

ACTIVITY RECORD FOR BILLING

Name:
UHID No:
Date of Admission:
Room / Bed No:
Ward:
Suggested Billable bed type:
Consultant:
Dept:
Date of Discharge:
Time:

SNC-00031334
Baby AADHIRAJ G
29-12-2025 0 Y 6 M 27 D (F)
Dr. INDHUUMATHY THAYAMMAL S
IP24-00009014

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/07/26	12 AM	ER	ward	[Signature] 02/7/24

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	TIME	LOCATION	STATUS
1	1.1	1.1.1	1.1.2	1.1.3	1.1.4
2	2.1	2.1.1	2.1.2	2.1.3	2.1.4
3	3.1	3.1.1	3.1.2	3.1.3	3.1.4
4	4.1	4.1.1	4.1.2	4.1.3	4.1.4
5	5.1	5.1.1	5.1.2	5.1.3	5.1.4
6	6.1	6.1.1	6.1.2	6.1.3	6.1.4
7	7.1	7.1.1	7.1.2	7.1.3	7.1.4
8	8.1	8.1.1	8.1.2	8.1.3	8.1.4
9	9.1	9.1.1	9.1.2	9.1.3	9.1.4
10	10.1	10.1.1	10.1.2	10.1.3	10.1.4
11	11.1	11.1.1	11.1.2	11.1.3	11.1.4
12	12.1	12.1.1	12.1.2	12.1.3	12.1.4
13	13.1	13.1.1	13.1.2	13.1.3	13.1.4
14	14.1	14.1.1	14.1.2	14.1.3	14.1.4
15	15.1	15.1.1	15.1.2	15.1.3	15.1.4
16	16.1	16.1.1	16.1.2	16.1.3	16.1.4
17	17.1	17.1.1	17.1.2	17.1.3	17.1.4
18	18.1	18.1.1	18.1.2	18.1.3	18.1.4
19	19.1	19.1.1	19.1.2	19.1.3	19.1.4
20	20.1	20.1.1	20.1.2	20.1.3	20.1.4
21	21.1	21.1.1	21.1.2	21.1.3	21.1.4
22	22.1	22.1.1	22.1.2	22.1.3	22.1.4
23	23.1	23.1.1	23.1.2	23.1.3	23.1.4
24	24.1	24.1.1	24.1.2	24.1.3	24.1.4
25	25.1	25.1.1	25.1.2	25.1.3	25.1.4
26	26.1	26.1.1	26.1.2	26.1.3	26.1.4
27	27.1	27.1.1	27.1.2	27.1.3	27.1.4
28	28.1	28.1.1	28.1.2	28.1.3	28.1.4
29	29.1	29.1.1	29.1.2	29.1.3	29.1.4
30	30.1	30.1.1	30.1.2	30.1.3	30.1.4
31	31.1	31.1.1	31.1.2	31.1.3	31.1.4
32	32.1	32.1.1	32.1.2	32.1.3	32.1.4
33	33.1	33.1.1	33.1.2	33.1.3	33.1.4
34	34.1	34.1.1	34.1.2	34.1.3	34.1.4
35	35.1	35.1.1	35.1.2	35.1.3	35.1.4
36	36.1	36.1.1	36.1.2	36.1.3	36.1.4
37	37.1	37.1.1	37.1.2	37.1.3	37.1.4
38	38.1	38.1.1	38.1.2	38.1.3	38.1.4
39	39.1	39.1.1	39.1.2	39.1.3	39.1.4
40	40.1	40.1.1	40.1.2	40.1.3	40.1.4
41	41.1	41.1.1	41.1.2	41.1.3	41.1.4
42	42.1	42.1.1	42.1.2	42.1.3	42.1.4
43	43.1	43.1.1	43.1.2	43.1.3	43.1.4
44	44.1	44.1.1	44.1.2	44.1.3	44.1.4
45	45.1	45.1.1	45.1.2	45.1.3	45.1.4
46	46.1	46.1.1	46.1.2	46.1.3	46.1.4
47	47.1	47.1.1	47.1.2	47.1.3	47.1.4
48	48.1	48.1.1	48.1.2	48.1.3	48.1.4
49	49.1	49.1.1	49.1.2	49.1.3	49.1.4
50	50.1	50.1.1	50.1.2	50.1.3	50.1.4
51	51.1	51.1.1	51.1.2	51.1.3	51.1.4
52	52.1	52.1.1	52.1.2	52.1.3	52.1.4
53	53.1	53.1.1	53.1.2	53.1.3	53.1.4
54	54.1	54.1.1	54.1.2	54.1.3	54.1.4
55	55.1	55.1.1	55.1.2	55.1.3	55.1.4
56	56.1	56.1.1	56.1.2	56.1.3	56.1.4

[illegible]

ANY OTHER INFORMATION:

Date:

271166

Time:

6/11/20

Prepared By:

Quasi

Staff Nurse

$$\begin{array}{r} 10 \\ \hline 612319 \end{array}$$

Shift / Ward

Billing Assistant

Billing Supervisor



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/7/2026 12.05 am	c/s/B Dr. S. Indhuumathy thayammal.	
	c/o	
	• Accidental overdose of CETRIZINE	
		(20mg given @ 12 noon on 26/7/26)
	initially drowsy	
	currently active, taking feeds well	
	o/e active / playful	SpO2 100% RA.
	o/e RS - clear	
	other sys (N)	
	<u>R</u> • continuous cardiac monitoring	
		for QT prolongation.
	• to inform see if c/o drop	
	in sensorin.	
		/
		/su/ 107742



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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Received Notes on 26/7/26</u>
	12Am	⇒ Baby details handover taken from ER SIN → <u>607844</u>
		⇒ vitals are checked & Recorded
		⇒ Baby is conscious & active <u>ALF</u> Good. Baby on → <u>607844</u>
		⇒ continuous Monitoring
	12:10Am	⇒ Dr. Indumathi came & see the Baby → <u>ALF</u>
		⇒ Advised to do continuous cardiac Monitoring & Assess the conscious level: <u>607844</u>
	3Am	⇒ Parents Not willing for continued Monitoring → <u>ALF</u> <u>607844</u>
	4Am	mainline & 10 chest
	8Am	Hand over given to nursing duty staff → <u>20</u> <u>over</u>

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

