

Parameter	Checked (Yes/No)	Remarks
Any Devices	✓ -	
Bed Sore	ON SCROTUM	
Fall Score	85	
Pain Score	0/8	
Others	-	
Medication Chart Explained	✓	

Investigations: Checked Y N Attached to file Y N

Lab Reports	Radiology Reports	File / Others	OPD Tests
CBC <input checked="" type="radio"/> N	X-Ray		OPD File
PTINR <input checked="" type="radio"/> N	CT CECT ando -		
Cratinine <input checked="" type="radio"/> N	MRI		
Urine R / E Y / N	PET Scan		Other Tests
Electrolytes <input checked="" type="radio"/> N			
Others			
MRSA negative			
3H negative			

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area
 Name: Kiran
 Sign: Kiran
 Emp Id: NS42
 Date: 23/10/24 Time: _____

Receiving Nurse in Recovery room
 Name: _____
 Sign: _____
 Emp Id: _____
 Date: _____ Time: _____

Receiving Nurse in OT / Cath Lab
 Name: Kishan
 Sign: Kishan
 Emp Id: N2S19
 Date: 23/10/24 Time: 04:00pm

Receiving Nurse Post Procedure area
 Name: _____
 Sign: _____
 Emp Id: _____
 Date: _____ Time: _____

Receiving Nurse for ward
 Name: Kiran
 Sign: AS Kiran
 Emp Id: NS42
 Date: 23/10/24 Time: 5:00 pm