

| Parameter | Checked (Yes/No) | Remarks |
|----------------------------|------------------|---------|
| Any Devices | NO | |
| Bed Sore | NO | |
| Fall Score | 25 | |
| Pain Score | 0/6 | |
| Others | — | |
| Medication Chart Explained | Yes | |

Investigations: Checked Y N Attached to file Y N

| Lab Reports | Radiology Reports | File / Others | OPD Tests |
|-----------------------|-------------------|---------------|-------------|
| CBC ✓/N | X-Ray | | OPD File |
| PTINR ✓/N | CT | | |
| Cratinine ✓/N | MRI | | |
| Urine R/E ✓/N | PET Scan | | Other Tests |
| Electrolytes ✓/N | | | |
| Others | | | |
| MRSA —ve | | | |
| 3H —ve | | | |

Medications: _____

Any Remarks: _____

Transferring Nurse from respective area

Name: Chabine
Sign: [Signature]
Emp Id: 43418
Date: 25/10 Time: 3:30p

Receiving Nurse in Recovery room

Name: _____
Sign: _____
Emp Id: _____
Date: _____ Time: _____

Receiving Nurse in OT / Cath Lab

Name: VRUSHPAU
Sign: [Signature]
Emp Id: NEW
Date: 25/10/24 Time: 3:55

Receiving Nurse Post Procedure area

Name: _____
Sign: _____
Emp Id: _____
Date: _____ Time: _____

Receiving Nurse for ward

Name: Chabine
Sign: [Signature]
Emp Id: 43448
Date: 25/10 Time: 4p