



ADVANCED CANCER INSTITUTE

Mansa Road, BATHINDA
(Baba Farid, University of Health Science)

बैड चैड टिकट BED HEAD TICKET



OPD No.....RT NO.....CR NO.....DATE/TIME.....

NAME.....W/O, S/O, D/O,.....AGE/SEX.....

ADDRESS.....

.....PHONE NO.....

S.No.	Ward Name/ No	Bed	Date Time in	Date Time Exit	Oxygen	Bedside monitor days	Ventilator	Amount	Sign of Ward Nurse
WARD									
ICU									
DAY CARE									

S.No.	PROCEDURE	WHICH PROCEDURE TO BE DONE	AMOUNT	SIGN OF NURSE
1	RADIO THERAPY			
2	BRACHY THERAPY			
3	CHEMO THERAPY			
4	SURGERY			

USE FOR CR OFFICE

G TOTAL.....RECEIPT NO..... SIGN.....

Note :

1. Do not paste or staple any document on the first page of the file.

(2)

Name of the Consenting Person.....Relationship with patient

1. I hereby authorise the staff of ADVANCED CANCER INSTITUTE, BATHINDA to admit, Investigate and treat myself.
2. I hereby give an undertaking that I will not insist for treatment and / or operation and / or procedure by a particular doctor and / or nurse and/ or technician.
3. If any unforeseen complication (s) arise (s) during the course of treatment, I authorise doctor to act in the best interest of the mine/patient.
4. I give consent to taking & publishing the photograph or literature for purpose of record medical education & research.
5. I also give consent for autopsy examination and the disposal by hospital authorities of any tissues of parts which may be removed during courses of operation/treatment.
I certify that the statement made in the above consent has been read over and explained to me in my mother tongueand i have fully understood the implication of the above consent. I hereby gave my consent to undergo any kind of treatment/operation/delivery under and kind of Anesthesia at my own risk and will.
I am giving the consent without any fear, obligation, coercion and undue influence. All the facts have been explained to me in clear unambiguous and understandable language.

Witnesses :

Signature/Thumb impression of Patient/Relative

1
Full Signature, Name and Address

Name.....

Father/Husband's Name

2
Full Signature, Name and Address

Address & Ph. No

DateTime

Sign. of Doctor

To be detached when patient is discharge and be sent to
SBHI Punjab Health Directorate

- 1-2 Advanced Cancer Institute, Bathinda
 Deptt.
- 3 Admission C.R. No
- 4-5 Pt. Name
- 6 Father's/Husband's Name
- 7 Date Month Year of Birth
- 8 Age (Complete Years) on admission
- 9-10 OccupationReligion
- 11 Single/Married/Widowed/Divorced/Separated.....
 Residence-Rural/Urban.....
 DistrictTown
 VillageBlock.....
- 13 Distance of resident from hospital in Kms.....
- 14 Admitted on DayMonth..... Year
- 15 Discharge on DayMonthYear
- 16 Length of stay in days (include the day of admn.
 but not include the day of discharge
- 17 Result :
 Cured/Relived (with or without improvement)
 Died.
- 18 Left Hospital: With/Without approval of Hospital
 authorities.
- 19 Discharged/Transferred/Other(specify)
- 20 Final Diagnosis (at the time of discharge)
 in Block Letters)
- 21 Operation performed if any
- 22 Form filled on DayMonth..... Year.....

..

Signature

(4)

History of the patient at the time of admission Family history, Past History of Present Illness
Chief Complaints:

Breif History:

(5)

Examination

Diagnosis

Signature

(6)

Progress Chart

(7)

Progress Chart

(8)

Progress Chart

(9)

Progress Chart

OPERATIVE NOTES

NAME OF PATIENTS :

AGE/SEX :

PER OPERATIVE DIAGNOSIS :

OPERATIVE DIAGNOSIS :

SURGERY/PROCEDURE PREFORMED :

TYPE OF ANESTHESIA:

SURGEON'S NAME :

ASSISTANT NAME :

ANAESTHETIST NAME :

STAFF NURSE:

COUNTS :

DATE SURGERY :

DURATION OF SURGERY :

OPERATIVE FINDINGS AND SURGICAL STEPS

Details of operative notes

(12)

CR No.				AGE	SEX	AGE	BED	MONTH	YEAR	M.R.D. No.
DATE										
NO. OF DAYS										
DAYS POST OF										
TIME										
PULSE 210	TEMP C 41.1 F 106									
200	40.6	105								
180	40.0	104								
180	39.4	103								
170	38.9	102								
160	38.3	101								
150	37.8	100								
150	37.2	99								
130	36.7	98								
120	36.1	97								
110	35.6	96								
100	35.0	95								
90	RESP 60									
80	50									
70	40									
60	30									
50	20									
40	10									
STOOLS										
UEINE										
FLUID INTAKE										
FLUID OUTPUT										
B.P.										
WEIGHT										
BATH										

(13)

CR No.				AGE	SEX	AGE	BED	MONTH	YEAR	M.R.D. No.
DATE										
NO. OF DAYS										
DAYS POST OF										
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PULSE 210	TEMP C 41.1 F 106									
200	40.6	105								
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160	38.3	101								
150	37.8	100								
150	37.2	99								
130	36.7	98								
120	36.1	97								
110	35.6	96								
100	35.0	95								
90	RESP 60									
80	50									
70	40									
60	30									
50	20									
40	10									
STOOLS										
UEINE										
FLUID INTAKE										
FLUID OUTPUT										
B.P.										
WEIGHT										
BATH										

(14)

INPUT OUTPUT CHART

Date	Time	Temp	I.V. Fluid	Tube Feed	Oral	Urine Output	Ryles Aspi	Drain	Balance	Urine Sugar	Blood Sugar	Ketone Bodies	Dase of insulin	Remarks

(15)

INPUT OUTPUT CHART

Date	Time	Temp	I.V. Fluid	Tube Feed	Oral	Urine Output	Ryles Aspi	Drain	Balance	Urine Sugar	Blood Sugar	Ketone Bodies	Dose of Insulin	Remarks

(16)

INPUT OUTPUT CHART

Date	Time	Temp	I.V. Fluid	Tube Feed	Oral	Urine Output	Ryles Aspi	Drain	Balance	Urine Sugar	Blood Sugar	Ketone Bodies	Dose of Insulin	Remarks

(17)

INPUT OUTPUT CHART

Date	Time	Temp	I.V. Fluid	Tube Feed	Oral	Urine Output	Ryles Aspi	Drain	Balance	Urine Sugar	Blood Sugar	Ketone Bodies	Dose of Insulin	Remarks

INVESTIGATIONS**Blood Group**

S. No.	Investigation	DT	DT	DT	DT	DT
1.	HB					
2.	TLC					
3.	DLC					
4.	PLT Count					
5.	BT/CT					
6.	PTI/INR					
7..	F.B.S./RBS					
8.	BLOOD UREA					
9.	S. Creatinine					
10.	Serum Bilirubin					
11.	S.G.O.T.					
12.	S.G.P.T.					
13.	S.ALP					
14.	S.Na					
15.	S.K.					
16.	S.Cl					
17.	S. Calcium					
18.	S. Phosphorus					
19.	TSP					
20.	DSP					
21.	S. Amylase					
22.	Urine c/e					
23.	Hbs Ag					
24.	HIV1 & 2					

ECG.....

X-Ray.....

ULTRASOUND.....

CT.....

FNAC.....

BIOPSY.....

MISCELLANEOUS.....