

ANC-00016037 IP28-00004599
Baby MITHRAN N
23-05-2026 0 Y 0 M 26 D (M)
Dr. EZHILARASI



Rainbow
Children's
Hospital
It takes a lot to be a Rainbow

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		18/6/22		
Activity Sheet updated by Pharmacy				

ACTIVITY RECORD FOR BILLING



Name:

UHID No: IP# **ANC-00016037** **IP28-00004599** Dept:

Baby Of PARKAVI NANDAKUMAR
23-05-2026 0 Y 0 M 25 D (M)
Dr. EZHILARASI

Date of Admission: Discharge: Time:



Room / Bed No: W Billable bed type:

WARD TRANSFERS

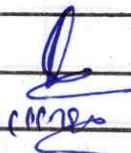
Date	Time	From	To	Signature of Nurse
17/6/26	10:10AM	ER	MO9	<i>[Signature]</i>

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
17/6	S/B Do Malini	
	No fever spikes	in ward
	feeding led urine output good	
	O/E Baby sleeping afebrile	
		vitals stable
	HR - 166/min	perfusion good
	SpO ₂ - 98%	CVS - AS2T
		RS - BAET
		clear
		P/A - RCH
		CNS - AF ->
		activity fair
	Dengue NSI + Ig M - awaited	
	Crp - 6 Creat - 0.32	Urine PE
	Hb - 15.9 Na - 132	pus cell -> 2-4
	WBC - 7.93 Urea - 3	Bacteria -> +
	L - 41 K - 5.1	
	N - 51	
	Plan	
	- Continue IVF	- Continue IV Abx
	- Demand feeding	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/20	<u>QIBDZ - Metformin</u>	
<u>8:30 AM</u>		
	Baby Fed	
	c/o Fan Spitzu (T) - High grade, Confirmed	
	c/o vomit (T) - post medium	
	no no issues.	
	o/e: Gyn & Activity (M)	
	PPWF	
	CRT L3RS.	
	o/e: NAD	
	Plan: To give IV paracetamol STAT	
	(P/wi Dr. Ezhilarsi)	
	1/2 IV antibiotic	
	1/2 IV FONS.	

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



Patient No. **ANC-00016037** IP28-00004599 Age :

Gender **Baby Of PARKAVI NANDAKUMAR**

Consultant **23-05-2026 0 Y 0 M 25 D (M)**

Dr. EZHILARASI

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
PARACETAMOL drops				17/6	
Dose	Route	Frequency	Start Dt.		
0.5ml	P/O	Q6H	17/6	3 PM	PS
Doctor's Signature		Valid Period	Pharm.		
<i>Aneesh</i>				8 PM	PS
Additional Instructions					
(1ml/100mg)					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions					
DRUG :				Date	Time
Dose	Route	Frequency	Start Dt.		
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions					

