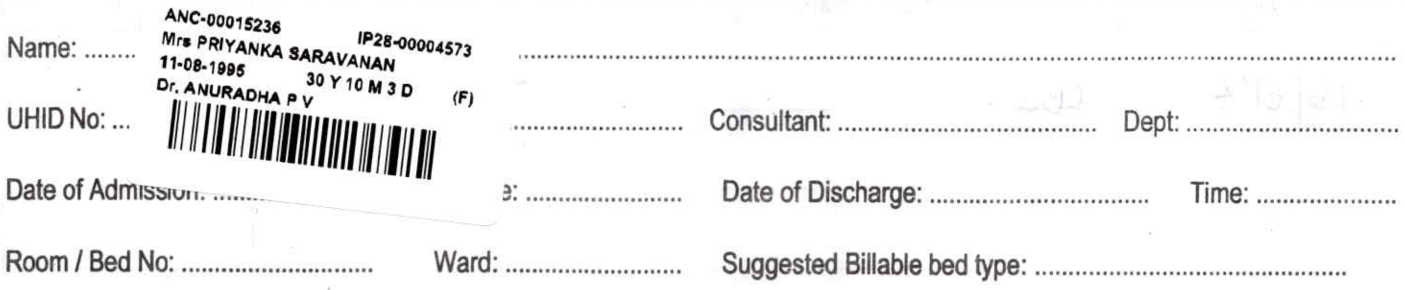
DISCHARGE TRACKING SHEET

ANC-00015236 IP26-00004573
Mrs PRIYANKA SARAVANAN
11-08-1995 30 Y 10 M 4 D (F)
Dr. ANURADHA P V

…OR: CONSULTANT NAME: DR.

	…IME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	16/6/26 at 11:15am	[signature]		
Activity Sheet updated by Pharmacy	7:05	7:15	[signature]	

ACTIVITY RECORD FOR BILLING



Name: ....

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
16/6/21	CBC	7977	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/6/26	Nutritional Assessment	1		[signature]

ANY OTHER INFORMATION:

....

....

....

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....

....

Date: 16/6/26 Time: 11:15AM Prepared By: Sugashini

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Suga 017986	Suga 017986		

ANC-00015236
Mrs PRIYANKA SARAVANAN IP28-00004573
11-08-1995 30 Y 10 M 3 D (F)
Dr. ANURADHA P V

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Day 2 of LSCS ↓ Shifted from SMF

Obstetric Formula:

Obstetric Hostory: Intraoperative Eclampsia, postoperative Ileus (recovered).

Present Pregnancy Record:
Pt was on mechanical ventilator support post LSCS, extubated after 24hrs. Inj MgSO4 given for 24 hrs.

RISK FACTORS:

Height: .... cm
Weight: .... kg
Allergies: Nil known
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness:
Pallor:
Icterus:
Edema:
Temp:
PR: 90/min.
BP: 130/90 mmHg
DTR:
CVS:
RS
Liver/Spleen: N
Urine Output: ✓ (N)

LMP:
EDD:
Corrected EDD:
GA:
Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height:
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others ____________
Head Fifths Palpable: ____________
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced
Os: Closed ____________ Dilated ____________
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS
Intraoperative Eclampsia / post operative Ileus - recovered
Hypothyroidism

Docu. No. : RCH /FRM / CLINICAL / 087

(P.T.O)

ANC-00015236 IP28-00004573
Mrs PRIYANKA SARAVANAN
11-08-1995 30 Y 10 M 3 D (F)
Dr. ANURADHA P V

Family History:	Surgical History:
NS	LSCS on 12/6/24
Medical History:	**Medication History:**
[illegible]	
Plan of Care:	**Investigations:**
Admission ↓ Observation ↓ Discharge	14/6/2024 Hb- 8.8 CT Brain & MRI ē Angio & Veno ↓ WNL

Doctor Name: Dr. Chanthe

Signature:

Date & Time: 14/6/24

Consultant Name: Dr. Anuradha

Signature:

Date & Time: 14/6/24

ANC-00015236
Mrs PRIYANKA SARAVANAN IP28-00004573
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Dr. ANURADHA P V

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/By Dr [illegible]	
14/6/26 7pm	pt is stable	
	P - 90/mm	
	BP - 130/90 mmHg	
	PA Soft	
	ut well contracted	Adv
UY	BS ⊖	Soft diet
	Dressing dry	Rl as per chart
		ambulate
	LE - NAD	vitals monitoring
		4th hrly
		[illegible] SOS
		[signature] [illegible]
15/6/26 8:15 AM.	S/B Dr. Sivasarupa	
	Patient reviewed	
	no complaints vitals stable.	
T - (N)	O/E - Afebrile, no pallor	
BP - 117/74 mmHg		
PR - 88/mt	P/A - Soft, uterus well contracted,	
	dressing dry, BS (+)	
	L/E - Bleeding pv WNL	
	Adv:-	[signature]
	- Soft diet	12010

