



MGM NEW BOMBAY HOSPITAL, VASHI

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



DRUG ORDER CHART (ICU)

CHART NO. IF

MR. KIRAN BHAGWAN Taware
UHIC : MGM240017131 ID : MGMIP2406720
Age/Sex : 56 Years / M / DOA : 05/10/2024
RFD : SICU-010 WARD : SICU
DR : DR PRASHANT ATHALE

BLOOD GROUP: B positive Date: From 5/10/24 To 8/10/24
PATIENT TYPE: II ICU DAY: 2

DIAGNOSIS: Appendicular perforation post op

ALLERGIES:

ANTIMICROBIALS:

Drug Name:	INJECTION	Generic Name:	TEICOPLANIN	Date	7/10/24	Day	Date	Day	Date	Day	Date	Day
Dose:	Route:	Frequency:	Special Instructions	Time								
400mg	IV	1-0-0	(continues)	10am								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	SYRINGE	Generic Name:	TARGOCID	Date	2/10/24	Day	Date	8/10/24	Day	Date	9/10/24	Day
Dose:	Route:	Frequency:	Special Instructions	Time								
200mg	IV	1-0-0		10am								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	SYRINGE	Generic Name:	MENOPENEM	Date	2/10/24	Day	Date	8/10/24	Day	Date	9/10/24	Day
Dose:	Route:	Frequency:	Special Instructions	Time								
500mg	IV	1-1-1		4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	WUPEN CREAM	Generic Name:	EWONAROL	Date								
Dose:	Route:	Frequency:	Special Instructions	Time								
as required	Local	1-1-1		8am 4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	PLATELET	Generic Name:		Date								
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:	PLATELET	Generic Name:		Date								
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:	INJECTION	Generic Name:	ONDANSETROPINE	Date	Day	Date	Day	Date	Day	Date	Day	
Dose:	Route:	Frequency:	Special Instructions	Time								
4mg	I.V.	1-1-1		8am 4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	INJECTION	Generic Name:	LOMESTERONE	Date								
Dose:	Route:	Frequency:	Special Instructions	Time								
100mg	I.V.	1-0-0		8am 4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	INJECTION	Generic Name:	INTRAMUSCULAR	Date								
Dose:	Route:	Frequency:	Special Instructions	Time								
100mg	I.V.	1-0-0		8am 4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	INJECTION	Generic Name:	VENUSIA LOTION	Date								
Dose:	Route:	Frequency:	Special Instructions	Time								
as required	Local	1-1-1		8am 4pm 12pm								
Start Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Given by	Dr Athale 10/10/23								
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by	Dr Athale 10/10/24								
Drug Name:	INJECTION	Generic Name:		Date								
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:	INJECTION	Generic Name:		Date								
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:	INJECTION	Generic Name:		Date								
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									

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