

ACTIVITY RECORD FOR BILLING

Name: SNC-00031264 IP24-00008997
Master ASHVIK VISHODHAN K
08-03-2019 7 Y 4 M 16 D (M)
Dr. INDHUUMATHY THAYAMMAL S

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
24/7/26	1 Pm	ER	ward	N. S. Jayaraj

CROSS CONSULTATION VISIT

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

[illegible]
$$24 \mid 7 \mid 26$$

CBC, CRP, R_p , CUZ

Typhoid 2gm, Blood c/s

9361

N. P. Jones

Urine ✓ c/s ✓

RBS (Poli)

9362

N. D.
100580

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

ANY OTHER INFORMATION:

Date: 2/17/20 Time: 8 AM Prepared By: G. V. H. H.

Prepared By: G. V. S. Rao

Billing Supervisor

10
123 K

Ramya
018964
2020

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/07/26 9 AM	S/B Dr. Bavi Rajal AFJ L 1 fever spikes at 9 PM No other symptoms o/e: child alert/active/afebrile (HR/RR) → CRT C3 Sec S/E: CUS - ASD. R5	Rr. - To continue Inj - CEFTRIAXONE - IVF → DVS @ 0.2m/hr
25/7/26 10:10 am	C/S/B Dr. S. Indhumathy Thayammal. - no headache neck pain persisting last fever spike 101 F @ 9 PM o/e good o/e active SE @ R Continue drug orders	for continue



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Date & Time	Progress Notes	Doctor's Order
20/1/20 6:30 PM.	C/S/B - Do. Aral Δ: <u>APR</u> No fever spikes oral intake good. Nack pain reduced. O/E: Alert / active / Afebrile HR 111 / RR 23 CRT < 3 sec S/E: NAD	Plan 1) Continue Antibiotics 2) Watch monitoring.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/26 9 AM	S/B Dr. Pavi Rajul AFT Localization No fever spikes ⊕ Vitals stable (+H/H), CRT < 2 sec perforated Uterus S/E: CV - S, S ⊕, no murmurs PS - BAE ⊕, clear PA - soft, BS ⊕ CM - Tru ⊕	R. - To continue the same - To continue IV antibiotics <i>[Signature]</i> 14/5/26
26/7/26 7 PM	S/B Dr. Leela Palarisamy Fever ⊕ neck pain ⊕ oed - good ⊕ active alert Afekin to disten stb w dehydration stb wtd, ⊕ norm & clear ph - soft wtd - NAD plan To the same	<i>[Signature]</i> 14/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/2026 8am	C/S/B Dr. S. Indhumathy Thayammal.	
	Reviewed	
	afebrile 74.8hrs	AS: BACTERIAL
	- no current issues	SEPSIS.
	O/E	
	active	
	S/E	
	R	
	d/s today.	
	TAXIM - O - FORTE	
		7ml -> - 7ml x 4 days.
	SP. POLYBION LC	
		5ml -> - x 2 weeks.
	R/W Friday	
	• TEP AD cream	
	- local application	
	(dry skin/eczema)	
	2-3 times/day.	
	• CETAPHIL moisturiser	
	twice/day.	
	(To mention about	
	Atopic dermatitis in	
	exam'n).	

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Received Notes 24/7/26</u>
24/7	1pm	Baby details is handover taken from ER duty staff Baby is active & alert - S Jeyaraj Baby came with clo fever, headache 1x day Sup. P-500mg 3.5ml given in ER Dr line patient Dr Antibiotics given to the baby. No any other complaints - S Jeyaraj
	2pm	Baby details is handover given to the evening duty staff S Jeyaraj
		<u>Evening duty on 24/7/26</u>
	2pm	Baby details taken over from morning duty staff. Baby was conscious and oriented. Dr line patient Dr Dns given on flow. No chest exam for. - S Jeyaraj
	3pm	Dr. Indhumathi main rounds done. to continue medication. - S Jeyaraj
	5pm	Re-assess done vitals are stable vitals are stable & record
	6pm	Flo chart monitoring T-99.4 SpO2 98% given
	8pm	Baby details handing over to Evening duty staff - S Jeyaraj

