

ACTIVITY RECORD FOR BILLING

Name: IP24-00009044
UHID No: SNC-00031433
Baby PRANAV 3 Y 7 M 12 D (M)
18-12-2022
Dr. APARNA G
Date of Admission: Date of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26/	10 PM	ER	ward	[Signature]

CROSS CONSULTATION VISIT

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

[illegible]

Investigations

Order No.

Signature

30/7/20/

~~CBC, CRP, RPR,~~

9705

2

Blood c/s, Dengue I

Resp. Bigfish ✓

30/9/26/

RBS CPCT!

9706-

⑦

31/8

012

9740

Handwritten signature

A large, stylized, handwritten letter 'S' in blue ink on lined paper. The letter is formed with a single continuous stroke, starting from the top left, curving to the right, then looping back to the left, and finally curving back to the right to end at the bottom right. The lines are horizontal and evenly spaced.

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

ANY OTHER INFORMATION:

Date: 1/2/26 Time: @ 10AM Prepared By: Wino 5.17.196

Prepared By: Wino 017 1996

Billing Supervisor

01/7/2018

SNC-00031433

IP24-00009044

Baby PRANAV

18-12-2022

3 Y 7 M 12 D

(M)

Dr. APARNA G



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/26 11am	SLB Dr. Aparna G Viral fever. Fluor or Acet 1 Appl. b. Vitals - stable WOB - (N) CHT Cms Hydration - (N) Hydration - fair	Continue IVF 10/07/26
31/7/26 8:15am	SLB Dr. Aparna G Influenza injection. fever (+) or Acet 1 Appl. b. Vitals - stable WOB (N) CHT Cms Hydration - fair	Syp. DELTAMIN (12m/1ml) 2.5ml - 0 - 2.5ml ly PAN 13m IV OD 10/07/26



Date & Time	Progress Notes	Doctor's Order
3/17/26	S/B Dr. Imran	
9pm	Δ - Viral Fever. Low grade fever spike	
	O/E, Acute about 10 days	
	HR - 105 RR - 32 SpO2 - 98% L3 seen PPWT	
	O/E, Cn - S1S1 ⊕ P ₂ - m32 P/A - Sept	
		Plan → On supp oxycort. → continue the same as per Order
	 127388 Dr. Imran	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/26 9:00 AM	AD C/S/O - Dr. Anur / S/B Dr. Aparna	
	Δ: Viral fever / Influenza - A	
	1 fever spike yesterday (low grade)	
	oral intake good	
	OLE: Alert / active / Afebrile	
	HR / RR	
	CRP < 3 sec	
	peripheries warm	
	vitals stable	
	S/B: NAD	
	Discharge	Plan
	CELTAMIN X till 4 days	1) continue same medication
	Syp. flu on 6/7/26	2) vitals monitoring
		Dr. Anur

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
30/12/22	10:30pm	Received Notes Night duty. Hand over taken from ER duty staff. Baby is conscious and Oriented.
	11pm	vital sign are checked and recorded. Maintain I/O chart. IV line Pattern, No swelling IVF DNS 45ml/hr outflow Baby sleep well There is no any complaint in Baby side.
	12AM	Dr. Aparna mam came reports explained to the parents. Baby slept well.
	2AM	Baby is vitally stable. IV line patent. IV fluids ongoing. no any other complaints.
	4AM	T-102.20°F 24:00pm 10mg given as per drug chart. Baby slept well.
	5AM	T-100.70°F IV line patent. IV fluids ongoing.
	6AM	Reassessment is done. T-98.4°F
	8AM	Baby details is handover given to the morning duty staff.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(USE BALL POINT PEN ONLY)

- ☐
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Morning duty on 31/7/26</u>
31/7	8Am	Baby details taken over from the night duty staff Baby was conscious and oriented vitality are stable & record → <u>Mealy 02/07/26</u>
	8:45Am	Dr. Aparna mam came for rounds advised to Add medication Syp. OSELTAMIVIR and Inj. Pen. → <u>Mealy 06/07/26</u>
	10Am.	medication & syp are administered as per Dr. Aparna mam order → <u>Mealy 07/07/26</u>
	1pm.	Baby vitals are checked and recorded. <u>U/R</u> Sended to Lab. I/O chart maintained → <u>Mealy 16/07/26</u>
	2pm	Handover given to evening duty staff nurse → <u>Mealy 16/07/26</u>

Docu. No. : RCH /FRM / CLINICAL / 089

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening duty on 31/7/26</u>
<u>31/7/26</u>	2pm	=> Baby details handing over —) <u>M</u> taken from Morning duty S/N 607847
		=> vitals are checked & Recorded
	3pm	=> IV line patdown
		=> IVE DNS 45ml/hr on flow <u>M</u>
		=> oral intake Encouraged. —) <u>M</u> 607847
	5pm	=> vitals are Rechecked
		=> No other complaints
	7pm	=> I/O chart Maintained
	8pm	=> Baby details handing over given to night duty S/N —) <u>M</u> 607847
		<u>Night duty on 31/7/26</u>
<u>31/7</u>	8pm	Baby details is handover taken from evening duty staff
		Baby is active & alert —) <u>M</u> 607847
	9pm	vital signs is checked & recorded
		Baby is vitally stable
		T- 99.4°F. —) Tepid sponge given
	10pm	Reassessment was done <u>M</u> 607847
		<u>Temp 98.8°F</u>
	12am	TVE was on flow DNS 45ml/hr

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		continued notes 31/12/22
		IV line Pattern No swelling
	2am	Baby sleep well
	4am	There is no complaint
		in Baby side.
	6am	vital are checked
		and recorded
		Maintain I/O chart
	7am	Medication was given
		as per drug chart
	8am	Hand over given to
		morning duty staff
1/12/22		morning duty on 1/12/22
	8AM	Baby details taken over from
		from night duty staff.
		Baby is conscious & oriented.
		vitals are checked & recorded.
		I/O charting done
	10:30am	Dr. Aparna Mam
		seen the patient advised to
		plan discharge
		File sent to IP billing

NOTE : DO NOT WRITE OUTSIDE THE MARGINS