

ACTIVITY RECORD FOR BILLING

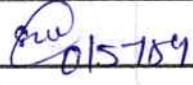
SNC-00026435 IP24-00008975
Baby HARADHYAN P K
20-11-2024 1 Y 8 M 2 D (M)
Dr. AKILA SIVAKUMAR

Name: Consultant: Dept:
UHID No: 

Date of Admission: Time: Date of Discharge: Time:

Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/7/26	11:20 AM	ER	wavel	 015759

CROSS CONSULTATION VISIT

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

[illegible]

[illegible]

ANY OTHER INFORMATION:

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Date: 23/7/26 Time: 11 AM Prepared By:

Prepared By:

с/е
ОБЩ

Ramya

Billing Assistant

Billing Supervisor

SNC-00026435

IP24-00008975

SNC-00020495
Sgt. HARADHYAN P K

20-11-2024

1Y8M2D

(M)

Dr. AKILA SIVAKUMAR



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BirthRight™

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Date & Time	Progress Notes	Doctor's Order
22/07/20. <u>2:30PM</u>	<u>SB Dr. Bani Bogul</u>	
	<u>AGEE dehydration</u>	
	no loose stool. = 2 episodes now No fever / no vomiting	
CBC	OB child alert / active / afebrile (TTT/TTT)	
Hb $\Rightarrow$ 12.5		
Hct $\Rightarrow$ 43.90		
TC $\Rightarrow$ 11.410		
N $\Rightarrow$ 74%		
U $\Rightarrow$ 18%		
platelet $\Rightarrow$ 2057		
CRP $\Rightarrow$ 5		
Bicarbonate $\Rightarrow$ 11 mmol/L		
	SB: r/s - S.S. $\oplus$ no mucus, RS - B/E $\oplus$, clear, f/x - soft B/E, CMs - Tactile.	
		R $\Rightarrow$ RL @ 55 mc to continue
	SB at 3PM $\Rightarrow$ 64 mg/dL	
	10% Dextrose $\Rightarrow$ 30mL f/b over half on bow f/b	
check CBC after 1hr	RL @ 55mc/hr	<u>14524F</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 5PM	SB & Aile (4 gmo/mo) AAE / Dehydrator the vomiting - several episode - 1 day loose stools - 1 day (no blood in stool) ↑ frequency ⊕ ⊕ <u>Fever - day 1</u> sugar → Lodastine 62 mg/l. after w/d → 77 mg/l. voided after admission O/E, Atropine, Anusol w/d - ⊕ fecile hyd - improving col. qf He - 160cm TA 17, Bl - RL - 40l w/d ⊕ peripher w/d	cur - 16 ⊕ RAE ⊕ 1/A: soft



Date & Time	Progress Notes	Doctor's Order
		9.34
		Atv
	<u>NO</u>	
	① Blood CR	① IVF
	② Uric .6	RL @ 60ml/hr
	③ stool	DR @ 20ml/hr
	④ RFA	che
	⑤ IUD	
	⑥ HCHVITD3	② Ty PARA 120mg iv stat
		③ 2. CEFTRIAXONE 450mg iv
		rt HCHVITD3 01234
2/12/20	S/S or local pathology	
6pm	vx ④	
	Waste stool ⑤ 2-4/day so far	
	oral - poor	
	on IVF 60ml/hr RL, 20ml/hr DR.	
	ole perburbin-gut	SLG nas
	dull look	
	<u>Plus</u>	
	no fever Dilos / stool attns	
	Encourage feeds	no 6/20

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Received Notes 22/7/26
22/7	12pm	Baby details is handover taken from ER duty staff.
		Baby is active & alert - S Jayaraj
		Baby came with clo loose stool
		& vomiting. They checked RRS sbtmg only
		2VF DNS 54ml/3hrs connected as per
		doctor's order. - S Jayaraj
	1pm	Dr. Anas sir advised to checked RRS at 2:30pm. 2V line patient
	2pm	Reassessment is done.
		Baby is vitally stable.
		Baby details is handover taken
		given to the evening duty staff & Jayaraj

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty on 22/7/26
22/7	2pm	Baby details taken over from the morning duty staff → After Baby was conscious and oriented vitals are stable & record
	2:30pm	Dr. Anas Sir advice to do RBS checked RBS 64 mg/dl. Put on feed to Dr. Akila mam advice to 10% D 30ml over 10 min after that RL 55ml/hr connected after 1 hr RBS monitoring → Jency 02/07/26
	3pm	Dr. Line Patten VIP Score also no any other complains
	3:30pm	RL 55 ml connected → Jency 02/07/26
	4:30pm	RBS 77 mg/dl, SpO2 99%, Pulse 124 bpm BP - 86/60 (69) RL @ 55 ml/hr over 1 hour is completed. No chart maintained. → Sushmitha 02/07/26
	4:45pm	Dr. Akila Mam seen the pt advised to continue IRF by changed IRF DNs @ 30ml/hr by RL @ 60ml/hr by mam advised to BCC by Sushmitha 02/07/26
	5pm	Baby had fever Temp - 101.9°F → Dr. Ravi Sir

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Advised to give Inj. para 14mg IV - TrF on flow. —————→ sushmita turn.
	6pm	Reassessment done Temp - 99.9°F
	6.30pm	Ble and vbcn are collected and sent to lab. —————→ sushmita boud.
	8pm	Baby has no other new complaints. Due medication is given Baby detail handing over given to Night duty Staff.
	8pm	Night duty 22/7/26 Patient detail hand taken from evening duty. Patient is conscious. and Oriented. PPS - 126mg/dL
	9pm	vital sign are checked and Recorded. Maintain I/O chart. PPS 134
	10pm	Urine Pattern no swelling Medication was given as Per doctor order.
	11pm	There is no any other New complaint in side PPS 134

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IP24-00008975

SNC-00028435
S-by HARADHYAN P K

Baby HARADHYAN P K
20-11-2024 1 Y 8 M 2 D
SIVAKUMAR

20-11-2024
Dr. AKILA SIVAKUMAR

(M)

NURSES NOTES

(USE BALL POINT PEN ONLY)



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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/23/17		← Continue Notes →
	12am	Temp 101°F Inf Para 140mg was given as per doctor order.
	1am	Temp 99.3°F Reassessment done <i>Dr. Akela</i>
	3am	Baby comfortable sleeping. To checking RBS - 68mg/dl To informed Dr. Akela mom advised To put Inf DNS 40mg/hr on Abum. again To Repeat RBS 6AM to do. → <i>Wio 10/1/17</i>
	5AM	Baby vital is stable and Recording.
	6:20AM	To checking RBS - 78mg/dl To informed Dr. Akela mom. → <i>Wio 10/1/17</i>
	7AM	Baby do chart monitor,
	8AM	Baby detail's handling own given to morning duty str → <i>Wio 10/1/17</i>

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(USE BALL POINT PEN ONLY)

- ☐
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		morning duty 23/7/26
	2AM	Baby details handing over from night duty SIN
		Baby vital stable Baby
	10AM	awake and oriented Baby no any other complaints Baby in good pattern. Baby Burge orally. Baby vital stable No chart maintained.
		Baby today at request DIS DR. Atila nam dated,

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Patient Sticker

(USE BALL POINT PEN ONLY)



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- ☐ Drug Allergies

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