

	Drug Name: INJ OTS KI	Generic Name: TRACE ELEMENTS	Date _____ Day _____	Date _____ Day _____	Date 17/10 Day _____	Date 18/10 Day _____
Dose: 1 Amp.	Route: IV	Frequency: L/oo	Special Instructions	Time	8 AM	8 AM
Start Date & Time: 16/10, 11am	Consultant Name Dr. Tushar	Doctor's Sign & Emp ID 801633	Given by		10 AM	SC
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by		10 AM	PP
Drug Name: CAP NUREWIRE	Generic Name: INOSINE MONOPHOSPHATE	Date _____ Day _____	Date _____ Day _____	Date 17/10 Day _____	Date 18/10 Day _____	
Dose: 1 CAP	Route: RT	Frequency: 0-1-0	Special Instructions	Time	4 PM	SP
Start Date & Time: 17/10 10:30am	Consultant Name Dr. Jitendra	Doctor's Sign & Emp ID 801635	Given by		10:30 AM	IV
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by		10:30 AM	7:30 PM
Drug Name: INJ OPTINEURON	Generic Name: MULTIVITAMIN	Date _____ Day _____	Date _____ Day _____	Date 17/10 Day _____	Date 18/10 Day _____	
Dose: 1 Amp	Route: IV	Frequency: 1-0-0	Special Instructions in 100ml NS	Time	5 PM	SC
Start Date & Time: 17/10 10:30am	Consultant Name Dr. Jitendra	Doctor's Sign & Emp ID 801635	Given by		5 PM	KP
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by		5 PM	for
Drug Name: INT CLEXANE	Generic Name: ENOXAPARINE	Date _____ Day _____	Date _____ Day _____	Date 17/10 Day _____	Date 18/10 Day _____	
Dose: 40mg	Route: SUBCUT BT-D	Frequency: 0-1-0	Special Instructions	Time	-	-
Start Date & Time: 18/10 10:30am	Consultant Name Dr. Prayankar	Doctor's Sign & Emp ID 801633	Given by		-	-
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by		-	-
Drug Name: INT PANACE	Generic Name: PANTOPRAZOLE	Date 15/10 Day _____	Date 16/10 Day _____	Date 17/10 Day _____	Date 18/10 Day _____	
Dose: 40mg	Route: IV	Frequency: 1-0-1	Special Instructions	Time	8 AM	8 AM
Start Date & Time: 18/10 1pm	Consultant Name Dr. Athale	Doctor's Sign & Emp ID 801633	Given by		10 AM	8 PM
Stop Date & Time:	Consultant Name	Doctor's Sign & Emp ID	Checked by		10 AM	8 PM
Drug Name: INT HEPARIN	Generic Name: MECARIN	Date 18/10 Day _____	Date 19/10 Day _____	Date 17/10 Day _____	Date 18/10 Day _____	
Dose: 5000 Unit	Route: IV	Frequency: 1-0-1	Special Instructions	Time	10 AM	10 AM
Start Date & Time: 18/10 10am	Consultant Name Dr. Athale	Doctor's Sign & Emp ID 801633	Given by		10 AM	10 AM
Stop Date & Time:	Consultant Name Dr. Priyanka	Doctor's Sign & Emp ID 801633	Checked by		10 AM	STOP

STAT MEDICATIONS :

DATE	Drug (Generic Name) in Capital Letters	Dose	Route	Time	Indications	Doctor's Sign. & EMP ID	Staff Sign. & Emp ID	Checked by
17/10/24	INJ POLYMYXIN B	15 lacs u.u	IV	3PM	Sepsis.	801635	Binner	
17/10/24	INJ MINOCYCLINE	200mg	IV	4PM	Sepsis.	801635	Binner	

IV FLUIDS : (CRYSTALLOIDS / COLLOIDS)

DATE	TYPE OF FLUID	ADDITIVE	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID
18/10/24	5% DEX 500ML	—	60ml/h	801633	8 AM	12:30 PM	12:30 PM	801633

BLOOD / BLOOD PRODUCTS :

DATE & TIME	Components	Units	Rate	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	STOP TIME	STAFF SIGN. & EMP ID

IV DRUG INFUSIONS / CONCENTRATED ELECTROLYTES :

DATE	NAME OF DRUG	DILUTION	RATE	Doctor's Sign. & Emp ID	START TIME	STAFF SIGN. & EMP ID	CHECKED BY	STOP TIME	STAFF SIGN. & EMP ID