

Parameter	Checked (Yes/No)	Remarks
Any Devices	yes	vacuum Drain, RT, T.T, IV cannula
Bed Sore	yes	Present. Biatime.
Fall Score	yes	
Pain Score	yes	
Others		
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		Other Tests
Electrolytes Y / N			
Others			
MRSA - Not detected			
3H - Non reactive.			

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area
Name: Ayan
Sign: (Signature)
Emp Id: 13499
Date: 30/10/24 Time: 3pm

Receiving Nurse in Recovery room
Name: Priyanka Atale
Sign: (Signature)
Emp Id: 13499
Date: 30/10/24 Time: 3pm

Receiving Nurse in OT / Cath Lab
Name: VRUSHALI PAWAR
Sign: VRUSHALI
Emp Id: NEW
Date: 30/10/24 Time: 5:00

Receiving Nurse Post Procedure area
Name: Priyanka Atale
Sign: (Signature)
Emp Id: 13499
Date: 30/10/24 Time: 5:52pm

Receiving Nurse for ward
Name: Ayan
Sign: (Signature)
Emp Id: 13499
Date: 30/10/24 Time: 7:00pm