Parameter	Checked (Yes/No)	Remarks
Any Devices	YES	
Bed Sore	YES	
Fall Score	35	
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		
Cratinine	Y / N	MRI brain.		
Urine R / E	Y / N	PET Scan		Other Tests
Electrolytes	Y / N			
Others				
MRSA	-ve			
3H	-ve			

Medications:

Any Remarks:

Transferring Nurse from respective area (SICU)

Name: Kanal
Sign: N3570
Emp Id: Kanj
Date: 12/10/24 Time: 4:30P

Receiving Nurse in Recovery room

Name:
Sign:
Emp Id:
Date: Time:

Receiving Nurse in OT / Cath Lab

Name:
Sign:
Emp Id:
Date: Time:

Receiving Nurse Post Procedure area

Name:
Sign:
Emp Id:
Date: Time:

Receiving Nurse for ward S ICU

Name: Kanj
Sign: Kanj
Emp Id:
Date: 12/10 Time: 6:30 pm