

ACTIVITY RECORD FOR BILLING

SNC-00031390 IP24-00009028
Baby REVANTH KRITHIK
28-11-2024 1 Y 8 M 0 D
Dr. KARTHIK NARAYANAN R (M)



Name:

UHID No: Consultant: Dept:

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
25/7/26/	11.45pm	FR	ward	

CROSS CONSULTATION VISIT

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

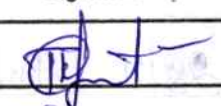
INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
08/7/2017	IV line	①	59825 ✓	
29/7	IV line	①	60013	

ANY OTHER INFORMATION:

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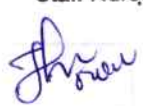
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Date: 08/7/2017 Time: 11pm Prepared By: S. H. Jayaram

Staff Nurse 	Shift / Ward Ramya K Jalaseky 	Billing Assistant	Billing Supervisor
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/11/20	C/S/B - Dr. Anas	
10:00 AM.	Δ: AGE ̄ Some dehydration	
	Oral intake decreased	
	2 episodes of loose stools	
	Q/E: dull looking Alert Afebrile.	
	+++/++	
	ORR < 3 sec	
	phosphorus excess.	
Urine output ↓	vitals: HR 120/min	
	RR: 29/min	
	SpO ₂ : 98% @ RA	
	BP:	
	S/E: NAD	
		Plan
		1) DUF-DNS + kcl
		(500ml + 5ml kcl)
		@ 40 ml/hr.
		2) Inj. XONE
		280mg IV BN.
		3) vitals monitoring
		4) WSC 1 < 25

16/12/24
Dr. Anas



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	8/2 2. table	
	1/4r 6m/1mch.	
29/17/26	Acute colic	
5PM	- Blood in stool ⊕	
	- last stool - in afternoon.	
	Irritability / screaming - better voiding urine.	
	O/E, Tired	
	WOB @	
	afebrile	
	CVS - S1S2P	
	2 BAE ⊕	
	HR - 120/min	PA : soft
	Thr / T	
	RR - 10/min	
	CVS @	
		Adv
		DVF - DNS @
		2 ket 40ml/hr.
	To do	
	USG Abdomen	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Recannulated</u> <u>Todo</u> CRP Repeat S. electrolyte T/S Stool for Rota virus " " Hanging Drop.	<u>Add</u> - ZEDOTT secret (1) — (1) ✓ 8/27
29/9/2026	<u>Plan</u> 1) To do stool for rota viral antigen, Stool 2) To collect repeat CRP (83 mg/L)	S/B Dr. Ganthik AGE 4th Diarrhoea in father 4th repetition of convulsions prior to diarrhoea ✓

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/11/24	S/B Dr. Imran.	
9:30 AM	A - AFE. < some dehydration.	
	clo loose stool, 1 ep @ 7:00 AM. ↓ frequency	
	O/E, Tired, weak.	
	appt.	
	Vital HR 120/min	
	SpO2 → 98%	
	RR → 30/min	
	MB	
	CM - 81320	
	Rh - mcs Blue E	
	Plt - 60K	
	Plan.	
	1) To collect stool for rotavirus Antigen.	
	2) To do stool for hanging drop.	
	127328 Cor Dr. Imran	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26 :-	C/S/B paeds DID Dis:- AGE & some dehydration child in ward. on Room air / No Fever NO fresh complaints O/S - Improved O/E - Alert / Afebrile L/E - P/A - Soft / BS+ / NBS CVS - S₁ S₂+	
vitals:- Stable		Advice :- (1) Continue drug chart <i>[Signature]</i>
31/7/26	S/B Dr. Pravi Ravi Dis:- AGE & some dehydration No Loose Stools vitals stable	RE Plan & Discharge Baby - C/P TAXIM 0 FORTE 2 Sm (B) x 5 days - Probiotics <i>[Signature]</i>

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Received notes (28/11/24).
	11:50pm	Pt received from ER to 2nd floor. Pt complaints for loose stool, fever. Pt is conscious and oriented. JIO 28/11/24
		RL - 200ml/hr over 4hr on flow. Sug + Xeno. 280mg IV given. JIO 28/11/24
	12Am	Dr. Karthik is in phone call advice to do VLR. JIO 28/11/24
		Maintain 8 to 10 Char. JIO 28/11/24
		Ev line pattern - Pt slept well. No other complaints. JIO 28/11/24
	5Am	Check vital sign Eucard. DNS + kel → 40 ml/hr on flow. JIO 28/11/24
	7Am	Maintain 8 to 10 Char. JIO 28/11/24
	8Am	Hand over given to morning duty staffs. JIO 28/11/24

