

ACTIVITY RECORD FOR BILLING

Name:
UHID No: SNC-00030981 IP24-00008892
Baby Of SHARATH 0Y0M0D2H (F) Consultant: Dept:
Date of Admission: 11-07-2026 Dr. MONISHA R Date of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/2026	@ 11 AM	OT	NICU	<i>[Signature]</i>
13/7/26	12:30 PM	NICU	3rd floor (309)	<i>[Signature]</i>

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/7/26	CBC, CRP, Blood Cts	8644 ✓	<i>[Signature]</i>
	RBS (POCT) ✓	8645 ✓	<i>[Signature]</i>
	VBU (POCT) ✓	8646 ✓	<i>[Signature]</i>
	Bld grouping ✓	8668 ✓	<i>[Signature]</i>
	DCT ✓	8669 ✓	<i>[Signature]</i>
	RBS (POCT) ✓	8672 ✓	<i>[Signature]</i>
	Bld gas VBS (POCT)	8680 ✓	<i>[Signature]</i>
	Urea, creatinine	8675 ✓	<i>[Signature]</i>
	creatinine, Electrolytes	8679 ✓	<i>[Signature]</i>
12/7/26	RBS (POCT) ✓	8689 ✓	<i>[Signature]</i>
	RBS (POCT) ✓	8689 ✓	<i>[Signature]</i>
12/07/26	RBS (POCT) ✓	8701 ✓	<i>[Signature]</i>
12/2/26 @ 10am	RBS (POCT) ✓	8720 ✓	<i>[Signature]</i>
12/2/26 @ 6am	RBS (POCT) ✓	8721 ✓	<i>[Signature]</i>
13/7/26	TCB (POCT) ✓	8736	<i>[Signature]</i>
	<u>Radiology</u>		
11/7/26	x-ray chest AP ✓	4579 ✓	<i>[Signature]</i>

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

Ward ②



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BirthRight
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Your Right to a Safe Delivery

UHID No: Baby Of BHARATHI Altant: Dept:
11-07-2028 08:00:00 (5)

SNC-00030981

IP24-00008892

Baby Of BHARATHI

11-07-2026

0Y0M2D

(F)

Dr. MONISHA R

Date of Admission: of Discharge: Time:

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

Date	Time	From	To	Signature of Nurse

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

[illegible]

Investigations

Order No.

Signature _____

OAE ✓

64021 ✓

B

7CB

8780 ✓

Prison

NBS, SBR, ~~EP~~

§ 17. ✓

FTH → TSH

15/7/26

TF ✓

(8890) ✓

Alcathionin

[illegible][illegible]

[illegible]

ANY OTHER INFORMATION:

Date: 10/7/26 Time: 9am Prepared By: Rushmita Gotsel.

(4/7/26)

9 am

tushmita.
607201.

Staff Nurse
S/N. Nanthini
016451

Ramyer, K.
10/8/94
DPR

Billing Supervisor

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/26 11 AM.	C/S/D DR. SHAMYUOAHIM	
	37 weeks / Emergency LSCS (MSH) / Girl / CLAB / MAB	
B'W - 2.688 kgs	O/E.	
APUA 6	Vitals: HR - 140/min	
	SpO ₂ - 99% on NP-O ₂	@ 12/min
	RR - 58/min	
	US - S1 S2 ⊕	
	R - B/I AE ⊕	
	P/A - 80/60	
	CNS - Alert	
	Fluids ^{IV} → 60 ml/kg/day	
	@ 6.7 ml/hr 10% Dextrose	
	Plan	
	IV - 60 ml/kg/day	1) IV Line → CBC, VBGs
	160 ml	Blood C/S, CRP
	Feeds - 60 ml (8ml Q2H)	
	100 ml @ 4.1 ml/hr	2) NP-O ₂ @ 12 ltr/min
		3) CRP now.
		4) CRU Q6Hly
CPM	- To start 5ml OR feed	
	- Can give 5ml OR feeds twice & start tapering fluids. (Half feeds & Half fluids)	



