

जिला महिला चिकित्सालय, रामपुर

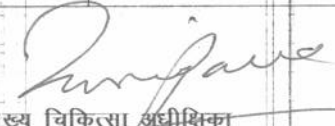
बिन्दु नं०-3 क और घ

दिनांक 01.04.10 से 31.12.10 तक

वर्ष 2010-11 में कय की गई तथा कय की जा रही औषधियों की सूची व मात्रा के आपूर्ति की समय सारिणी।

S.NO	NAME OF MEDICINE	QUANTITY	INDENT DATE/ ORDER DATE	SUPPLY DATE
1	INJ. AMIKACIN SUL. 500 MG	2000	08.06.10	10.09.10
2	INJ. CEFPIAZONE 1 GM	1000	"	17.09.10
3	TAB. METRONIDAZOLE 400 MG	50000	"	13.08.10
4	INJ. DICLOFENIC SOD. 3 ML	5000	"	WAITING
5	INJ. ETOPH. + THEO. 2 ML	500	"	"
6	TAB. B.COMPLEX	100000	"	30.06.10
7	INJ. ADRENALLINE 1 ML	50	"	29.06.10
8	INJ. MAGSULPH 1 ML	500	"	"
9	INJ. SODA BICARB 25 ML	500	"	"
10	INJ. METHYL COBLAMIN 1 ML	500	"	"
11	INJ. MULTI. VITAMINE 2 ML	2000	"	30.06.10
12	TAB. RANITIDIN 300 MG	50000	"	09.12.10
13	TAB. ATENOLOL 50 MG	2000	"	"
14	CAP. DOXY 100 MG	40000	"	04.12.10
15	TAB. PARACETAMOLE 500 MG	80000	"	22.07.10
16	OINT. DICLOFENIC SOD. 4% 20 GM	1000	"	"
17	CREAM CLOTIMAZOLE + BECLO. DIPRO 15 GM	500	"	"
18	TAB. CLOTRIMAZOLE S. S.	10000	"	"
19	EYE DROP CHOLORAMPHENICOL 5 ML	500	"	"
20	REVELON P. (CHLORHEAXADINE + CET. 1000 ML)	100	"	"
21	POVIDONE IODINE SOL. 500 ML	100	"	"
22	INJ. CAL. GLU. 10 ML	200	"	CANCEL ORDER
23	INJ. ATRIPINE 1 ML	500	"	20.08.10
24	INJ. OXYTOCIN 1 ML	5000	"	CANCEL ORDER
25	INJ. HYDROCORTISONE I.M. / I.V.	200	"	20.08.10
26	INJ. GENTAMICIN 2 ML 80MG	2000	"	"
27	INJ. PARACETAMOLE 2 ML	500	"	"
28	INJ. PROMETHAZINE 2 ML	1000	"	CANCEL ORDER
29	INJ. DOPAMINE 5 ML	100	"	CANCEL ORDER
30	INJ. DICYCLOMINE 2 ML	500	"	CANCEL ORDER
31	INJ. CEFTAZIDINE 1 GM	500	"	06.08.10
32	INJ. FRUSEMIDE 2 ML	200	"	"
33	INJ. HYDROXY PROGESTERON 250 MG 2 ML	1000	"	CANCEL ORDER
34	INJ. METHYL ERGATE 1 ML	5000	"	06.08.10
35	INJ. LIGNOCANE HCL 2% 30 ML	200	"	CANCEL ORDER
36	INJ. PHENARMINE MALEATE 2 ML	500	"	CANCEL ORDER
37	INJ. AMOX. SOD. + CLAV. POT. 1.2 GM	200	"	20.08.10
38	INJ. METACLOPRAMIDE 2 ML	500	"	CANCEL ORDER
39	INJ. AMINOPHYLINE 10 ML	100	"	CANCEL ORDER
40	INJ. CEFTRIAXONE 1GM	1000	"	30.08.10
41	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	09.06.10	06.07.10
42	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	11.06.10	13.07.10
43	TAB. NIMUSULIDE 100 MG	100000	09.06.10	CANCEL ORDER
44	TAB. CHLORAM. MAL. 4 MG	20000	"	CANCEL ORDER
45	LOTION B.B. LOTION 25% 100 ML	1000	"	CANCEL ORDER
46	TAB. TIZANID. + DICLO. SOD. 2 MG + 50 MG	5000	"	29.10.10
47	CAP. MEFANIC ACID 500 MG	10000	"	"
48	TAB. DICLOFENIC SOD. S.R.	50000	08.06.10	14.08.10
49	TAB. CETRIZINE HCL 10 MG	5000	"	"
50	CAP. VIT. A & D	50000	"	30.06.10
51	INJ. IRON DEXTRONE 2 ML	1000	"	10.09.10
52	SILVER SULPHA CREAM 25 GM 1%	2000	"	13.08.10
53	IV. R.L. 500 ML	2000	09.06.10	14.08.10
54	IV. N.S. 500 ML	500	"	"
55	IV. 10% DEXTROSE 500 ML	1000	"	"
56	INJ. IRON SUCROSE 5 ML	10	07.06.10	15.06.10
57	INJ. IRON SUCROSE 5 ML	10	11.06.10	15.06.10
58	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	30.06.10	02.08.10
59	TAB. CIPROFLOX 500 MG	40000	26.06.10	WAITING
60	TAB. NORFLOX 400 MG	20000	29.06.10	"
61	TAB. DOMPERADON 10 MG	10000	"	"
62	INJ. IOSXUPRINE 2 ML	2000	28.06.10	03.08.10

