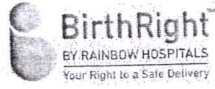


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Dr. EZHILARASI



DISCHARGE TRACKING SHEET

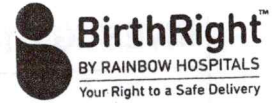
UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		14/6/16 10:25 AM	JS 017781	
Activity Sheet updated by Pharmacy		10:47 AM	JS	

ACTIVITY RECORD FOR BILLING



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

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WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/6/26	2.30pm	ER	MA floor	AJ0607523

CROSS CONSULTATION VISIT

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>13/6/26 3:50pm</p>	<p style="text-align: center;"><u>s/b Dr. Aneshu</u></p> <p>Acute febrile illness.</p> <p>No fever (+).</p> <p>3 episodes vomiting today.</p> <p>child dull looking</p> <p>pulses well felt</p> <p>CRT < 2sec</p> <p>Taking oral feed - lunch.</p> <p>Passed urine twice.</p> <p>P/A - soft liver 1-2cm b RCM</p> <p>Cvs - S3 (+)</p> <p>Cbc - N/A</p> <p>Rs - B/LAE (+)</p> <p>To continue the same.</p>	<p style="text-align: right;">OT-19 PT-11.</p>
<p>13/6/26 7pm</p>	<p style="text-align: center;"><u>s/b Dr. Ezhilarasi mam</u></p> <p>fever (+)</p> <p>Headache +ing</p> <p>No further vomiting</p> <p>pulses well felt</p> <p>Abd. soft</p> <p>To continue 100% IV fluids</p>	<p style="text-align: right;">Aneshu 163765</p> <p style="text-align: right;">Aneshu 163765</p>



I.P. No.

Sheet No.

Wards

Weight (kg)

45kg
 47kg

REGULAR PRESCRIPTIONS

DRUG : (N) EMESET				Date	13/6	14/6/20																
Dose	Route	Frequency	Start Dt.	Time	11	6	VS	VS														
4mg	IV	TDS	13/6		8:30	Am	10	Am														
Name & Signature of the Doctor starting the Drugs:				A Madhu 11/2013																		
Additional Instructions:				7:30 PM to 10:00 AM																		
Daily Doctor's Endorsement by a Sign.																						

DRUG : (N) PANTOPRAZOLE				Date	13/6	14/6/20															
Dose	Route	Frequency	Start Dt.	Time	7	6	VS	VS													
40mg	IV	OD	13/6		8:30	Am	10	Am													
Name & Signature of the Doctor starting the Drugs:				A Madhu 11/2013																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

DRUG :				Date																	
Dose	Route	Frequency	Start Dt.	Time																	
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

DRUG :				Date																	
Dose	Route	Frequency	Start Dt.	Time																	
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

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NURSES NOTES

(USE BALL POINT PEN ONLY)

No known drug allergies

Drug Allergies AP1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>13/6/26 - Receiving notes</u>
	2.30pm	Client is handing over person from ER conscious and oriented, IV line kept in position, Dns 80ml/hr, O2 Sat 98% monitoring and recording
	3pm	duty doctor seen the client continue same treatment
	4pm	vital monitoring and recording, IV fluid on hold
	6pm	Intake and Output monitoring
	8pm	night handing over given to night duty staff <u>1/04/26</u>
		<u>Night duty Note</u>
13/6/26	8pm	→ patient details handing over taken by Evening SM. → patient general condition are stable and vitals are checked and secured.
	9pm	→ IUF Dns on flow 80ml/hr. IV line is good no redness and no swelling Patient are stable <u>B</u>

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES
 (USE BALL POINT PEN ONLY)

..... Allergies N.Y.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
13/6/26		→ patient Normal dite given No vomiting and no Any Complains No fever. patient are stable
	10pm	→ patient sleeping well.
14/6/26	12AM	→ Vitals checked and documented Child was sleeping no other further complain.
	2AM	→ child sleeping well comfortable no other further complain.
	4am	→ Vitals checked and documented vitals Stable patient stable.
	6am	→ Medication given to the child as per drug chart
	7am	→ I/O documented and documented Poor intake Output.
	8am	→ Vitals checked and documented vitals Stable
	8:30am	→ Handing Over given to the next duty staff.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