(2-)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	- To start on inj. Piptaz	
2PM	S/E, una, creat	
	Make O ₂ @ 0.8ml/hr	
	GRU & Haly	
	Monitor v/o	
11/7/26	S/B Consultant	
	<u>G4 A3</u>	c/o Term / AAA / IDm / perinatal depression / MAS
	Adm	Em. USG v/o msc
	<u>Gest HTN</u>	
	Thick msc / weak cry @ birth	
	req. oronasal & tracheal suctioning.	
	Started O ₂ & shifted to NICU	
	① <u>Respiratory</u>	on NPO ₂ @ 1L/min
		RR: 50-55/min
		SpO ₂ 99 / min
	Bld gas: mild metabolic acosis.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Neurologically: Active (A) Suck (A) Tone (A).	
	Start i.v piptaz.	
	INF @ 60ml/kg/day	
	Cb (A)	<u>Plan</u>
	Hemodynamics stable	① Start 5ml @ 4 feeds ↓ 5 feeds 10ml ↓ 4 feeds 13ml → stop IVF
	<u>Collect</u>	
	CRP - CB	
	Bd 4s	② CBC 6m hily
		③ Hemodynamic monitoring pre & post SpO ₂ differential
	R. Monish 26/9/20	④ T/s Blood gas Urea, creat 6.p.m Electrolytes. (i.v line)



Date & Time	Progress Notes	Doctor's Order
11/07/2020	SB Dr. Pravi Rajch Shows of life Term (37 wks) AGA / IDM / Perinatal depression / N/A Baby on NPO, @ 1L/min on OG / IV fluids - @ 60mc/kg/day 8.0L $\Rightarrow$ 2.688 kg	
7 BPM	Vital HR - 116/min RR - 64/min no respiration SpO₂ - 96% @ 1L/min BP - 63/41(48) mmHg	Stools $\Rightarrow$ 2 times Urine $\Rightarrow$ 1 time
	VBG (BPM) pH $\Rightarrow$ 7.27 pCO₂ $\Rightarrow$ 42.5 mmHg pO₂ $\Rightarrow$ 41 mmHg HCO₃ - 18.7 mmol/L LaC - 3.3 mmol/L BE - 7.9 mmol/L	CRP < 5 Hb - 17.5 TC - 17.830 plasma - 1.85 G/dL WBC - 13 CRP - 0.72 Na⁺ - 136 K⁺ - 5.3 Cl⁻ - 104

Date & Time	Progress Notes	Doctor's Order
	Rx ① $\checkmark$ / Q $\Rightarrow$ To continue NPO @ 1L/min. ② - feeds $\Rightarrow$ 60 mL / 5 days $\downarrow$ 5 mL $\times$ 5 feeds $\Rightarrow$ IVF $\Rightarrow$ 4.2 mL/hr $\downarrow$ 10 mL $\times$ 4 feeds $\Rightarrow$ IVF $\Rightarrow$ 1.7 mL/hr $\downarrow$ 13 mL $\Rightarrow$ After 2nd feed stop ③ CBG q 6Hr ④ To continue Inj. PIPID 260mg IV BD ⑤ vitals monitoring continuously	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/26 8:30 AM	SB Dr. Bavi Ragal	
	TERM (37wks) / LSCS (Thick MSL) / AGA / IDM / PERINATAL DEPRESSION	
	MAS	
	CBG - 95 mg/dl	
	Baby on NPO @ 10/min	
	22 hrs of Life	
	<u>Vitals.</u>	
	HR - 130/min	B.Wt - 2688 gm
	RR - 60-64/min	T.Wt - 2696 gm
	SpO ₂ - 99% K of O ₂	8g/hr
	Temp - 36.3°C	Urine - 1.5 ml/kg/hr
	BP - 56/46 (49) mmHg	Stool - 5 times
	CBG - (6AM) ⇒ 95 mg/dl	
	1) Respiratory ⇒ Baby on K of O ₂	
	RR - 60-64/min	
		No intubation / No desaturation
	2) OG feed @ 60 ml/kg/day	
	13ml - 2nd hrly	
	No vomiting / No distension	
	Stools - 5 times	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	3) Sepsis CRPCS TC-17, 830 Blood CS - sent	on Inj - PIPIDZ Rx - vitals monitoring - NPO @ 1 hr to continue - OG feed 13mc @ 2 hourly - w/f distention/ Respiratory monitor - to continue Inj. PIPIDZ - CBG @ 6 hourly
12/7/26 8 AM.	C/S/B D12. STANWIDUATMA Team / ASC / AUA / TOM / Perinatal Department Baby off O ₂ time 12 PM Vitals: HR - 145/min RR - 58/min SpO ₂ - 99.1% @ RA urine - passed stool - passed	On Fed 13mc @ 2 hourly paladar feed Plan 1) Vitals monitoring 2) w/f respiratory distention



