

ACTIVITY RECORD FOR BILLING

Name:
 UHID No: SNC-00028069 IP24-00008786
 Date of Admi: Mrs RATHNAPRIYA 28 Y 9 M 22 D (F)
 Room / Bed No: Dr. PREMA JAYAPRASAD
 Consultant: Dept:
 Date of Discharge: Time:
 Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SNC-00028069

IP24-00008786

Mrs RATHNAPRIYA

05-09-1987

28 Y 9 M 22 D (F)

Dr. PREMA JAYAPRASAD



NURSES NOTES

(USE BALL POINT PEN ONLY)

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)								
		Admission Notes: 27/6/26								
	9.30AM	Mrs. Rathna Priya 28 Y / F of Koma Jaya Prasad @ GIBI @ 32+0 colony. Come for Blood transfusion. Good anatomy. Vitals stable. IV placement started. S. S. S.								
		<div style="border: 1px solid black; padding: 5px; background-color: yellow;"> <p>ANNAI TERESA BLOOD BANK & APHERESIS CENTRE (Run by Little Roses Trust) LICENCE No.: 506/28C # No.946, 1st Floor, Bazaar Road, Ram Nagar (South) Madipakkam, Chennai - 91. Ph.: 044-22580803, 48616108 Mobile : 9840143108 / 9840333108 E.mail : annaiteresabloodbank@gmail.com web: www.annaiteresabloodbank.com</p> <p>CONCENTRATED HUMAN RED BLOOD CELLS I.P. Prepared From Blood Collected with anticoagulant citrate phosphate Dextrose solution I.P.49 ML. Whole blood 350 ml / 450 ml (63 ml)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>BAG NO.</th> <th>COLLECTION DATE</th> <th>EXPIRY DATE</th> <th>VOLUME</th> </tr> </thead> <tbody> <tr> <td>2667</td> <td>21/06/26</td> <td>02/08/26</td> <td>285ml</td> </tr> </tbody> </table> <p>INSTRUCTIONS :</p> <ol style="list-style-type: none"> Do not use if there is any visible evidence of deterioration. Storage temperature 2 to 6 degree centigrade. Administer with warning. Mix well before use and do not vent Do not add any Medication. Use a Fresh clean, Sterile Transfusion set with filter Do not Dispense without Prescription. Check blood group on the label and recipients blood group. before administration and properly identify intended recipient. No Atypical antibodies detected Self life 35 days / SAGAM 42 Days. Transfusion Criteria ABO and Rh Specific X-match compatible <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>BLOOD GROUP</p> <p style="font-size: 2em; font-weight: bold;">A</p> <p>Rh (D)</p> <p>POS</p> </div> <p>SCREENED : NEGATIVE / NON REACTIVE FOR : HBsAg, Anti HCV Anti HIV I & II, MP, VDRL Irrg, Ab</p> <p>PREPARED FROM A VOLUNTARY BLOOD DONOR</p> </div>	BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME	2667	21/06/26	02/08/26	285ml
BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME							
2667	21/06/26	02/08/26	285ml							
	12.30pm	A.K. Blood Bag started, no reaction of patient side								

Handwritten notes in a circle:

- Bag NO: 2667
- B/d group: O+ve
- Start: 12:30pm
- End time:
- BP: 113/73
- PR: 87b
- SpO2: 99%
- BP: 99/64
- Pulse: 87b
- SpO2: 100%

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