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
24/06	8pm	<i>Night duty</i> Baby detail hand over taken from evening duty staff. Patient is conscious and Oriented → J10 Maintain I/O Chart vital sign are checked and Recorded → J10
	9pm	Temp 101.6 F. Syf P-500 was given as per doctor's order. → J10 Reassessment was done
	10pm	Temp: 98.6 F.
	11pm	IV line Pattern No swelling. IVR onflow 62 ml/hr. DNE there is no any New Complaint in Baby side.
	1am	Baby sleep well. Check vital sign & record → J10
	5am	Maintain I/O Chart Due medicine given.
	8am	Hand over given to morning duty staff → J10 → J10

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Morning duty 25/7/26.</u>
25/7/26	8am	Baby details handed over taken from Night duty staff
	9am	Baby vitals are checked & Recorded.
		Io chart is maintained
		IV line is pattemed → Sushmita Gorai
		IV DNs @ 2ml/hr on flow. Baby has no other complaints
	10pm	Dr Indhumathy mam seen the patient advised to continue the same treatment. → Sushmita Gorai
	1pm	Baby vitals are checked & Recorded. Baby oral intake is good. → Sushmita Gorai
	2pm	Baby details handing over given to Evening duty staff. → Sushmita Gorai

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty 25/7/26
25/7	2pm	Baby details is handed over taken from morning duty staff
		Baby is active & alert — S Jayaraj 01/07/20
	3pm	IV line patent
		IV fluids ongoing
	5pm	Baby is vitally stable. medications given as per drug chart.
	7pm	Flow chart is maintained
		No further complaints — S Jayaraj 01/07/20
	8pm	Baby details is handed over given to the Night duty staff — S Jayaraj 01/07/20
		Night duty :- 25/7/26
	8pm	Baby details handed over taken from the evening duty staff
		Staff baby is good conscious and oriented and no special complaint is there.
	9pm	checked the vital signs baby heard normal vitals and baby is active. — S Jayaraj 01/07/20

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	1am	checked the vital signs baby having normal. vitals and is good sleeping
	3am	Maintain 2 lo chart. Dns - 62ml/hr on flow. 2v line pattern. No swelling.
	5am	Check vital sign & record Maintain 2 lo chart.
	6am	Due medicine given
	8am	Hand over given to morning duty staff
		morning duty 26/3/20
26/3	8am	Baby details is handover taken from Night duty staff
		Baby is active & alert. <i>S Jayasri</i>
	9am	vital signs is checked up Sounded. Baby is vitally. Stable. <i>S Jay</i>
	11am	2v line pattern. Medications given as per drug chart. <i>S Jayasri</i>
	1pm	2 lo chart is maintained No apnoeas complaints <i>S Jayasri</i>
	2pm	Baby details is handover given to the evening duty staff <i>S Jayasri</i>

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
26/7/20		<u>Evening duty on 26/7/20</u>
	2pm	Baby details taken over from morning duty S/N. Baby was conscious and oriented in his pattern. No chest monitor. <u>into OT 10/20</u>
		Baby oral intake good. Baby said NO complaint.
	4pm	checking vital signs and Recording. K'tail w/ stable.
	6pm	Baby no chest monitor. <u>into OT 10/20</u>
	8pm	Baby details handing over given to night duty S/N. <u>into OT 10/20</u>
		<u>Night duty (26/7/20)</u>
	8pm	PT hand over taken from evening duty states - PT is conscious and oriented.
	9pm	Check vital sign & record maintain to chart. <u>into OT 10/20</u>
	11pm	NO other complaints PT sleep well. <u>into OT 10/20</u>
		line pattern. no swelling.
	1am	check vital sign & record maintain to chart.
	3am	PT sleep well. no complaints. <u>into OT 10/20</u>

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☐ Drug Allergies:DATE _____

TIME

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

contin on C27H126.

5. Aim

Check vital sign & response

6am

Due medicini^o guer

Sam

Hand over given to

Morning duty I started $\leftarrow 210$
21/23/24

27/11

RAM

Morning study on 27/7/26

Baby deten's taken over

From night duty Jln. Baby
now conscious and oriented

QAM

check vital signs and
Recording.

Betsy was stable so ple today.

10:30 AM

Baby role Send to billing. 01/11/16

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Patient Sticker



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