

DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	19/6/26 at 9:30 AM		None	
Activity Sheet updated by Pharmacy	9:30 am	9:34 am		

ACTIVITY RECORD FOR BILLING



Name: ANC-00010699 IP28-00004564
 Baby VEDHANTH. A. G
 28-06-2024 1 Y 11 M 16 D (M)
 UHID No: Dr. NEERAJA PATCHA V R
 Date of Admiss.
 Room / Bed No: Ward: Suggested Billable bed type:
 Consultant: Dr. Neeraja Dept: ER
 Date of Discharge: Time:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	1:30pm	ER	3 Floor	NR

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Dinesh Bajaj	13/6/26	0172	<i>[Signature]</i>
2.	Dr. J. R. Kumaran (Ped Int)	14/06/26	150515	<i>[Signature]</i>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				



①

CROSS CONSULTATION FORM

Doctor Name: Dr. Dhinesh Babaji J.D. Date: 13/06/2026 Time: 11:30 am

Diagnosis: ? enteric fever.

Hospital: RCH-ANV

Type of Referral :
 Emergency
 Urgent
 Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Baby vedanth.

Signature:

Findings and Recommendations :

- A care of enteric fever
- h/o loose stools ⊕ → NO blood in stools.
- appetite (↓↓)
- o/e irritable
- hemodynamically stable.
- P/A - soft, nontender.

may I suggest:

- > to cont. IVAB + probiotics as per chart.
- > To encourage orals as tolerated.
- > shall review.

Consultant :

Name: Dr. Dhinesh Babaji Signature: [Signature] Date & Time: 13/06/2026
12pm



CROSS CONSULTATION FORM

Doctor Name: Dr. Rajkumar Date: 14/06/26 Time: 6 PM

Diagnosis: ENTRICAL Fever

Hospital: RCH - Annamalai

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for: Opinion Co-Management Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

14/06/26
6 PM

SIR DR J. RAJKUMAR
— (Info)

+ TYPHOID PLEASE

+ HAS FEVER

+ INTERMITTENT

+ ANOREXIA

+ LOSS OF WEIGHT

OR LATERALIZATION & MENTAL DELIRIUM

Consultant :

Name: Dr. Rajkumar Signature: _____ Date & Time: 14/06/26 @ 6 PM



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

ANC-00010699 IP28-00004564

Baby VEDHANTH. A. G

28-06-2024 1 Y 11 M 15 D (M)

Dr. NEERAJA PATCHA V R

UHID ID: _____



Department: _____

Consultant: _____



Pa _____ (any previous investigation or treatment)

no previous hospitalisation for Enteric fever
1 month back.

Birth & Neonatal History:

Family Chart

Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Developmentally @

Immunization History :

Immunised till date

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)

Weight (kgs) 9.5kg (Centile _____)

On Examination :

Temperature : 101° F Pulse Rate : 168/min B.P. _____ SPO2 99% @ RA

Resp. rate and type of breathing : _____
Abdomino thoracic

Rash _____ @

Lymphadenopathy _____ @

Oedema : _____ @

Allergies (if any): _____ @



Refle

DTR

(N)

Superficials:

Plantars

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

Acute febrile illness

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the treatment :

Planned Labs:

Blood c/s ✓

RP2 ✓

SGOT/ SGPT ✓

Typhoid IgM ✓

~~Blood c/s~~

Dengue NSI, IgM ✓

~~NSI, IgM~~

Stool R/E ✓

Urinals - Done on 11/6 ✓

USG - Abdomen ✓

(Dr. Kasi)

Signature of the Doctor: *S. Srinivas*

Name of the Doctor: Dr. Srinivas

Date & Time: 12/6/2020

Planned Management

IVF NS bolus @ 10 ml/kg over 1 hr
95ml over 1 hr

IVF DNS. 20ml/hr.

Tab CEFTRIAXONE 475mg. BD

Tab PANTOPRAZOLE 10mg OD

Tab BIFIDAC SACHET. TDS.

Tab PARACETOMOL 140mg.

@ 6hrly.

SYP. AZITHRAL 5ml OD
(200mg/cn)

Signature of the Consultant:

