

Treatment: _____

Drug	Dose	Route	Frequency	Given at	Given by Emp. ID & Sign	Counter signature in case of high risk
INJ. PAN	40mg	IV	STAT	12:10 PM	<i>Chir</i>	
INJ. ONDEM	4mg	IV	STAT	12:15 PM	<i>Chir</i>	
INJ. PERFALGAN	1gm	IV	STAT	12 PM	<i>Chir</i>	
INJ. OPTINEURON	1amp	IV	STAT	12:30 PM	<i>Antara</i> <i>VS 105</i>	
in 100 ml NS						
IV FLUID NORMAL	500ml	IV	80ml/hr	12:30 PM	<i>Chir</i> <i>VS 3314</i>	
SALINE						
INJ. HUMAN	5units	IV	STAT	12:05 PM	<i>Chir</i> <i>VS 3314</i>	<i>DR. J. B.</i>
ACTRAPID						

Doctor's Notes:

Patient assessed, Vitals noted
Admission Under Dr. Rajmohan
Informed Dr. Nish

Time of Completion of Initial Assessment: 11:15 AM

Referred to Speciality / Consultant: Dr. Rajmohan Time: _____ Seen at: _____

Outcome: Discharge Transfer to ward LAMA

Name of the transferring Doctor Dr Jayshree Name of Receiving Doctor Dr Monty

Sign: 8 Emp ID: D16AB Sign: 12 Emp ID: D1687

Date: 3/10/24 Time: 2PM Date: 03/10/24 Time: 2PM