



ANC-00015590 IP28-00004624  
Master VEDHANTH KRISHNA  
03-03-2020 6 Y 3 M 19 D (M)  
Dr. KRITHIKA P



### DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy		6:15 AM	<i>[Signature]</i>	

# ACTIVITY RECORD FOR BILLING



Name: .....

UHID No: ..... IP No: ..... Patient: ..... Dept: .....

Date of Admission: ..... 03-03-2020 6 Y 3 M 17 D (M) of Discharge: ..... Time: .....

Room / Bed No: ..... Requested Billable bed type: .....

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 Master VEDHANTH KRISHNA  
 03-03-2020 6 Y 3 M 17 D (M)  
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## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/20	8:40 pm	ER	MIS	[Signature]



## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
20/6/20	IV placement	1 ✓	151670	
21/6/20	CT whole abdomen + Contrast	1 ✓	1686	 018056

**ANY OTHER INFORMATION:**

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Date: 22/6/20 ~~10 AM~~ Time: 10 AM Prepared By: Sugashini  
01986

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2020 10:30pm	C/S/B DR. Hameed K	
	Relapsed enteric fever - fever ↓ evaluation	Acute Febrile illness
	Child reviewed	
	No fever spike	9pm 103°F
		high grade continuous
	No cough (+) RR, wet cough, continuous	not associated with chills
	no other c/o	during night
	O/S - post acute - dull	
	No - adequate (2 passed)	
	S/E	high
	Alert, Irritable	stom.
	active	
	febrile	
	Hydration - fair	
	S/E	+++/++ CRIS
	Diaphan (+)	
	P/A - soft, BS (+) non-tender abdomen	
	M	
	Cm	(M)
	BS	
	U - S.L. to examine about	Acute
	To add 1) Patient plus over 2) exp. fluid	conclude the case



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/2020		
8PM	C/S/B Dr. Hamsa K	
	Relapsed Enteric fever / Acute febrile illness	
	C/o fever last spike 102.4 F	
	High grade, continue	
	C/o cough (+) or	
	no other C/o	
	O/E - m.p.m	
	V/C - aden	
	O/E	vitals
	Alert	HR - 120
	A/C	RR - 24
	A/P/B	T - 98.6
	Hydrated head	SpO2 - 90%
	S/O	BP - 90/60
	P/A	
	C/N	
	R/S	
	C/N	
		D/C
	of S/O	under the Sun
	complaints	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/20		
8:30 pm	TD CECT Abdomen with (contrast) ↓ So	
	with 200 ml child shifted now to scan mtd.	
	h - 12h	
	h - 25h	
	T - 98°F	
	Spo2 - 98% @ R	V. S. Ch Cor. (Hannars) 96066
	BP - 90/60 mmHg	
21/6/20	S/B Dr. Anthw	
11 AM	Delayed Enteric Feeds Influenza A	
	Afebrile since 4 AM	
	CECT → gall stones Cholelithiasis	
	Adm : 1) stop IVF 2) ceftriaxone 14 days IV → → hanna 20 have afebrile d/c IV 2gm ceftriaxone OD → 1) Azithromycin 10 days 4) Anti flu - 5 days	

Dr  
 Krithika P  
 20/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/2020	S/B Dr. Krithika P	
7.30 am		
	A: Relapsed Enteric fever Influenza A	
	→ Aphidic since yesterday 4PM	
	→ mummy by ceftriaxone 2gm IV q8h	
	Plan: ① if aphidic → can plan discharge	
	Relapsed Enteric Fever 2 gall stones glenomegaly	→ IV CEFTRIAXONE total 14 days x 5 more days till 27/06/2020
	→ Oral acetylsalicylic acid total 10 days	
	→ can stop right today dose	
	Influenza A -	Oral Anti-flu → 5 days
	Syp Para (sol)	
	Syp Relent plus	
	Enterogermina 1-0 x 5 days	K. P. 9/2/20





Ref. No. : F / HW / DC / INPR / 05

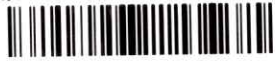


Patient Name : ..... Age : .....

Gender  M  F ANC-00015590 IP28-00004624

Consultant : ..... Master VEDHANTH KRISHNA

Date of Admi: ..... 03-03-2020 6 Y 3 M 17 D (M) Dr. KRITHIKA P



DRUG ALLERGIES : Nil

**FOR THE SAFETY OF THE PATIENT**

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

**SOS / PRN (As Required Medication)**

DRUG: IV PARA				Date	Time
Dose	Route	Frequency	Start Dt.	20/6	9 pm
20mg	IV	Q4-6hrly	20/6/20		
Doctor's Signature	Valid Period	Pharm.			
V.S.K.					
Additional Instructions					
IFT > 100 F					
DRUG: SYP. IBUCESIC				Date	Time
Dose	Route	Frequency	Start Dt.		
5ml	PO	Q4-6hrly	20/6/20		
Doctor's Signature	Valid Period	Pharm.			
V.S.K.					
Additional Instructions					
(Dose/imp) IFT > 102 F					
DRUG: TAB. BRUFEN				Date	Time
Dose	Route	Frequency	Start Dt.	20/6	2.30 pm
200mg	PO	Q4-6hrly	20/6/20		
Doctor's Signature	Valid Period	Pharm.			
V.S.K.					
Additional Instructions					
1TAB (Asfd) IFT > 102 F					



REGULAR PRESCRIPTIONS

**DRUG :** IV PAN

Date	Time	Dose	Route	Frequency	Start Dt.
20/6	2/6	6	IV	OD	20/6/20
22/6					

Name & Signature of the Doctor starting the Drugs: *V.S.K.*

Additional Instructions: *BF*

Daily Doctor's Endorsement by a Sign.

**DRUG :** Symp. AZITHROMYCIN

Date	Time	Dose	Route	Frequency	Start Dt.
20/6	9 AM	9	P/O	OD	20/6/20
21/6	9 AM				
22/6					

Name & Signature of the Doctor starting the Drugs: *2amp 1up/day V.S.K.*

Additional Instructions: *(5ml/200mg)*

Daily Doctor's Endorsement by a Sign.

**DRUG :** INJ. CEFTRIAXONE

Date	Time	Dose	Route	Frequency	Start Dt.
20/6	7:30 PM	1gm	IV	BD	20/6/20
21/6	7 AM				
22/6					

Name & Signature of the Doctor starting the Drugs: *V.S.K.*

Additional Instructions: *1gm up/day*

Daily Doctor's Endorsement by a Sign.

**DRUG :** Syrup FLURIN

Date	Time	Dose	Route	Frequency	Start Dt.
20/6	11:30 PM	5ml	P/O	BD	20/6/20
21/6	10 AM				
22/6					

Name & Signature of the Doctor starting the Drugs: *V.S.K.*

Additional Instructions: *(1ml/12mg)*

Daily Doctor's Endorsement by a Sign.



Sheet No: ①

**REGULAR PRESCRIPTIONS**

Weight 21.5kg Ward M Floor

<b>DRUG :</b> <u>Syrup Relent Plus</u>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
<u>5ml</u>	<u>BD</u>	<u>P/O</u>	<u>21/6/2020</u>	<u>1 AM</u> <u>9 AM</u>
Name & Signature of the Doctor Starting the Drugs: <u>V. S. L.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
<b>DRUG :</b>				<b>Date-Time</b>
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Dt.</b>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name ..... Signature .....





