



MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

DRUG ORDER CHART (ICU)

CHART NO. **II B**

MR. KIRAN BHAGWAN TAWARE
UHID : MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / M / DOA : 05/10/2024
BED : SICU-010 WARD : SICU
DR : DR. PRASHANT ATHALE

BLOOD GROUP: **B+**

Date: From **11/10/2024** To **14/10/24**

PATIENT TYPE: **II**

ICU DAY: **---**

DIAGNOSIS: **Post Exploratory Laprotomy**
ALLERGIES: **NOT known.**

ANTIMICROBIALS:

Drug Name: INJ TARGOCED	Generic Name: TRICOPLANIN	Date 11/10 Day ---	Date --- Day ---	Date --- Day ---	Date --- Day ---
Dose: 200mg	Route: IV	Frequency: 1-0-0	Special Instructions	Time	
Start Date & Time: 8/10/24 10am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: Dr. Athale	Given by	10AM	STOP
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: INJ MEROPENEM	Generic Name: MEROYENEM	Date 11/10 Day ---	Date --- Day ---	Date --- Day ---	Date --- Day ---
Dose: 500mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 8/10/24 8am	Consultant Name: Dr. Athale	Doctor's Sign & Emp ID: Dr. Athale	Given by	8am 4pm 12m	STOP
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: LULIFEN CREAM	Generic Name: LULICONAZOLE	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: As required	Route: Local	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 8/10/24 6am	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Given by	6am 2pm 10pm	6am 2pm 10pm
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: MOISOL EYEDROPS	Generic Name: MOLIPROFENOL	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: 1 DROP	Route: EYEDROPS	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 11/10/24 8am	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: Dr. P.A.	Given by	6am 2pm 10pm	6am 2pm 10pm
Stop Date & Time: 11/10/24 8am	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: Dr. P.A.	Checked by		
Drug Name: INJ MEROPENEM	Generic Name: MEROYENEM	Date 11/10/24 Day ---	Date 12/10 Day ---	Date --- Day ---	Date --- Day ---
Dose: 2gm	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 11/10/24 4pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Given by	4pm 12NN 8a 4p 12mn	STOP
Stop Date & Time: 12/10/24 2pm	Consultant Name: Dr. Shashank	Doctor's Sign & Emp ID: Dr. Shashank	Checked by		
Drug Name: INJ MEROPENEM	Generic Name: MEROYENEM	Date --- Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date --- Day ---
Dose: 1gm	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 12/10/24 2pm	Consultant Name: Dr. Shashank	Doctor's Sign & Emp ID: Dr. Shashank	Given by	4pm 12am 8a 4p 12mn	STOP
Stop Date & Time: 13/10/24 19pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		

REGULAR MEDICATIONS:

Drug Name: INJ EMESET	Generic Name: ONDANSETRON	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date --- Day ---
Dose: 4mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 5/10/24 1pm	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: Dr. P.A.	Given by	8am 4pm 12m	8a 4p 12mn
Stop Date & Time: 13/10/24 12m	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: NEB FORACORT	Generic Name: FORMETROL + BUDENSONIDE	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: 1 RESP	Route: NEB	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 5/10/24 1pm	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: Dr. P.A.	Given by	10am 10pm	10am 10pm
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. P.A.	Doctor's Sign & Emp ID: Dr. P.A.	Checked by		
Drug Name: INJ MUCOMYST	Generic Name: N-ACETYLCYSTEINE	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date --- Day ---
Dose: 1gm	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 6/10/24 3pm	Consultant Name: Dr. V.K.	Doctor's Sign & Emp ID: Dr. V.K.	Given by	10am 10pm	10am 10pm
Stop Date & Time: 13/10/24 12pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: VENUSSED LOTION	Generic Name: MISTURISER	Date 11/10 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: As required	Route: Local	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 9/10/24 4pm	Consultant Name: Dr. V.K.	Doctor's Sign & Emp ID: Dr. V.K.	Given by	6am 2pm 10pm	6am 2pm 10pm
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: INJ THIAMINE	Generic Name: THIAMINE	Date 11/10/24 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: 100mg	Route: IV	Frequency: 1-1-1	Special Instructions	Time	
Start Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Given by	4pm 12NN 8am 4pm 12m	8am 4pm 12m
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: Tab MODALERT	Generic Name: MODAFINIL	Date 11/10/24 Day ---	Date 12/10 Day ---	Date 13/10 Day ---	Date 14/10 Day ---
Dose: 100mg	Route: RT	Frequency: 1-0-0	Special Instructions	Time	
Start Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Given by	4pm	8am
Stop Date & Time: 11/10/24 1pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		
Drug Name: INJ DEXA	Generic Name: DEXAMETHASONE	Date 11/10/24 Day ---	Date 12/10 Day ---	Date --- Day ---	Date --- Day ---
Dose: 2mg	Route: IV	Frequency: 1-0-1	Special Instructions	Time	
Start Date & Time: 11/10 3:15pm	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Given by	5pm	8am 8pm
Stop Date & Time: 12/10 11am	Consultant Name: Dr. Prashant	Doctor's Sign & Emp ID: Dr. Prashant	Checked by		

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.