

ANC-00016420 IP28-00004621  
Baby Of LATHIKA BHARATHI  
17-10-2025 0 Y 8 M 5 D (F)  
Dr. NEERAJA PATCHA V R



DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		10:00		
Activity Sheet updated by Pharmacy	10:25	11:30		

# ACTIVITY RECORD FOR BILLING



Name: .....

UHID No: ..... IP No: **ANC-00018420** Consultant: *Shravan, Shobha* Dept: *290198*

Date of Admission: ..... Ti **17-10-2025** **0 Y 8 M 3 D** (F) Charge: *25/10/25* Time: .....

Room / Bed No: ..... Wa **Dr. NEERAJA PACHA V R** Billable bed type: .....

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## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>20/6/2026</i>	<i>5:30 PM</i>	<i>ER</i>	<i>M16</i>	<i>[Signature]</i>

## 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
20/6/26	TV placement	1	151645	
<del>21/6/26</del>	<del>CT whole abdomen</del> <del>C. Contrast</del>	0	<del>4226</del>	<del>[Signature]</del>
21/6/26	TV placement	1	1860	[Signature]
<del>22/6/26</del>				

**ANY OTHER INFORMATION:**

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Date: ..... Time: ..... Prepared By: Sugeshini  
07/07/26

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
20/6/2024	C/S/B Dr. Hanu VS	
10:30 AM	C/o loose stool (+) 5 Epilepsy	
	no C/o fever Epilepsy	
	no other C/o	
	oral intake - improved	
	C/o - adequate	
	O/E	
	Alert	
	Ache	
	afebrile	
	Hydrated - good	perianal excoriation (+)
	+ + + / + C/S < 2	
	S/E	
	P/A → Soft me hard BS (+)	
	R/R	
	C/M	
	C/U	
	P. S. K Cm. Hanu VS 26/06	Advice continue the em.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/10/25 7:56 AM	W IP Dr. Neeraja Patcha / Dr. Harsha K. Acute Gastroenteritis No fever since admission Diarrhoea - 2 times overnight No vomiting → small vomit after feed PV IT BO IT	URP-139
	Olg: Baby Pulse Chest - R:2 W - S, S heart No murmur PA - 8yr	
	Plan: ① cont same W Antidiarrhetics ② cont full maintenance IVF ③ counselled parents ④ TO add 2 x drops incl - 0 - 0 2 drops	
21/10/25 9:10 AM	C/S/D Dr. Harsha Acute Gastro enteritis no fever since admission No loose stool - 3 Ep. C no other complaints + 1/2 - 4yr 40 - adage	



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/10/2026	cls/b Dr. Suenera	
8pm	Child reviewed	
	no fever spikes today	
	Loose stools - small quantity (multiple episodes) from	
	no further episodes	morning - to evening
	vomiting - 1 episode in the morning	
	oral Intake - better	
	Active moving	
	O/E - pulse volume good	
	pulse well felt	
	CMT c/s ec	
	T/T 10/10	
		plan
		- stop 10 fluids by night (12AM)
		- continue Ty. ceftriaxone



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9:30a	Dr Neeraja S/B Dr Malini	
	Acute Gastroenteritis some Dehydration	
	No fever x 48 hrs loose stools frequency ↓ oral intake ↑ urine output ↑ good	
	o/e child sleeping afebrile vitals stable perfusion good hydration - (N)	
		C/S - SBT R/S - BAEF P/A - SFT CNS - AF-
	3 doses of Ceftriaxone Biplac Zinc	activity good
	lab - CRP - 139 Ab - 10.6	
	WBC - 10.85	N 39 L 56



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



Patient ANC-00016420 IP28-00004621  
 Baby Of LATHIKA BHARATHI  
 Gende 17-10-2025 0 Y 8 M 3 D (F)  
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Date of Admission : .....

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 :				Date												
				Time												
2g PARACETAMOL				2016												
Dose	Route	Frequency	Start Dt.													
100mg	IV	SOS	2016													
Doctor's Signature		Valid Period	Pharm.													
S. Jm.																
Additional Instructions																
Pin drops																
Dose	Route	Frequency	Start Dt.													
2ml	P/O	Q8H	21/6/2016													
Doctor's Signature		Valid Period	Pharm.													
V. S. U.																
Additional Instructions																
DRUG :				Date												
				Time												
Dose	Route	Frequency	Start Dt.													
Doctor's Signature		Valid Period	Pharm.													
Additional Instructions																

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I.P. No.

Sheet No. **7**

Wards **6-16**

Weight (kg)

**6.7kg**

REGULAR PRESCRIPTIONS

**DRUG : Inj CEFTRIAXONE**

Dose	Route	Frequency	Start Dt.	Date	Time
250mg	IV	BD	20/6	20/6	8 AM
				21/6	8 AM
				22/6	8 AM

Name & Signature of the Doctor starting the Drugs:  
 Dr. Sugima 167455

Additional Instructions:  
 75 mg/kg/day.

Daily Doctor's Endorsement by a Sign. *[Signature]*

**DRUG : Inj PANTOPRAZOLE**

Dose	Route	Frequency	Start Dt.	Date	Time
10mg	IV	OD	20/6	20/6	8 AM
				21/6	8 AM
				22/6	8 AM

Name & Signature of the Doctor starting the Drugs:  
 Dr. Sugima 167455

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *[Signature]*

**DRUG : Inj EMESET**

Dose	Route	Frequency	Start Dt.	Date	Time
8mg	IV	BD	20/6/20	20/6	8 AM
				21/6	8 AM
				22/6	8 AM

Name & Signature of the Doctor starting the Drugs:  
 Dr. Sugima 167455

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *[Signature]*

**DRUG : P100 Drops**

Dose	Route	Frequency	Start Dt.	Date	Time
1ml	PO	@6hrly	20/6/20	20/6	8 AM
				21/6	8 AM
				22/6	8 AM

Name & Signature of the Doctor starting the Drugs:  
 Dr. Sugima 167455

Additional Instructions:  
 Stop P-100

Daily Doctor's Endorsement by a Sign. *[Signature]*

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### REGULAR PRESCRIPTIONS

Weight 6.7kg Ward M15

Sheet No: 2

<b>DRUG :</b> BIFILAC SACHET				Date Time	20/6	21/6	22/6														
Dose	Route	Frequency	Start Dt.	6	6	SS	SS														
1/2	PO	TDS	20/6	PM	AM	AM	AM														
Name & Signature of the Doctor Starting the Drugs:				Dr. Sejima <u>[Signature]</u> 20/6/25 21/6/25 22/6/25																	
Additional Instructions:				Mix with some water																	
Daily Doctor's Endorsement by a Sign				<u>[Signature]</u>																	
<b>DRUG :</b> 2 XD DROPS				Date Time	21/6	22/6															
Dose	Route	Frequency	Start Dt.	4	4																
1ml	PO	OD	21/6/2024	PM	AM																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> 21/6/2024																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> ORS				Date Time	21/6																
Dose	Route	Frequency	Start Dt.	1	1																
50ml	PO	after each loose stool	21/6/25	PM	AM																
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> Dr. SUGENERA																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> SYP-CEFIXIME (100mg/5ml)				Date Time																	
Dose	Route	Frequency	Start Dt.																		
3-5ml	PO	BD	21/6/24																		
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u> Dr. SUGENERA																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

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





