ACTIVITY RECORD FOR BILLING

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: .....

GUC-00075205 IP24-00008899
Baby SANA S
30-03-2024 2 Y 3 M 13 D (F)
Dr. KARTHIK NARAYANAN R

UHID No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/3/24	2pm	ER	ward	

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
13/7/26	CBC, CRP, B/C		
	Respiratory biofire	8744	[illegible] 01554
	RBS		
13/7/26	U/C	8716	[illegible]
14/7/26	U/R	8786	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
13/7	Infusion pump	3pm	15/7/26 at 7AM.	6465	vw
13/7	Syringe pump	3pm	15/7/26. 7Am	6462	vw

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	Dressing	1	1	AD

ANY OTHER INFORMATION:

Date: 15/7/26 Time: 10 AM Prepared By: G. Vishnu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Ramya. IC		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/04/2026	S/B Dr. Ravi Reg'd	wt - 9kg
6PM		
	Cefaxeron 80ff x2 week	
	cold (+)	
	occasional cough (+)	
	decreased food intake x 2 days	
	Last urine output today afternoon (12 PM)	
CBC	O/E: child alert/ dull looking/ febrile	
Hb - 12 g/dL	(HR/RR), CRT C3 sec	
TC - 19,270	peripheries warm	
N - 85%		
L - 9%		
Platelet - 3.79 lakhs/mm³	S/E: CVS - S1 S2 (+)	
	RS - B/L AE (+), clear	
	P/A - soft	
CRP => 19 mg/L	CNS - Alert, no FND	
		Rx
Throat swab =>	HMPV (+)	- IVF => DNS @ 36 ml/hr
	Rhinovirus (+)	- Inj. CEFTRIAXONE 450 mg IV BD

Signature: [illegible] 13/04/25

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/3/2026	FB Dr. Karthik	
	> Bacterial septic ? Enteric / ? UTI	
	Rx	
	1) To cont xone	
	2) Stop ofelfamicin.	
	3) To send urine routine / CS	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26	C/S/B	Dr. SHANMUGAPRIYA
9AM		
	Δ - ? Bacterial Sepsis	
	? Enteric / ? UTI	
	C/I: Fever spikes (+)	
	Oral Intake moderate	
	O/E:	
	CVS - S1 S2 (+)	
	RS - B/L AE (+) / NVBS	
	P/A - Soft	
	CNS - Alert	
	Rx.	Plan:
	Inj. Ceftriaxone (D2)	1) Monitor vitals
	Inj. Pantop	2) W/f fever spikes.
		3) Trans C/S, blood exam.
R. Shanmugapriya 15-6-30.	C/S/B	- Dr. Anoop
14/7/26, 4:30PM	Δ: ? Bacterial Sepsis / ? Enteric / ? UTI	
	· No fever Spikes	
	· No other complaint	
	O/E: Alert / active / Afebrile.	
14/7/26 Dr. Anoop		FF+/++, CRT <3sec
	S/E: NAD.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
		(1) Inj. Xone
		(2) follow up & ultra Plo report
		(3) vitals monitoring
		(4) continue same orders
15/4/2026.	S/B Dr. Imran / Dr. Ravi Rahul.	
9:15 AM	X → ? Bacterial sepsis / ? ENTERIC / ? UTI	
	child was afebrile > 48 hours. no other specific complaints.	
	O/E, conscious, comfortable, afebrile.	
To collect Blood c/s	S/E, CVS - S1S2 (+) RS - B/L AE (+), NO added sound. CM - Alert P/A - Soft, BS (+)	
HR - 117 bpm. SPO2 - 97%	Advice	
	R3 1) Inj. CEFTRIAXONE 450mg IV BD	
	2) Inj. PANTOPRAZOLE 10mg IV OD	
	3) vitals Monitoring.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr. Pavan.	
15/7/2026.		
11:55 AM	Blood culture —	No growth.
	urine culture —	No growth.
		Plan.
	12/7/26. (Dr. Pavan)	— Discharge today
		— S/P TAXIM O FORTE 100mg/5ml 4.5ml 1BD (A/F). × 3 days.

