

ACTIVITY RECORD FOR BILLING

**Rainbow®
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Hospital**
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BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name:
UHID No: IP No: **SNC-00030147** **IP24-00008974**
Baby **BEJJANKI ISHA LALITARA** (F)
23-07-2025 0 Y 11 M 28 D
Tin **Dr. INDHUMATHY THAYAMMAL S**
Date of Admission:
Room / Bed No: Ward: Suggested Billable bed type:
arge: Time:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	12.40am	ER	Ward	<i>[Signature]</i>

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
21/7/20	RBS (POCT)	9217 ✓	[Signature]
	CBC, CRP, RPT	9218 ✓	[Signature]
22/7/20	S/P, stool biofire	9234 ✓	rw
23/7/20	RBS	9302 ✓	[Signature]
	CBC, CRP, RPT	9305	
Radiology			
23/7/20	USG Abdomen	4883 ✓	[Signature]

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

[illegible]

ANY OTHER INFORMATION:

Date: 25/7/26 Time: 11AM

Prepared By: SLN Jeyaraj

From

Shift / Ward
Ranaya.10
018964
Date

Billing Assistant

Billing Supervisor

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 2am	C/S/B Dr. S. Indhuumathy <u>Thayamma</u>	
	O/O	
	A/C GASTROENTERITIS ± DEHYDRATION	
	• water loose stools > 8-10 times	
	• vomiting (even after taking water)	
	• O/I fair	
	• N/O ↓	
	O/E sleeping /afebrile	
	CFT < 3 sec	
	PPWF (+)	
	SPE (N)	TC 11240
	Rx	P.T3 L18
	• To start INJ. CEFTRIAXONE	CRP 9
	• To send stool R/E	135 3.7
		(07) 10
		/
		SN/ 107742



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Date & Time	Progress Notes	Doctor's Order
22/7/26 10 AM	C/S/B Dr. S. Indhumathy Thayammal	
	- continuing loose stools.	
	- fever persisting.	
	TE alert / interactive	
	taking liquids. (BBF mostly)	
	CFT ~ 3 sec	
	PPWF ⊕	
	SPE P/A - soft, non tender	
	other sys / @	
	<u>B</u> continue drug orders	
		/
		sw 107742

IP24-00008974

SNC-00030147
Baby BEJJANKI ISHA LALITARA
24.11.2008

21.07.2025

0 Y 11 M 29 D

(F)

23-07-2028
Dr. INDHUMATHY THAYAMMAL S



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7 17:35pm	C/S B- Dr. Anas S: Age <u>5</u> dehydration	
	- Loose Stools ⊕ - unwell child - oral intake improved - fever spikes ⊕	
	O/S: C/S 1/2 - good T 38.1 CRP 23.6cc	Vitals Stable
	hydration fair peripheral warm	
	S/S: NAD	
16/269. Dr		Rx: 1) Sy. none 350mg 2) continue other rx 3) Vitals monitoring.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26	c/s/B - AGE 2 dehydration	Dr. Anas / Dr. Indu.
	- 5 epnals low stools (from 8-9 am) no vomiting 1 fever spike yesterday night. Oral feed pos.	
	O/E: - Dull looking / tired - ++/++ CRT > 3sec peripheries warm.	
	Vitals: BP - 89/75 SpO2 = 100% PR - 130bpm RR - 32.	CRP > 3sec peripheries warm.
	16/12/26 Dr. Anas.	Plan: 1) Continue same order 2) Vitals monitoring 3) I/O chart. (monitor vs. output) 4) IVF - DMS 45 ml/hr (1hr)
	To reassess @ 11:30 am - Continue I.V DMS 45 mephos. - USG abdomen today. - Secure new line To send CBC, CRP, RP2.	8W 107742

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 3:30 pm	C/S/B - Dr. S Indhumathy thayammal child reviewed	
	• continuing loose stools.	
	O/E - poor	
	refusing ORF	
	kanji - 2-3 spoonfuls	
	O/E alert/ interactive/ afebrile	
	CFR < 3 sec	
	PPWF (+)	
	S/E P/A - soft, nontender	
	Other	
	Sys @	
	Rx	
	USG abdomen now	
	Repeat	
	Tc 8040	
	P42 L47	
	CRP 9	
		sw/ 107742

Date & Time	Progress Notes	Doctor's Order
2/7/16.	S/B Dr. Dman	
1:30pm	A - A/E z dehydrated - continuing loose stool. - (+ 2pi since from evening). O/B - Poor - prepung DBF. - no clo firm.	
	O/B alert, active... CRT < 3 sec PPWF ⊕ S/B PLA dry, normal HR → 125/min cu-SJ ⊕. SPD → 97% RR → 30/min SPD → st w/ on RA USG ABDOM → Normal.	
	M/L 1273ms 60r/min	Adm - continue the same order. - DR DNS @ 30ml/hr.

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Dr. INDHUUMATHY THAYAMMAL S



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CONGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/2026 10 am	C/S/B Dr. S. Indhumathy thayammal	
	Child reviewed loose stools settling O/E fair (compared to yesterday) USG abd - (N)	D3 ceftriaxone D2 Oflox, Metronidazole
	O/E sleeping / afebrile; PPWF +1 S/E @	
	<u>R</u> continue drug orders	
		<u>SN</u> <u>107742</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 10:40 AM	C/S/N - Dr. Anur A: A/E & dehydration / Shigell & E. coli 1 episode loose stools & 1 episode vomit Oral intake fair. (improved) O/S: Diet / Active / Afebrile HR / RR LFT / RFT Phosphorus norm.	
16/2/29 Dr. Anur	S/O: NAD	Plan 1) Continue same order 2) Vitals monitoring 3) w/ waning sig.
24/7/26 3:30 PM	C/S/B Dr. S. Indhuumathy Thayammal loose stools settling O/I - better. S/E @ Rf stop ZEDOTT	SW 107742



