

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

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      CECT abd -		
Cratinine      (Y) N	MRI		
Urine R/E      Y/N	PET Scan		Other Tests
Electrolytes      (Y) N			
Others			
MRSA      Negative			
3H      Negative			

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Remarks: \_\_\_\_\_  
\_\_\_\_\_

<u>Transferring Nurse from respective area</u> Name: <u>Kiran</u> Sign: <u>Kiran</u> Emp Id: <u>N392</u> Date: <u>23/10/24</u> Time: _____	<u>Receiving Nurse in Recovery room</u> Name: _____ Sign: _____ Emp Id: _____ Date: _____ Time: _____	<u>Receiving Nurse in OT/Cath Lab</u> Name: <u>KS/N/Hj</u> Sign: <u>N3519</u> Emp Id: <u>N3519</u> Date: <u>23/10/24</u> Time: <u>04:00 PM</u>
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<u>Receiving Nurse Post Procedure area</u> Name: _____ Sign: _____ Emp Id: _____ Date: _____ Time: _____	<u>Receiving Nurse for ward</u> Name: <u>Kiran</u> Sign: <u>N3 Kiran</u> Emp Id: <u>N392</u> Date: <u>23/10/24</u> Time: <u>5:30 PM</u>
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