

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

Investigations: Checked Y N Attached to file Y N

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

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area

Name: Komal

Sign: [Signature]

Emp Id: 14307

Date: 6/11/24 Time: 8:45 PM

Receiving Nurse in Recovery room

Name: Priyanka V

Sign: [Signature]

Emp Id: 12520

Date: 6/11/24 Time: 8:45 PM

Receiving Nurse in OT / Cath Lab

Name: Shuma

Sign: [Signature]

Emp Id: 12341

Date: 6/11/24 Time: 3:15 PM

Receiving Nurse Post Procedure area

Name: Priyanka V

Sign: [Signature]

Emp Id: 12520

Date: 6/11/24 Time: 4:27 PM

Receiving Nurse for ward

Name: Uttam

Sign: [Signature]

Emp Id: 12330

Date: 6/11/24 Time: 6 PM