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 10:10 am	C/O/B Dr. S. Indhumathy <u>Thayammal</u>	
	Child reviewed.	
	afebrile	
	• loose stools settling (3 episodes in 12 hrs - semisolid)	
	O/I better	
	O/E alert / interactive	
	S/E @	
	x	
	dys today	
	Taxim x 2 days	
	Oflomac x 3 days	
	ZsD x 10 days	
	/	
	<u>sn</u> <u>10/7/26</u>	

NURSES NOTES

(USE BALL POINT PEN ONLY)



☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
22/7		Received Notes on 22/7/26
	12:40AM	Baby Received from ER to ward. Baby details handing over given to ER S.N. Baby was conscious and recording. vital is stable. ER baby body Temp: 101°F Dr paracetamol (120mg) given as per doctor order. Stool R/E, stool biopsie to do. Urine R/E to do. No chart mention.
	2:30AM	Reassessment Notes Reassessment Notes done. Baby body Temp: 99.2°F Dr Indhumathi morn rounds done. To explain blood reports and to add Int: Xone (280mg) RD. To given medication.
	5AM	Baby comfortable sleeping.
	6AM	Baby No chart mention.
	8AM	Baby details handing over given to morning duty S.N.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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☐ N

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Morning duty.</i>
22/7/26	8am	Patient detail hand over taken from night duty staff. Patient is conscious and Oriented. Vital sign are checked and Recorded. Maintain PLO chart. IV line Pattern No swelling.
	9am	Temp 101.7 F Inf Para Kong was given as Per doctor's order.
	9:45am	Reassessment was done Temp: 98.9-F Recorded.
	10am	Dr. Indhumathy seen the Patient Patient and advice to continue the same.
	11am	There is no any complaint and Baby is vitally Stable.
	1pm	PLO chart is maintained. No any other complaints, from morning baby had
	2pm	Baby details is handover given to the evening duty staff.

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NURSES NOTES

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		night duty
		Evening duty on 22/7/25
22/7	2pm	Baby details taken over from the morning duty staff → Jenny 02104
		Baby was conscious and active good
		Baby having loose stool complaint
	4pm	Dr. Lince patten VIP seen also
		no any other complaints → Jenny 02104
		Baby having loose stool informed to Dr. Ravi Sir
	5pm	Re-assessment done vitals are stable second Dr. Indhumathi
		man phone order to give tablet full sheet → Jenny 021304
	6pm	medication given as per drug chart no any other complaints
	7pm	Dr. Lince monitoring
	8pm	Baby details handing over to night duty staff → Gray 021
	8:10pm	Temp - 101°F → Inj. parv
		12mg IV given.

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22/7	8pm	Night duty 22/7/26 Patient detail hand over taken from evening duty staff. Patient is conscious and Oriented. Vital sign are checked and Recorded Maintain P/O Chart Urine Pattern No swelling Medication was given as per doctor's order there is no any complaint in Baby side
23/7	12am	Baby Passed 4 time stool in midnight Baby sleep well
	5am	vital sign are checked and Recorded Maintain P/O chart
	6am	Baby details handing over given to morning duty P.N. → King
	8am	

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty 23/7/26
	8AM	Baby details handing over from night duty SIN Baby totally same
	10AM	Baby vital stable Baby conscious and oriented. Baby Dr line Pattern. Baby no any other complaints Baby oral Enourage Baby Dr chat maintained. Baby
	11AM	vital stable DR Aras Mr Aras CBR checked - 69 ydc
		Baby Dr line removed. CBR, CRP, RPI Sample form send to lab.
	1PM	Baby vital stable Baby conscious oriented. Baby vital stable loose stool passed. Baby no
	2PM	no any other complaints Baby Dr chat maintained. Baby
	4pm	Baby had loose stools totally 14 episodes informed to Dr. Indumathy mam
	5pm	vital signs is checked up recorded Baby's vitally stable. Dr chart is maintained
	8pm	Baby details is handover given to the night duty staff

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NURSES NOTES (USE BALL POINT PEN ONLY)

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Morning duty 24/7/26</i>
<i>24/7</i>	<i>8AM</i>	Baby details is handover taken from Night duty staff. Baby is active & alert — <i>S Jayasri</i>
	<i>9AM</i>	vital signs is checked & recorded. Baby is vitally stable.
		medications given as per drug chart — <i>S Jayasri</i>
	<i>10AM</i>	Dr. Indhumathy mam after seen advised continue medications they will sounds by evening — <i>S Jayasri</i>
	<i>11AM</i>	Baby passed semisolid stool 1 episode and vomiting 1 episode. Informed to Dr. Anas sir. — <i>S Jayasri</i>
	<i>12pm</i>	Baby passed loose stool 2nd episode. Informed to Dr. Anas sir. medications given as per drug chart — <i>S Jayasri</i>
	<i>2pm</i>	Baby details is handover given to the evening duty staff — <i>S Jayasri</i>

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty (24/7/26)
	8pm.	Pt hand over taken from evening duty & states - Pt is conscious and oriented.
	9pm	Check vital sign & record. Maintain 2 lo chart. 10/26
	11pm.	Dns - 30ml/hr on floc. IV line patent. NO swelling. 10/26
	1am.	Check vital sign & record. Maintain 2 lo chart. Pt slept well. NO other complaints. 10/26
	3am	Maintain 2 lo chart.
	5am	Check vital sign & record. NO other complaints.
	6am	Due medication given.
	8am	Hand over given to morning duty & states 10/26

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

☐ ...grub

☐ Drug Allergies .

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