



MGM NEW BOMBAY HOSPITAL, VASHI

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



JCI ACCREDITED

DRUG ORDER CHART (ICU)

CHART NO. 3

MR KIRAN BHAGWAN TAWARE
UHID: MGM240017131 IPD : MGMIP2406720
Age/Sex : 56 Years / MDOA : 05/10/2024
BED : SICU-011 WARD : SICU
DR : DR PRASHANT ATHALE

BLOOD GROUP: B Positive Date: From 19/10/24 To 22/10/24
PATIENT TYPE: II ICU DAY: 15

DIAGNOSIS: Post operative appendicectomy, Neuropathy
ALLERGIES: Not known

ANTIMICROBIALS:

Drug Name: LULIFEN CREAM	Generic Name: LULICONAZOL	Date 19/10/24 Day	Date 20/10 Day	Date 21/10/24 Day	Date 22/10/24 Day
Dose: 1% w/w local application	Frequency: 1-1-1	Special Instructions	Time	6am 8am 10am	6am 8am 10am
Start Date & Time: 8/10/24 4PM Dr Vinita	Consultant Name	Doctor's Sign & Emp ID	Given by	8am 2pm 10pm	8am 2pm 10pm
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	8am 2pm 10pm	8am 2pm 10pm
Drug Name: Inj POLYMYXIN-B	Generic Name: POLYMYXIN-B	Date 19/10/24 Day	Date 20/10 Day	Date 21/10/24 Day	Date 22/10/24 Day
Dose: 7.5 bags IV	Frequency: 1-0-1	Special Instructions	Time	10am 10pm	10am 10pm
Start Date & Time: 17/10/24 12 noon Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Given by	10am 10pm	10am 10pm
Stop Date & Time: 22/10/24 11:30	Consultant Name	Doctor's Sign & Emp ID	Checked by	10am 10pm	10am 10pm
Drug Name: Inj MINOCYCLIN	Generic Name: MINOCYCLIN	Date 19/10/24 Day	Date 20/10 Day	Date 21/10/24 Day	Date 22/10/24 Day
Dose: 100mg IV	Frequency: 1-0-1	Special Instructions	Time	8am 8pm	8am 8pm
Start Date & Time: 17/10/24 12 noon Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Given by	8am 8pm	8am 8pm
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	8am 8pm	8am 8pm
Drug Name: Inj TEICOPLANIN	Generic Name: TEICOPLANIN	Date 19/10 Day D1	Date 20/10 Day D2	Date Day	Date Day
Dose: 400mg IV	Frequency: 1-0-1	Special Instructions: X 3 doses	Time	8am 10pm	8am 10pm
Start Date & Time: 19/10 11am Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Given by	8am 10pm	8am 10pm
Stop Date & Time: 20/10 12am Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Checked by	8am 10pm	8am 10pm
Drug Name: Inj TEICOPLANIN	Generic Name: TEICOPLANIN	Date Day	Date Day	Date 21/10/24 Day	Date 22/10/24 Day
Dose: 400mg IV	Frequency: 1-0-1	Special Instructions	Time	10pm	10pm
Start Date & Time: 21/10 8am Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Given by	10pm	10pm
Stop Date & Time: 22/10/24 11:30 Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Checked by	10pm	10pm
Drug Name: Inj MEROPENEM	Generic Name: MEROPENEM	Date Day	Date Day	Date Day	Date 22/10/24 Day
Dose: 1g IV	Frequency: 1-1-1	Special Instructions	Time	8pm	8pm
Start Date & Time: 22/10/24 11:30 Dr Archana	Consultant Name	Doctor's Sign & Emp ID	Given by	8pm	8pm
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	8pm	8pm

REGULAR MEDICATIONS:

Drug Name: MOISOL EYE DROP	Generic Name: HYDROXYPROPYL METHYLCELLULOSE	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: 0.7% w/v 6 drops	Frequency: 1-1-1	Special Instructions	Time	6am 8am 10am	6am 8am 10am
Start Date & Time: 11/10/24 6PM Dr P. Athale	Consultant Name	Doctor's Sign & Emp ID	Given by	6am 8am 10am	6am 8am 10am
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	6am 8am 10am	6am 8am 10am
Drug Name: VENUSIA LOTION	Generic Name: MOISTURIZER	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: local application	Frequency: 1-1-1	Special Instructions	Time	6am 2pm 10pm	6am 2pm 10pm
Start Date & Time: 9/10/24 4PM Dr Vinita	Consultant Name	Doctor's Sign & Emp ID	Given by	6am 2pm 10pm	6am 2pm 10pm
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	6am 2pm 10pm	6am 2pm 10pm
Drug Name: Inj THIAMINE	Generic Name: THIAMINE	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: 100mg IV	Frequency: 1-1-1	Special Instructions	Time	8am 4pm 12am	8am 4pm 12am
Start Date & Time: 11/10/24 1PM Dr P. Tiwari	Consultant Name	Doctor's Sign & Emp ID	Given by	8am 4pm 12am	8am 4pm 12am
Stop Date & Time: 21/10/24 11am Dr P. Tiwari	Consultant Name	Doctor's Sign & Emp ID	Checked by	8am 4pm 12am	8am 4pm 12am
Drug Name: Inj OTSKL	Generic Name: TRACE ELEMENTS	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: 1 ampule IV	Frequency: 1-0-0	Special Instructions	Time	8am	8am
Start Date & Time: 16/10/24 11AM Dr Tushar	Consultant Name	Doctor's Sign & Emp ID	Given by	8am	8am
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	8am	8am
Drug Name: CAPNUREWIRE	Generic Name: INOSIN MONOPHOSPHATE	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: 1 capsule RT	Frequency: 0-1-0	Special Instructions	Time	2pm	2pm
Start Date & Time: 17/10/24 10:30AM Dr P. Tiwari	Consultant Name	Doctor's Sign & Emp ID	Given by	2pm	2pm
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	2pm	2pm
Drug Name: Inj OPTINURON	Generic Name: MULTIVITAMINS	Date 19/10/24 Day	Date 20/10 Day	Date 21/10 Day	Date 22/10/24 Day
Dose: 1 ampule IV	Frequency: 1-0-0	Special Instructions	Time	10am	10am
Start Date & Time: 17/10/24 10:30AM Dr P. Tiwari	Consultant Name	Doctor's Sign & Emp ID	Given by	10am	10am
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	10am	10am
Drug Name: Inj P	Generic Name:	Date Day	Date Day	Date Day	Date Day
Dose:	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		

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