



MGM NEW BOMBAY HOSPITAL, VASHI

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



DRUG ORDER CHART (ICU)

CHART NO.	4	MR. KIRAN BHAGWAN TAWARE UHID : MGM240017131 IPD : MGMIP2406720 Age/Sex : 56 Years /M/DOA : 05/10/2024 BED : SICU-011 WARD : SICU DR. DR.PRAHANT ATHALE	BLOOD GROUP: B positive Date: From 23/10/24 To 26/10/24 PATIENT TYPE: II ICU DAY: 19
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DIAGNOSIS: septic shock perforation peritonitis, neuropathy

ALLERGIES: not known

ANTIMICROBIALS:

Drug Name: INJ MEROPENEM	Generic Name: MEROPENEM	Date 23/10/24 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 1 gram	Route: IV	Frequency: 1-1	Special Instructions	Time	8AM 4pm 12MN
Start Date & Time: 23/10/24 11am	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Given by	Y	8AM 4pm 12MN
Stop Date & Time: 26/10/24 11am	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Checked by	Y	8AM 4pm 12MN
Drug Name: INJ MINOCYCLINE	Generic Name: MINOCYCLINE	Date 23/10/24 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 100 mg	Route: IV	Frequency: 1-0-1	Special Instructions	Time	10AM 12MN
Start Date & Time: 23/10/24 12pm	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Given by	Y	10AM 12MN
Stop Date & Time: 26/10/24 12pm	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Checked by	Y	10AM 12MN
Drug Name: LULIFEN CREAM	Generic Name: LULICONAZOLE	Date 23/10/24 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 1% w/w	Route: LOCAL	Frequency: 1-1	Special Instructions	Time	6AM 2pm 10PM
Start Date & Time: 23/10/24 1pm	Consultant Name: Dr Ninita	Doctor's Sign & Emp ID: 101633	Given by	Y	6AM 2pm 10PM
Stop Date & Time: 26/10/24 1pm	Consultant Name: Dr Ninita	Doctor's Sign & Emp ID: 101633	Checked by	Y	6AM 2pm 10PM
Drug Name:	Generic Name:	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time	
Start Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name:	Generic Name:	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time	
Start Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name:	Generic Name:	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time	
Start Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		
Drug Name:	Generic Name:	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose:	Route:	Frequency:	Special Instructions	Time	
Start Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Given by		
Stop Date & Time:	Consultant Name:	Doctor's Sign & Emp ID:	Checked by		

REGULAR MEDICATIONS:

Drug Name: MOISOL DROPS	Generic Name: HYDROXYPROPYL METHYLCELLULOSE	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 0.77 ml	Route: Both Eyes	Frequency: 1-1	Special Instructions	Time	6AM 2pm 10PM
Start Date & Time: 23/10/24 6am	Consultant Name: Dr Athale	Doctor's Sign & Emp ID: 101633	Given by	Y	6AM 2pm 10PM
Stop Date & Time: 26/10/24 6am	Consultant Name: Dr Athale	Doctor's Sign & Emp ID: 101633	Checked by	Y	6AM 2pm 10PM
Drug Name: VENUSIA LOTION	Generic Name: MOISTURIZER	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 10ml	Route: LOCAL	Frequency: 1-1	Special Instructions	Time	6AM 2pm 10PM
Start Date & Time: 23/10/24 4pm	Consultant Name: Dr Ninita	Doctor's Sign & Emp ID: 101633	Given by	Y	6AM 2pm 10PM
Stop Date & Time: 26/10/24 4pm	Consultant Name: Dr Ninita	Doctor's Sign & Emp ID: 101633	Checked by	Y	6AM 2pm 10PM
Drug Name: INJ OTSK1	Generic Name: TRACE ELEMENTS	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 1amp	Route: IV	Frequency: 1-0-0	Special Instructions	Time	8AM 12MN
Start Date & Time: 23/10/24 11am	Consultant Name: Dr Tushar	Doctor's Sign & Emp ID: 101633	Given by	Y	8AM 12MN
Stop Date & Time: 26/10/24 11am	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Checked by	Y	8AM 12MN
Drug Name: CAP NUREWIRE	Generic Name: L-CARNOSINE L-ARGININE	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 1cap	Route: RT	Frequency: 0-1-0	Special Instructions	Time	8AM 12MN
Start Date & Time: 23/10/24 10:30	Consultant Name: Dr Tiwari	Doctor's Sign & Emp ID: 101633	Given by	Y	8AM 12MN
Stop Date & Time: 26/10/24 10:30	Consultant Name: Dr Tiwari	Doctor's Sign & Emp ID: 101633	Checked by	Y	8AM 12MN
Drug Name: INT OPTINEURON	Generic Name: MULTIVITAMIN	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 3ml	Route: IV	Frequency: 1-0-0	Special Instructions	Time	10AM 12MN
Start Date & Time: 23/10/24 10:30	Consultant Name: Dr Tiwari	Doctor's Sign & Emp ID: 101633	Given by	Y	10AM 12MN
Stop Date & Time: 26/10/24 10:30	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Checked by	Y	10AM 12MN
Drug Name: INJ KABIMOL	Generic Name: PARACETAMOL	Date 23/10 Day _____	Date 24/10 Day _____	Date 25/10 Day _____	Date 26/10/24 Day _____
Dose: 1gram	Route: IV	Frequency: 1-1-1	Special Instructions	Time	8AM 4pm 12MN
Start Date & Time: 23/10/24 11am	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Given by	Y	8AM 4pm 12MN
Stop Date & Time: 26/10/24 11am	Consultant Name: Dr Archana	Doctor's Sign & Emp ID: 101633	Checked by	Y	8AM 4pm 12MN
Drug Name: FORACORT NEBS	Generic Name: FORMOTEROL	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____	Date _____ Day _____
Dose: 0.5mg nebs 1-0-1	Route: IPR	Frequency: 1-0-1	Special Instructions	Time	STOP
Start Date & Time: 27/10/24 12:30	Consultant Name: Dr Suraj	Doctor's Sign & Emp ID: 101633	Given by	Y	STOP
Stop Date & Time: 27/10/24 1pm	Consultant Name: Dr Prayanka	Doctor's Sign & Emp ID: 101633	Checked by	Y	STOP

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.

MGMV/F/Clin.ICU.06/Ver.2/01.01.2020