Name of the Consultant:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26	S/S Dpt. Neurology	
10:40AM		
	Child Prod	
	High grade fever spikes (+)	
	C/o loose stools (+)	
	No poor intake (+)	
	O/S: Dull	
	Fibrile	
	PRWF	
	S/S RA: 20/+	
	Plan: ① To trace supports.	
	② To start 2w antibiotics	
	③ To admit	
	④ To do stool/E, start sup Axillin	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/24 10am	<p>W/R Dr. Neeraja's</p> <p>Enteric fever ? Under treated / Re-emergence Blood culture +ve / CRP 126 / Typhoid IgM positive</p> <p>Pending fever Loose stool - greenish watery reformed no blood / mucus</p> <p>PVD</p>	
	<p>ex. - Baby Pmm, sleeping</p> <p>Heart - R-2</p> <p>LR - S, S heard, No mucus</p> <p>P/A - soft</p> <p>CNS - normal</p>	
	<p>Plans:</p> <ol style="list-style-type: none"> 1) Cont same iv Abx's Jeral Ansthor 2) Dr Rajmural investigations completed Opinions disease 3) Parents counselled about correct use of antibiotics need long treatment. NA <p>Don't start for CLs</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26	S/B Mr. Divya Sru	
9am		9:7kg
	Low of enteral feeds - culture positive.	
	Child Resuscitated.	
	Sterile at Sam -	
	Loose stool - 6-7 episodes yesterday	
	No +/- blood.	
	No +/- Vomiting.	
	<u>O/E</u>	
	Mild periorbital puffiness ⊕	
	Appetite - Reduced.	
	Urine output - good	
	No signs of dehydration	
	Vitals stable	
	RS J NilD	<u>Plan</u>
	O/S J	1) IVF INS @ 20ml/hr
	P/A - soft	(1/2 maintenance)
		2) INS - CEFTRIAXONE - D2
		SYP N2 ITHROMYCIN - D2
		continue Regular / Emered / Pantop
		3) Monitor vitals, w/t signs of
		dehydration

Ch
 Wt: 9kg



PROGRESS NOTES AND DOCTOR'S ORDER

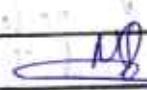
Date & Time	Progress Notes	Doctor's Order
14/6/24 1:15 PM	S/O Dr. Purnima C	
	D. culture (+ve) entire fever (? complicated)	
	? Relapse	
	+ Fever spikes spiking out	
	- Height of fever ↓	
	- Lax stool (+)	
	- Oral Intake - reduced to minimal	
	- 40% adequate	
	O/E. alert, afebrile (Frustrated but consolable)	
	Vitals: Stable	
	S/E. P/A. soft; lower ICS ↓	
	- on Tyxone (D3)	
	- Oral Antacid (D3)	
	IV 3/4 (M)	
	Plan - Continue Abx as per chart	
	- Taper and stop IV if oral intake ↑	
	- Dr. Rajkumar appears today	
	- Monitor vitals	
	- Samples as advised to be checked (Labs)	
		/s/ <u>Neeraja Patcha</u> 11/06/24



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 9:20 AM	S/B Dr. Aneshu	
	RELAPSE ENTERIC FEVER	
	Fever spike (+) 8 AM x 8 AM. 101.8 F → 101.2 F	
	No further loose stools/vomiting	
	No fresh complaints	
	O/S - Taking fluids ↓ solids U/S - passed adequate	
	Child alert	
	pulses well felt	HR - 106/m
	CRT < 3 sec	RR - 24/m
	P/A - soft non tender	
	S/E - CVS - S ₂ (+)	CRP - 209 → 58 (13/6) (15/6)
	RS - B/LAE (+)	OT/PT - 81/78 from 222/108
	CNS - NADP.	
	To continue the same.	
		Aneshu 168762

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/24 10:20am	W/ Dr. Neeraja Pathe	Dr. Purvima
	Enteric fever - Relapse Salmonella Typhi +ve	
	- No diarrhoeas ^o / No vomiting ^o - Fever - 12 body spikes - PVR - Obstable	CRP-202 - 81 Ab - 9.0
	0/4: Baby firm, active Ausc - R-L US - S/S No masses ^o P/A - soft	
	Plan: ① continue IV ceftriaxone until - Friday ② Ab to monitor ③ CRP / Hb & SFT -> on Thursday	
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/24	5/13 hr. Diage 15x	
9am		
	child reviewed	
	Case of Salmonella typhi positive enteric fever.	
	Afebrile since last 242 days.	
	c/o not passed stool - 2 days	
	No of Abdominal pain	
	Hydration - good	
	Diet Intake - good	
	O/E	
	Vitals stable	Adv
	RS - NBRE	1) Continue in Antibiotics
	CVS - S1S2	2) Plan to Repeat CRT,
	P/A - soft.	SUN OT & SUN PT
		in next ptu has change or
		on Friday am
		3) Monitor vitals

[Signature]
 147159



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	S/B <u>Dr. Malini</u>	
3:20 PM	No fever spikes	
	Dial intake	
	Urine output good	
	O/E child alert	
	apetite	
	Vitals stable	
	Cvs - Sst	
	Ps - BAE+	
	P/A - Sst	
	CNS - AFWD	
	Plan	
	- To continue IV Ceftriaxone	
	Oid by x 7 days	
	- To discharge tomorrow	

[Signature]
 18/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/20 9am	S/B <u>Dr. Purvima C</u>	
	Δ:- Enteric Fever Relapse Culture Proven Enteric Fever (S. Typhi (+ve))	
	afebrile for 72 hours now No vomit / Abd. pain Passed stool - 2 times yesterday Y-s adequate slut, skin	Pallor (+)
Clinically well	Vitals: Stable	
	S/E. P/A:- soft; non-tender No organomegaly	BS (+)
	✓ On Tyxone - (DS) - completed 14 days ✓ Oral Azithromycin (DS) (completed 7 days)	
	Plan - D today - on rifaximin - 7 days - Azithro - 4 days - R on Monday / Tuesday ; - Plan Iron e Review	Rpt Labs = CRP 16 ↓ SGT - ↓ SGPT - ↑ Typhoid vacum after 4 weeks Tune w/ 114364