63	TAB. PENTA PARAZOLE 40 MG	80000	30.06.10	03.08.10
64	TAB. B.COMPLEX	100000	"	04.12.10
65	TAB. ORINDAZOLE 500 MG	20000	"	"
66	TAB. CEFPOXIME PIROXYTIL 200 MG	5000	28.06.10	WAITING
67	EYE DROP GATIFLOX 5 ML	500	30.06.10	20.08.10
68	TAB. GATIFLOX 400 MG	5000	29.06.10	CANCEL ORDER
69	CLOTRIMAZOLE GEL 20 GM 2%	1000	26.06.10	07.09.10
70	OINT. DICLOFENIC SOD. 4% 20 GM	1000	28.06.10	23.09.10
71	INJ. METHYL ERGATE 1 ML	5000	"	22.11.10
72	INJ. OXYTOCIN 1 ML	5000	"	17.09.10
73	INJ. IRON SUCROSE 5 ML	20	30.06.10	05.07.10
74	INJ. PENTAZOCINE 1 ML	1000	29.06.10	22.07.10
75	INJ. VIT. K. 1 ML	200	"	"
76	INJ. EPIDOCIN 1 ML (VALATHAMIDE)	500	28.06.10	"
77	INJ. SENSORCAINE HEAVY 4 ML	200	23.06.10	"
78	INJ. IRON SUCROSE 5 ML	20	10.08.10	13.08.10
79	IV. METROGYL 100 ML	400	02.08.10	20.08.10
80	IV. METROGYL 100 ML	400	10.08.10	20.08.10
81	IV. METROGYL 100 ML	400	17.08.10	20.08.10
82	INJ. M.V. 2 ML	5000	18.08.10	02.12.10
83	LIQUID CHLOR HEXADIN GLUCO + STRONG CETRIMIDE SOL. 1000 ML	400	17.08.10	14.09.10
84	SUSP. EEFATE -0- 200 ML	1000	16.08.10	07.10.10
85	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	22.09.10
86	TAB. COTRIMAZOLE VAGINAL 100 MG	5000	13.08.10	13.10.10
87	POVIDONE IODINE OINMENT 20 GM	5000	16.08.10	04.11.10
88	TAB. OFLOX 200 MG	70000	17.08.10	03.11.10
89	INJ. PENTAZOCINE 1 ML	5000	18.08.10	04.11.10
90	INJ. RAINITIDIN 2 ML	5000	"	"
91	INJ. DIAZIPAM 2 ML	5000	"	"
92	TAB. METHYL ERGOTE 0.125 MG	50000	16.08.10	"
93	TAB. METFORMIN 1 GM	5000	"	"
94	TAB. GLIMPRIDE 4 MG	2000	"	"
95	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	19.08.10	22.09.10
96	TAB. PARACETAMOLE 500 MG	100000	16.08.10	28.10.10
97	OINT. DICLOFENIC SOD. 4% 20 GM	2000	19.08.10	10.09.10
98	SUSP. EEFATE -0- 200 ML	1000	"	07.10.10
99	TAB. ETHAMSYLATE 500 MG	30000	18.08.10	18.11.10
100	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	25000	19.08.10	12.10.10
101	SILVER SULPHA CREAM 25 GM 1%	5000	"	"
102	INJ. EPIDOCIN 1 ML (VALATHAMIDE)	500	28.09.10	27.10.10
103	INJ. KETAMIN 10 ML	20	27.09.10	"
104	INJ. SENSORCAINE HEAVY 4 ML	200	"	"
105	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	19.10.10	10.11.10
106	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	"
107	INJ. IRON SUCROSE 5 ML	20	17.12.10	21.12.10
108	DICLOFENAC OINMENT 20 GM	2000	15.12.10	WAITING