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26	S/B Consultant	
	<u>3 weeks / ALA / IDM / perinatal depression / MAS</u>	
	① Respiratory : Stable in Room Air RR: 50-55/min SpO ₂ 97-98% in RA	
WT: 2647g (-499g)		
	② Hemodynamics Stable	
	On iv piptaz Da	
	Full feeds @ 6ml/kg/day	
	CBAs @	
	Neurologically : Active @ Suckle, Tone @	
	R No 26482	
		<u>Plan</u>
		① DBF + paladai feeds 18ml on demand
		② Stop Antibiotic
		③ Stop CBA monitoring



(9)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		④ Shift to mother side after teaching feeding.
	R. Monish 86452	
		⑤ TCB today DSPT if SBR > 13.
		⑥ Vaccines today
13/7	c. C/S/B-Dr. Ananthi	
10am	37WK AUA ID m perinatal depression / MAS	
	V/Q :- On room air SPO ₂ - 98% RR - 52/min.	
	Sepsis :- On IV Piptaz.	
	Nutrition full feeds BRF + Paladai urine ✓ 1.5 ml/kg/hr stool 2 times	
	B. wt - 2.668 T. wt - 2.647	
		49 gm ↓



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/F - Active, Pink PPWP vitals (R)	
	S/E - WNC C/A - good	
	<u>Adv</u> - Monitor vitals - Shift to ward - vaccine today	
<u>3/7/26</u> <u>8PM</u>	<u>S/B A. Ravi Rajul</u> TERM (37 wks) / AGA / IDM / PERINATAL DEPRESSION / Mx	
	Baby by Mother side Day 3 of Life	B.wt $\Rightarrow$ 2.688 kg Y.wt $\Rightarrow$ 2.696 gm T.wt $\Rightarrow$ 2.647 gm
	<u>vitals</u> HR - 130/min RR - 54/min SpO ₂ - 96% & RA Temp - 36.3°C	commulative Loss $\Rightarrow$ 41gm (1.5%)
<u>(6 hrs)</u>	TCB - H - 10.7 - C - 11.3	Urine - 3 times since shifting Stool - 1 time <u>back to ward</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Baby cry tone/active - good	
	DBF + Demand Pacifier.	
	Vaccins done ✓ TCB ✓ SPs ✓	Rx - Vitals monitoring - DBF + Demand Pacifier - OAE tests - NBS tests - 4 Limb SpO ₂
		 14/2/2018

Date & Time	Progress Notes	Doctor's Order
4/7/26 9AM	C/S/B Dr. SHARADKUMAR 71 HOK Δ -Term (37 weeks) / AUA / IDM / Perinatal Depression / MAS (DH)	
B.W - 2688 V.W - 2647 T.W - 2655 (↑ 8 grams) Cm. Len → 1.2 ft.	Baby on ORF + Paledai feeds 20 ml Q 2H (on demand)	Mild icterus (+) Vitals
H/O+ B/O+	CVS - S, S, (+) RS - B/I AC (+) P/A - Soft CNS - Alert	HR - 138/min SpO ₂ - 99% RR - 51/min
Urine ✓ Stool ✓	Urine - 7 times Stool - 3 times	
to be done	TCS 12.5 13.0	Plan 1) Monitor vitals 2) Continue feeds 3) Remove limbs 4) Start DSPT 5) Wt
99% / 98%		
99% / 99%		
Shangruti 150622		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 6:30 PM	Dr. C. B. S. - Dr. Anas	
	5: Term AGA DDN MAS. Perinatal depression.	
	<u>Do of life</u>	On DSSS. On DSR & paladai 20 ml 2 nd hly
	<u>Vitals</u>	<u>O/E</u> : C/TA - good H/A - good AF @ low. Color: Pink. Co no head swelling peripheries warm.
	HR - 134/min SpO ₂ - 99% on R RR - 30/min	<u>S/E</u> : CNS: S, S, B RS: 1, 1, 1, 1, 1, 1 P/A: S, L CNS: 1, 1, 1, 1, 1, 1
	 16/7/26 Dr. Anas	<u>Plan</u> : 1) Vitals monitoring 2) continuous feeds 3) continuous DSSS 4) warmth & cord care.