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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)
13/7/66		Received Notes on 13/7/66
	2pm	Baby Received from ER to ward. Baby details taken over the from ER S/N. Baby was concious and oriented. Iv in patent. IVF baby in care oral intake Not taken To put the IVF plan. I/O chart monitored. → Vinio 01/7/66
	3pm	checking vital signs and Recording vital in station. I/O chart monitor. → Vinio 01/7/66
	3:20pm	Inj: kone (450mg) given first test does given after full does antibiotic given. baby said no complaint. → Vinio 01/7/66
	6pm	Baby body Tem: 101.5°F To informed Dr. Ram Sir advised by Syp. Ibugesic (2.5ml) Given as per doctor order. → Vinio 01/7/66
	7pm	Reassessment Notes Reassessment Notes done. Baby body Tem: 99.8°F. Topic sponge given. To add IVF DNS 26ml/hr on flow. Baby I/O chart monitor. → Vinio 01/7/66
	8pm	Baby details handing over given to night duty S/N. → Vinio 01/7/66

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty 13/7/24
13/7	8pm	Baby details is handover taken from evening duty staff Baby is active up alert. — Jeyasri 020440
		Dr. Karthik sir after seen the baby up reports advised to stop syp. Antiflu amol. advised U/R, U/C samples need to do.
	9pm	Urobag placed the baby Baby is vitally stable. Dr line patient — Jeyasri 020440
	11pm	U/C sample only collected sent to lab. Sample is not enough for U/R, informed to Dr. Ravi sir for next urobag placed. — Jeyasri 020440
	1AM	Baby is vitally stable. Baby slept well. No aynthes complaints — Jeyasri 020440
	5AM	medications given as per drug chart. Dr line patient Baby is vitally stable — Jeyasri 020440
	8AM	Baby details is handover given to the morning duty staffs — Jeyasri 020440

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
14/7		Morning duty on 14/7/26
	8AM	Baby details taken over the
		from night duty S/N. Baby was
		conscious and oriented. Rr him
		pattern. RRF DNS 36ml/hr on flow.
		I/O chart maintain. → [signature] 14/7/26
	9AM	checking vital signs and
		Recording. Vital is stable.
		I/O chart maintain. → [signature] 14/7/26
	11AM	Not collected urine sample. baby
		not cooperative. → [signature] 14/7/26
	1pm	Baby vital is stable and
		recording. vital is stable.
		Baby I/O chart maintain. → [signature] 14/7/26
	2pm	Baby details handing over given
		to evening duty S/N. → [signature] 14/7/26

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— No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty on 14/7/26
14/7	2pm	Baby details taken over from the
		morning duty staff
		Baby was conscious and oriented
		Baby vitally stable → Jincy 02/3/24
	3PM	IV line patent, VIP score 0/0
		IV fluid on flow, no any other complaints
	4PM	Baby passed urine U/R sample
		send to lab → Jincy 02/3/24
	5PM	Re-assessment done vitals are
		stable & record
	6PM	medication given as per drug
		chart → Jincy 02/3/24
		I/O chart monitoring
	8PM	Baby details handing over to
		night duty staff → Jincy 024

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
14/7	8pm	Night duty on 14/7/26.
		Patient details handover taken from Evening duty s/n
		Baby is active and alert.
	9pm	Vitals are checked and recorded. — Siva
		IV line is Present.
		Baby had a soft.
		IVF DNS @ 5ml/hr onflow.
		I/o chart maintained
15/7	12am	No Any fresh complaints — Siva
		Baby slept well.
	1Am	Vitals are Stable.
	6Am	IV medications are given as per order.
		I/o chart maintained
	8Am	Handing over given to morning duty s/n — Siva

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty [15/7/26].
	8Am	Pt hand over taken from
		Night duty staffs. Pt is
		consious and oriented. —— [signature]
	9Am	Check vital sign Giveconed.
		Maintain 8/0 Chart.
		IV line patton.
	11Am.	NO other complaints.
		Dr. Imbalon sir seen the
		Pt condition adin to.
		plan D/S. File send to.
		Rb Billing —— [signature]

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