

ANC-00016172 IP28-00004549  
Master N D SRI BAIIRAV  
31-07-2020 5 Y 10 M 10 D (M)  
Dr. EZHILARASI



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31-07-2020 5 Y 10 M 11 D (M)  
Dr. EZHILARASI



### DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	11/6/26 @ 10:30 am			
Activity Sheet updated by Pharmacy	11:00 am	11:20 am		

ACTI

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BILLING



Name: .....

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/2026	12:45 AM	GR	313	<i>[Signature]</i>

CROSS CONSULTATION VISIT

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





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/20 8:40AM	S/B Dr. Aneesh	
	<p>ACUTE FEBRILE ILLNESS RTI.            fever spike 8AM 100°F            Afebrile now            C/o cough (+) wet sounding            No other complaints</p>	
	o/r - Improving	passed urine.
	<p>child alert            pulses well felt            T+T/T+            CRT &lt; 3sec</p>	<p>HR - 106/m            RR - 26/m</p>
	<p>S/E CVS            PS            CNS            P/A } NAD</p>	
		<p>Aneesh            163765</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	s/b Dr. Ezhilaras	
4:45pm	Afebrile	
	Cough (c)	
	Ooal intake better	
	degs. Bil are enty good	
	Abd: soft	
		↓ IVF 30ml/hr

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 Dr. EZHILARASI



**GRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
11/6/26	S/M Dr. Ezhilaras	
10:15am	Afebrile x 24hrs	
	Oral intake good	
	Cough (+)	
	Lungs clear	
	Abd. soft	
	Fecal mass	
		-Dulcolax Poed Suppository
	Discharge Today	
	Acute Viral Fever	-Azithral x 3 more days
		Checkup
		Review @ Dr. H.A. Arora



## DRUG CHART

Date of Admission: 9/6/2020 @ 11:40pm Drug Allergies: nil  Not known any Drug Allergies

### 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)

VERIFIED BY : Name .....	DRUG : <u>24P P200 1200mg/500ml</u>				Date/Time	<u>9/6</u>															
	Dose	Route	Frequency	Start Date		<u>8 am</u>	<u>1200</u>														
	Doctor's Signature		Valid Period	Pharm.																	
	Additional Instructions:																				
Additional Instructions:																					
Additional Instructions:																					



Sheet No: 1

REGULAR PRESCRIPTIONS

Weight 16.8 kg Ward 320 floor

VERIFIED BY: Name Signature

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



Weight 16.8kg Ward 313

VARIABLE DOSE		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route	Start Date	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/6/26	10:30AM	DULCOLAX SUPPOSITORY	5mg	Rectal	Aneshu 163765	

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



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Night duty Notes</i>
10/6/20	12:30 AM	patient received from ER hand over taken from ER staff thanidurai, child IPbad, IV line present, IV paten. IV fluid Dats 5ml/hr.
	7am.	patient vitals checked and recorded.
	8am	patient vitals checked and recorded T: 100.4F Inform Dr. Nithuraman
	8:30am	now child is stable No any other complaints feeding maintain 5ml/hr. child is stable. child pleatoul hand over given from morning duty staff.
		<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

**NURSES NOTES**

No Known Drug Allergy  
 Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/6	4:45 pm	Dr. Ezhilarasi Mam came for rounds saw the child. Mam reduced the fluids 30ml/hr.	
	5 pm	Reduced the IVF 30ml/hr as per the doctors order.	→ ANU 021726
	6 pm	There is no any other specific complaints for the child.	→ ANU 021726
	7 pm	Monitored I/O and vitals checked documented in file.	→ ANU 021726
	8 pm	Child detail hand over given to night duty staff.	→ ANU 021726
<b>Night duty notes</b>			
10/6/20	8 pm	Child detail handover taken from evening duty staff patient su like passed. I/O fluid 30ml/hr.	PK 607133
11/6/20	12 am	Child vitals checked and recorded. child vitals is stable.	PK 607133

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**