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty on 29/11/24
	8Am	Baby details handover taken from night duty staff nurse → Madhu 607657 Baby is afebrile vitals are checked & Recorded → Madhu 607657 IV line patent
	10Am	IV fluid on cflow → Madhu 607657 Baby passed loose stool Dr. Anas sir advised. If Baby
	12 Pm	passed loose stool to administer IVF RL 80ml/over 1/2hr. Baby passed loose stool Informed to Dr. Anas sir advised to start RL 80 ml/over 1/2hr. → Madhu 607657
	1 Pm	Baby passed clay stool with Blood from Informed to Dr. Anas sir. To collect Urine sample. To advised urine catheter after to collect the urine sample. But parents Not willing. To informed Dr. Anas sir. → Vinita 017496
	2pm	Baby details handing over given to evening duty s/n. → S Vinita 017496

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty On 29/11/26
29/11	2pm	Baby details taken over from the morning duty staff
		Baby was conscious and actively good vitals stable → Jency
	4pm	Baby passed loose stool
		Refused to eat. Akila man
	5pm	Dr. Akila man seen by baby advice to feed shorter
		add → Jency
		Re-assessment done
		vitals are stable & record
	6pm	Dr line out Dr. Akila man told change to new line
	6:30 pm	Dr line pattern VIP gave also no any other complains
		CRP, Electrolyte sample send to lab
	7pm	Dr chart monitoring
	8pm	Baby details handing over given to Night duty staff → Jency

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty 29/11/24
	8pm	Patient detail hand over taken from evening duty staff. Patient is conscious and Oriented.
	9pm	Vital sign are checked and recorded.
	10pm	Maintain I/O chart. Medication was given as per doctor order.
	1Am.	Baby sleep well there is no any complaint in Baby side.
	3Am.	IV line Pattem No swelling IVE DMS 80ml/hr onflow.
	5am	Check vital sign & record.
	6am	Medication was given as per drug chart.
	7am	Maintained I/O chart.
	8am	Hand over given to morning duty staff.

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(USE BALL POINT PEN ONLY)

- ☐
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
30th		<u>Morning duty on 30th 126</u>
	8am	Baby details taken over the from night duty S/N. Baby was conscious and oriented to his pattern. No chart monitor. → <u>WMO</u> <u>01st 126</u>
	9am	Checking vital. Signs and Recording. Vital is stable.
		Baby oral intake improvement.
	10am	Uterus Abdomen down. → <u>WMO</u> <u>01st 126</u> Dr Durran S/N round down. to continue same treatment → <u>WMO</u> <u>01st 126</u>
	1pm	Baby vital is stable and Recording. → <u>WMO</u> <u>01st 126</u>
		Baby No chart monitor.
	2pm	Baby details handed over given to evening duty S/N. → <u>WMO</u> <u>01st 126</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(USE BALL POINT PEN ONLY)

- ☐
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
30/17	2pm	Evening duty on 30/7/26
		Patient details handed over taken from Morning duty s/n
		pt. is active & alert.
		Vitals are checked and recorded
	3pm	Evano is present — Sp
		Exp DNS + KCL 4pm/6 am flow. to
		Dr. Bhawith Su seen by baby
		advice to continue same
		Pij zone dose changed
	5pm	Re-assessment done vitals
		are stable & record → Tony
	7pm	Pls Chart monitoring
	8pm	Baby details handing over
		to night duty staff → Tony
		02/50

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

NURSES NOTES (USE BALL POINT PEN ONLY)

☐ NO KNOWN Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty 30/7/20
30/7	8pm	Baby details is handover taken from evening duty staff
		Baby is active & alert
	9pm	vital signs is checked up & recorded. Baby is active and alert
	11pm	medications given as per drug chart.
		Baby slept well.
	1AM	IV line patent
		IV fluids ongoing.
		No another complaints
	5AM	Baby is vitally stable.
		IV chart is maintained
		IV line patent. IV fluids ongoing
	8AM	Baby details is handover given to the morning duty staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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(USE BALL POINT PEN ONLY)

☐ Drug Allergies

NOTE : DO NOT WRITE OUTSIDE THE MARGINS