Date & Time	Progress Notes	Doctor's Order
15/7/26. 9 AM	S/B Dr. Bovi Raged	
	TERM (37 weeks) / AGA / <u>IDM</u> / PERINATAL DEPRESSION /	
	Baby on DBF + Palodhi feeds (20ml) $\Rightarrow$ Qrd hdy.	
Day 5	B. wt $\Rightarrow$ 2688 gm y. wt $\Rightarrow$ 2655 gm T. wt $\Rightarrow$ 2683 gm <u>(28 gm 1)</u> <u>Vitals</u> $\Rightarrow$ HR $\Rightarrow$ 140/min $\Rightarrow$ RR $\Rightarrow$ 54/min $\Rightarrow$ Temp $\Rightarrow$ 36.6°C $\Rightarrow$ SpO₂ $\Rightarrow$ 98% RA	Baby on DsFT since 1:30 PM yesterday Urine $\Rightarrow$ 6-7 times Stool $\Rightarrow$ Cast stool @ 4 PM x 3
	SpO₂ $\nearrow$ 99% / 98% 99% / 99% CAE V varan	Rx. - DBF + Demand Palodhi Qrd hdy - vitals monitoring - To do SBA/NB
	R. Monize	T/S SBR TFT [FT₃, FT₄, TS₄] NBS

of SBR 213 D/s today

SNC-00030981

IP24-00008892

Baby Of BHARATHI

11-07-2026

0 Y 0 M 0 D 12 H (F)

Dr. MONISHA R



②

NURSES NOTES

(USE BALL POINT PEN ONLY)

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	5pm	5ml formula feed given via or. IVF trapped from 6.7 to 4.2ml/hr. <i>[Signature]</i>
	7pm	O ₂ increase from 0.8L to 1L. Reassessment done Baby Vitaly stable. no vomiting & distat.
	8pm	Hand over given to the next duty staff <i>[Signature]</i>
		<u>Night Duty on 12/7/26</u>
11/7/26	8AM	Hand over taken from evening staff
	9AM	vitals checked, RR - 62b/min. O ₂ 1Lit IVF - 4.2ml/hr.
	10AM	Feeding given 5ml tolerat.
	12AM	Examine the baby maintain well
	3AM	IVF & Feed 10ml tolerat.
	1AM	antibiotic given as per orob
	5AM	Baby bath given weigh check
	6AM	RBS checked stable.
	7AM	Feeding 13ml, IVF stopped.
	8AM	Handover given Morning Staff <i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



3

NURSES NOTES

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/07		morning duty report 12/07	
	8AM =>	Baby hand over taken from night duty staff. vitals signs checked & recorded. Baby supported O2 - 1lit on flow. mom is fine.	
	9AM =>	vitals signs checked & recorded. SpO2 maintained. Feed of 13ml FF O2 HR 120/min. mom is fine.	
	11AM	Feed given O2 feed - 13ml G94.	
	12PM	Urine Meconium passed, Baby tolerating feeds.	
		- DR. Monisha mam advised to stop O2, if the RR is less than 60 bpm advised to give nuchal dai feed, changed CRN 8th hourly.	
	1pm	- Baby feed given 12 ml G94 by - Baby tolerating feeds, SpO2 Maintaining.	
	2pm =>	hand over to next duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ NO KNOWN Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty 12/7/26	
12/7/26	2pm	- Baby handover taken from the morning duty staff.	
		- Baby is on RA	
		- Feed 13ml Qstrly. via paladai	
	4pm	- Feed tolerate.	
		- No vomiting	
		- No apnea.	
		- No any other complaints	
		- Paladai feed taken well.	
	6pm	- Feed FF Qstrly given.	
		- No any other complaints	
		- Thermo regulation maintained	
		- vitals are stable.	
	8pm	- No tachypnea.	
		- Baby is stable.	
	8pm	- Hand over given to the night duty staff	
		• CBR Qstrly • Trace Bld Gls	