DRUG CHART

Date of Admission: 12/6/24 Drug Allergies: N/A 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 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 : <u>Syp P250</u>				Date				
Dose	Route	Frequency	Start Date	Time				
<u>3ml</u>	<u>PO</u>	<u>SOS/6hly</u>	<u>13/6/24</u>	<u>8:45am</u>	<u>14/6</u>	<u>5:30am</u>	<u>15/6</u>	
Doctor's Signature		Valid Period	Pharm.	<u>3:10pm</u>	<u>4:30pm</u>	<u>5:30pm</u>	<u>6:30pm</u>	<u>Chap.</u>
Additional Instructions: <u>(4 T 7/100-4F)</u> <u>(5ml/250mg)</u>				<u>10:30am</u>	<u>11pm</u>	<u>12:30am</u>		
DRUG : <u>Syp P250</u>				Date				
Dose	Route	Frequency	Start Date	Time				
<u>3ml</u>	<u>PO</u>	<u>SOS/6hly</u>	<u>16/6/24</u>	<u>11am</u>				
Doctor's Signature		Valid Period	Pharm.	<u>NS</u>				
Additional Instructions: <u>(4 T 7/100-4F)</u>								
DRUG :				Date				
Dose	Route	Frequency	Start Date	Time				
Doctor's Signature		Valid Period	Pharm.					
Additional Instructions:								

VERIFIED BY : Name

ANC-00010699 IP28-00004564
 Baby VEDHANTH. A. G
 28-06-2024 1 Y 11 M 16 D (M)
 Dr. NEERAJA PATCHA V R



Weight..... Ward.....

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/6/24	12am	SYRUP DIPHALAC	5ml	PO	[Signature]	NALLI 60484
18/6/24	12pm	DULCOLUX SUPPAPORS	5mg	PR	[Signature]	K. Leja 604887
		PAEDIATRIC				

VERIFIED BY: [Signature]

Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 9.5kg Ward 3rd floor

DRUG: SUP-AZITHRAL				Date/Time
Dose	Route	Frequency	Start Dt.	12/6
5ml	PO	OD		
Name & Signature of the Doctor Starting the Drugs:				12/6
Additional Instructions:				13/6
Daily Doctor's Endorsement by a Sign				14/6
DRUG: BIFILAC SACKET				Date/Time
Dose	Route	Frequency	Start Dt.	13/6
1 sacket	PO	12 th hly	13/6/24	
Name & Signature of the Doctor Starting the Drugs:				14/6
Additional Instructions:				15/6
Daily Doctor's Endorsement by a Sign				16/6
DRUG: INJ. EMEJET				Date/Time
Dose	Route	Frequency	Start Dt.	13/6
1.5mg	IV	8 th hly	13/6/24	
Name & Signature of the Doctor Starting the Drugs:				14/6
Additional Instructions:				15/6
Daily Doctor's Endorsement by a Sign				16/6
DRUG: BIFILAC 600mg sacket				Date/Time
Dose	Route	Frequency	Start Dt.	14/6
1 sacket	PO	12 th hly	14/6/24	
Name & Signature of the Doctor Starting the Drugs:				15/6
Additional Instructions:				16/6
Daily Doctor's Endorsement by a Sign				17/6

VERIFIED BY: Name Signature

(9.7.0)

Vedanth



Sheet No: 3

REGULAR PRESCRIPTIONS

Weight 9.5 kg Ward 2nd floor

DRUG : INJ. CEFTRIAXONE Date-Time 18/6 18/6

Dose	Route	Frequency	Start Dt.		
<u>475mg</u>	<u>IV</u>	<u>12th hly</u>	<u>17/6/24</u>	<u>12 AM</u>	<u>1:40 PM</u>

Name & Signature of the Doctor Starting the Drugs:
P. Neeraja 11/4/2024

Additional Instructions:
(100mg / 4 / 100mg)

Daily Doctor's Endorsement by a Sign

DRUG : SYRUP AZITHROMYCIN (200) Date-Time 18/6

Dose	Route	Frequency	Start Dt.		
<u>5ml</u>	<u>PO</u>	<u>24 hly</u>	<u>17/6/24</u>	<u>2 PM</u>	<u>11:30 AM</u>

Name & Signature of the Doctor Starting the Drugs:
P. Neeraja 11/4/2024

Additional Instructions:
(5ml / 200mg)
(20mg / 4 / 100mg)

Daily Doctor's Endorsement by a Sign

DRUG : 7. JUN. LANZOL Date-Time 18/6 19/6

Dose	Route	Frequency	Start Dt.		
<u>1 tab</u>	<u>PO</u>	<u>24 hly</u>	<u>17/6/24</u>	<u>9 AM</u>	<u>9:15 AM</u>

Name & Signature of the Doctor Starting the Drugs:
P. Neeraja 11/4/2024

Additional Instructions:
(15mg) - 1 tab

Daily Doctor's Endorsement by a Sign

DRUG : Date-Time

Dose	Route	Frequency	Start Dt.		
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Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED Signature