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बिन्दु नं०-3 छ

माह-दिसम्बर 2010 की मासिक रिपोर्ट।

क्रम सं०	औषधियों के नाम	माह दिसम्बर 10 में प्रयोग की गई औषधियों की मात्रा	माह दिसम्बर 10 के अन्त में उपलब्ध औषधियों की मात्रा
1	CAP. AMOXY 500 MG	500	500
2	INJ. AMIKACIN 500 MG	NIL	500
3	TAB. ATIENOLOL 50 MG	1200	800
4	CAP. ALPHA CALCIDAL + CAL. CARB.	14500	NIL
5	INJ. BOTROPASE 1 ML	NIL	220
6	TAB. CETRIZINE 10 MG	6500	15500
7	TAB. COTRIMOXAZOLE. S.S.	1000	3000
8	INJ. CEFPRAZONE 1 GM	100	100
9	TAB. CLOTIAMZOLE VAGINAL 100 MG	1000	NIL
10	INJ. DEXA 2 ML	NIL	100
11	IV. 5% DEXTROSE 500 ML	168	528
12	IV. 10% DEXTROSE 500 ML	72	552
13	IV. D.N.S. 500 ML	72	216
14	INJ. DIAZIPAM 2 ML	NIL	3800
15	CAP. DOXY 100 MG	7000	33000
16	LIQUID. DI SOD. HYDRO.CITRATE 100 ML	384	672
17	TAB. ETHAM SYLATE 500 MG	1000	26000
18	SUSP. EEFATE. O. 200 ML	180	NIL
19	INJ. EPIDOCIN 1 ML	150	150
20	TAB. FERRUS SULPHATE 200 MG	15500	6500
21	INJ. FRUSEMIDE 2 ML	50	NIL
22	INJ. GENTAMICIN 2 ML	NIL	200
23	INJ. HYDROCORTISON	NIL	50
24	INJ. IRONDEXTRON 2 ML	NIL	200
25	INJ. ISOXSUPRINE 2 ML	NIL	500
26	INJ. IRONSUCROSE 5 ML	5	15
27	INJ. KETAMIN 10 ML	NIL	10
28	CAP. FEMENAMIC ACID 500 MG	1000	NIL
29	TAB. METROGYL 400 MG	1000	11000
30	I.V. METROGYL 100 ML	168	24
31	INJ. METHYAL ERGATE 1 ML	350	4750
32	INJ. MAGSULPH 1 ML	NIL	100
33	INJ. I.V. MANITOL 20% 100 ML	10	20
34	INJ. M.V. 2 ML	1000	4000
35	I.V. N.S. 500 ML	24	168
36	IV. OFLOX 100 ML	80	380
37	INJ. OXYTOCIN 1 ML	420	2940
38	O.R.S. PACKET 20 GM	300	2100
39	TAB. OFLOX 200 MG	13000	25500
40	TAB. ORIENDAZOLE 500 MG	5000	15000
41	TAB. PARACETAMOL 500 MG	11000	44000

42	INJ. PENTAZOCIN 1 ML	NIL	4000
43	INJ. PARACETAMOLE 2 ML	NIL	100
44	POVIDONE IODINE OINMENT 20 GM	1000	2400
45	IV. R.L. 500 ML	192	864
46	REVLON.P.SOL. 1000 ML	35	256
47	INJ. RAINITIDIN 2 ML	500	3500
48	TAB. RAINITIDIN 300 MG	15500	34500
49	TAB. SERRATIOPEPT. 5 MG	6000	41000
50	INJ. SODABICARB 25 ML	NIL	100
51	SILVER SULPHA CREAM 25 GM	500	3500
52	TAB. TIZANIDINE + DICLO. SOD. 2 MG+ 50 MG	11000	30000
53	TAB. TINIDAZOLE 300 MG	1000	17000
54	TAB. BCOMPLEX	30000	70000


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