[Signature]
 ourh

[Signature]
 credit

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		morning duty -	
13/7/26	8am	- Baby handover given from the night duty staff.	
		- Baby is on RA	
	9am	- feed 18ml Oatry.	
		- feed tolerate. no vomiting	
		No Apnea	
		- No any other complaints.	
	11am	- Dof given	
		- Baby sucking well.	
	12pm	- feed 18ml given by mother.	
		- reached mother.	
	12:15pm	- Handover given to the floor staff	
		Received notes: 13/7/26	
	12:45pm	at hand over taken from NLU SN poornika	
		Baby vit checked & recorded	
		Baby active warm to touch	
		Dof 22H given & 10chan	
		Maintain ff 18ml 22H	
		Baby continue monitor	
		today vaccination due	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	1:25 pm	Baby I/O chart maintain TCB 10.7 11.3 Baby warmth and sleep A/line present 2 A/cannula Baby side no any other new complaint	 015ms
	1:45 pm	=> I/O chart maintained	 601844
	2 pm	=> Baby details handover given to evening duty SN	 601844
	2 pm	Evening duty 13/7/26 Patient hand over taken from morning duty staff	
	4 pm	Patient is active/alert. Baby is vital sign are checked and recorded Maintain I/O chart. Baby is continue monitoring Baby passed urine and motion.	 601844
	6 pm	Baby sucking well Baby is under DBF + HBM + FF 20ml orally.	 601844
	8 pm	vaccine and OAE done There is no any complaint in patient side	 601844

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

SNC-00030981

IP24-0008892

Baby Of BHARATHI

11-07-2026

O Y O M 2 D

(F)

Dr. MONISHA R



NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		hand over given to	
	8pm	night duty	
		Night duty 13/7/26	
13/7	8pm	Baby details is handover	
		go taken from evening duty	
		Staff. Baby is active palest	Jeyan
	9pm	vitals are checked by	
		Recorded.	
		Baby is under	
		continuous monitor.	
		IV line is present.	
		Baby taking DBF + EBM	
		2nd hourly.	Sushmita
	1am	Baby is sleeping	
		well. Vitals are	
		checked by Recorded.	
		Baby has no other	
		new complaints	Sushmita
	3am	Morning baby care	
		is given.	
		vitals are checked by	
		Recorded.	
	6am	Baby details handover	
		over given to Morning	Sushmita
		duty Staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

☐ Drug Allergies

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

NURSES NOTES

- ☐ NO Known Drug Allergies
☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty 14/1/26	
14/1	2pm	Baby taken over from morning duty SIN	
		→ baby is active & good.	
		Baby DSPT ongoing	
	5pm	Baby vitals monitoring.	
		DBF + Formula 2hr once,	
		2 hr once Temp monitoring.	
	5.30pm	SIB Dr. Amas sin	
		Advised DBF + FF 2hr	
		once and continue DSPT	
	6pm	Baby Ilo chart maintain,	
	8pm	Baby handing over to night duty SIN	
		plan DLS Tm & NBS, SBR to do	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ N Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		NPght duty 14/7/26	
14/7/26	8pm.	Baby details handPng over taken from Evening duty staff. Baby is active, alert cy afebrile. vitals are checked cy Recorded.	
	9pm.	vitals are stable. —→ sushmitha Baby is under DSPT. Baby taking DSF + FF Ornd hourly. umbilical cord is good no other complaints	60126.
15/7/26	1am	Baby is under DSPT. Vitals are checked cy Recorded.	sushmitha 60126.
	5am	Morning baby care is given. vitals are checked cy Recorded.	
	8am	No chart maintained —→ sushmitha Baby details handly over given to Morning duty staff.	60126.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty 15/7/26	
15/7	8am	Baby taken over from night duty S/N	
	9am	Baby is active & good. Baby vitals stable. S/B Dr. Monisha mam	
		Advised to TSH, TET, FT4, SBR, NBC to do	
		Then plan discharge	
	11:50pm	Dr. Ravi sir advised to plan discharge today file send to billing	

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