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: .....

UHID No: SNC-00031242 IP24-00008981
Master CHETAN GANNAPANENI
04-11-2025 0 Y 8 M 19 D (M)
Dr. AKILA SIVAKUMAR
..... 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
23/7/25	3.15pm	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
23/7/26	CBC, CRP, RP2		
	~~RBS~~, Blood cls	9282	
	Dengue NS1		
	RBS	9283 ✓	
23/8/26	RBS	9299 ✓	
23/7/26.	UR, UC	9200	
	Radiology		
24/7/26	Ultrasound-Abdumen	4899 ✓	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
23/7.	Infusion pump	3:30AM	24/7/21 at 6AM	92799 ✓	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/7/26	BV placent	(1)	3498	Shy

ANY OTHER INFORMATION:

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Date: 24/7/2026 Time: 11:(0AM) Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
S/N. Jeyasri	Ramya. K 068764 OBR		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/b Dr. Akila	
23/7/26 2am	Emer/ MCR.	
	fever - Day 3	
	poor oral intake (+) / Drowsy.	
	↓ urine o/p.	
	O/E, Tired looking	
	· afebrile	
	dehydrated.	
		CVS - S1S2
		RS - BAE (+)
	HR - 160	P/A : soft
	RR / +	tenderness (R) hypochondrium
	RR 32	
	CRT 3	
		Adv
	Report awaited	IVF DNS @ 45ml/hr. x 8hrs.
	watch for urine o/p	
		VRS 9/23 [illegible]

+

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 7am	S/b Dr. Arul	
		not yet voided urine
	Hb - 14.34	90. # Rash - purple over
	N - 57	Lt leg / back / hand
	CRP - 14	
	Repeat NG Aq - MOP	drooling of saliva (+)
	HCO3 - 12	O/E, Tired
		weak (+)
	Urea / creat (+)	oral cavity : Hepar (+)
	Na - 136	CVS - S1S2 (+)
	K+ 4.2	L S/E (+)
		P/A : soft
	HR - 120/	
	Tm / h	
	N - 38/	Adv
	SpO2 -	
	BP -	IVF - RL - 80ml/hr × 2 hrs

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CBC - 116 →	
	⊕ 7an	IVF @ 40ml/hr
	? HFMD / Dehydration	
		v/s JA 8123
	S/B	
6:30pm		If ↓ oral Intake
	Plan → IV	Full Maintenance.
	Plan → USG ABDOMEN.	
		Vitals Monitoring.
	(27372) (Dr. Imran)	
23/7/26.	S/B Dr. Imran.	
8pm	Δ - Acute febrile illness ̄c some dehydration.	? UTI
	No fever spike	? Dep.
	↓ oral intake.	
	Hydration - fair.	
SPO2 97% on RA	O/E Conscious, oriented, opl.	
HR - 160/m		
AF+	S/E CVS - S1S2+	
Abscess.	RS - NVBS	
	CNS - NFND	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Plan
		1) IV RL @ 35 ml/hr
		2) TO do USG ABDOMEN
		3) Vitals monitoring.
127343 (Dr.)		
24/12/25	C/S/R - Dr.	
10:30 AM	A: Acute viral illness / dehydration / HFMD / Haemangioma	
	oral intake improved	
Vitals stable	- IV fluid stop	
	O/E: C/F/P - good Alert / Afebrile	
	Rash	
	CRT < 3 sec	
	peripheries warm	
	S/E: NAD	
		Plan
		1) Discharge today.
101207. Dr.		2) Zincovit drops 1 ml BD x 2 weeks
		3) Atarax lotion (L/A)
		4) ~~[illegible]~~ Syp. - Okacet

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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)
23/7/26		Recived Notes on 23/7/26
	3:20AM	Baby Recived from ER to ward. Baby details handing over given to ER S/N. Baby was Concious and Oriented. Dr Hir pattern. Baby Complaint was fever, poor oral intake and output. Baby Not passed urine. DrF DNS @5ml/hr over 2hrs going. after to change Maintaince. → Vitals Difficult
	4AM	Checking vital Signs and Recording. vital is Stable. → Vitals Difficult
	5AM	Baby Not passed urine and rash also coming to informed Dr. Leela mam. → Vitals Difficult
	6:30AM	DNS bolush finished. Dr. Akila mam seen the baby. till Now Not passed urine mam advised DrF RL @ml/hr 1hr going and To checking RBS - 116mg/dL. → Vitals Difficult
	7AM	Baby d/o Chart maintain. DrF RL @ml on flow finished.
	8am	Hand over given to morning duty

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
23/7		Morning duty 23/7/26 + Evening duty
	8am	BABY details handing over from
		Night duty s/N
		Baby vital stble Baby conscious
		and oriented Baby no any
	10am	other complaints Baby Vital stble
		Baby Encourage orally. Baby IV
		line patien. Baby side no any
		other complaints. Baby IVF fluids on
	11Am	going. Baby no chest Retraction
		Baby vital stble Baby
		conscious and oriented Baby no
	1pm	any other complaints were passed
		U/R, U/C lab sended.
		Baby vital stble Baby RR
	2pm	chest retracted Baby no any
		other complaints
	4pm	Baby slept IV line patient
		IV fluids ongoing, Baby's Intake is poor
		Informed to Dr. Anas Sir.
	5pm	vital signs is checked up recorded.
		Baby is vitally stable.
	6pm	Dr. Imran Sir after seen advised
		continue IV fluids cp Atarax syrup

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Continued Notes 23/7/26
23/7	7pm	B/o chart is maintained
		Baby is vitally stable.
		N/o aygthes. cmplaints — S Jeyasri
	8pm	Baby details is handover given to the night duty staff.. S Jeyasri
		Night duty [23/7/26
	8pm	Baby hand over taken from evening duty staffs. P.I is conscious and Oriented.
	9pm	Check Vital Sign & record. Due Medicine given —
		RL - 35 ml/hr On going.
	12Am	Baby continues crying.
		Parents request for IVF. Removed
	3Am	Maintain I/O Chart.
		IV line Patten. No Swelling —
	5Am	Check Vital Sign & record.
		Maintain I/O Chart.
		Due Medicine given.
		today plan USG abdomen.
	8Am	Hand over given to Morning duty staffs —

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty 24/7/25
24/7	8AM	Baby details is handover taken from Night duty staff. Baby is active up alert — Jeyasri SRMCH
	9AM	vital signs is checked up recorded. Baby is vitally Stable. — Jeyasri SRMCH
	10AM	Ultrasound Abdomen done. ⓐ study only informed to Dr. Akila mam. Dr. Anas Sir after seen the baby advised Continue IV fluids. — Jeyasri SRMCH
		Baby plan Discharge today advised by: Dr. Anas sir. — Jeyasri SRMCH

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