Checked by	Dr ABM	

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.