- Vitals monitoring
- Ambulation
- Inform sos.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 6:00pm	C/S/B - Dr Mohana	
POD #3	pt reviewed no IE s/s No complaints	
BP - 130/90 mmHg PR - 80/min	O/E: Hydration fair, Afebrile no pallor, no pedal edema	
	S/E CVS, RS) NAD	
	P/A ut contracted well wound healthy	
	C/E	Advice - T. labetolol 100mg BD to Continue until further order - Dulcolax suppository 2tab P/R Stat - Monitor BP - Inform SOS
	[signature] 154802	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 10:15 p.m	S/B Dr. Pavithra	
	Pt. Reviewed. voiding freely, passed stools. No Imminent signs. c/o cough. P/A - ut. Involuting well. contracted. Dressing dry. BP:- 110/72 mmHg. L/E - BWNL	
		Adv - Syp. cheston LS 2tsp HS. - BP monitoring. - Follow drug chart. - w/f Imminent signs. [signature]

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)GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 8:30 AM	S/B Dr. Sivasarupa	
	Pt reviewed	
POD - 4	no complaints	
T - (N)	vitals stable, no imminent symptoms	
BP - 122/76 mmHg	O/E - Afebrile, no pallor	
PR - 76/mt		
	P/A - Soft, uterus well involuting	
	L/E - NAD.	
		[signature] 1201d1

Docu. No.: RCH /FRM / CLINICAL / 088

Patient Sticker

RESULT SHEET

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones.						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ....

....

....

....

Radiology : USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

ANC-00015236 IP28-00004573
Mrs PRIYANKA SARAVANAN
11-08-1995 30 Y 10 M 3 D (F)
Dr. ANURADHA P V

DRUG CHART

Date of Admission: 14/6/26 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 / 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 : Syp. DUPHALAC				Date / Time
Dose	Route	Frequency	Start Date	
15ml	PO	SOS	14/6	
Doctor's Signature	Valid Period	Pharm.		
[signature]				
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Doctor's Signature	Valid Period	Pharm.		
Additional Instructions:				

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

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Dr. ANURADHA P V

REGULAR PRESCRIPTIONS

Weight. 63kg Ward. I floor

DRUG : Inj CEFTRIAXONE				Date / Time	14/6	15/6/26	16/6/26
Dose	Route	Frequency	Start Date		9 PM	9 AM	NO IV line
2gm	IV	1-0-0	14/6/26				
Name & Signature of the Doctor Starting the Drugs:							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Tab PAN				Date / Time	14/6	15/6/26	16/6/26
Dose	Route	Frequency	Start Date		7 PM	7 AM	
40mg	IV	1-0-1	14/6/26				
Name & Signature of the Doctor Starting the Drugs:						7 PM	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

DRUG : Tab DOLO				Date / Time	14/6	15/6/26	16/6/26
Dose	Route	Frequency	Start Date		9 PM	9 AM	
650mg	PO	1-1-1	14/6/26				
Name & Signature of the Doctor Starting the Drugs:						3 PM	
Additional Instructions:						11 PM	
Daily Doctor's Endorsement by a Sign							

DRUG : Tab LEVIPIL				Date / Time	14/6	15/6/26	16/6
Dose	Route	Frequency	Start Date		9 PM	9 AM	
500mg	PO	1-0-1	14/6				
Name & Signature of the Doctor Starting the Drugs:						9 PM	
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

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Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 63.4 Ward M09

DRUG: Cap Lactare				Date/Time	14/6	15/6/24	16/6
Dose	Route	Frequency	Start Dt.	9 PM	9 AM	9 PM	
	p/o	2-2-2	14/6				
Name & Signature of the Doctor Starting the Drugs:						3 PM	
Additional Instructions:						10 PM	
Daily Doctor's Endorsement by a Sign							

DRUG: Gracet Granules				Date/Time	15/6	16/6
Dose	Route	Frequency	Start Dt.	7 AM		
	p/o	1-0-1	14/6			
Name & Signature of the Doctor Starting the Drugs:				7		
Additional Instructions: with water						
Daily Doctor's Endorsement by a Sign						

DRUG: T. Labetolol				Date/Time	15/6	16/6
Dose	Route	Frequency	Start Dt.	6.30 PM	9 AM	
100mg	P/o	1-0-1	15/6/26			
Name & Signature of the Doctor Starting the Drugs: 124802					9 PM	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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

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

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Docu. No. : RCH /FRM / CLINICAL / 108

ANC-00015236 IP28-00004573
Mrs PRIYANKA SARAVANAN
11-08-1995 30 Y 10 M 3 D (F)
Dr. ANURADHA P V

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/6/26	10 Pm	Tab LOBRT	100mg	P/O	[signature]	[signature]
15/6/26	6.30pm	Dulcolex suppository	2 tab	P/R	[signature]	[signature]

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

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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Dr. ANURADHA P V

NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		14/6/26 - Receiving Notes
	6:30pm	patient is received from SMF hospital, patient conscious and oriented. IV line kept in position (outside), vital monitoring and recording, patient vitals stable, duty doctor came and seen the patient, treatment orders given,
	7pm	Soft diet start, T. PCM 400mg P/O given as per drug chart, patient urine passed,
	8pm	Handing over given to Night duty
		Night duty (14/6/26)
	8pm →	Patient details handing over taken from the evening duty staff. p/o patient in soft diet. Out side IV line ⊕ in Ⓡ metacarple BP 130/90 to recheck and informed to doctor. Medication as per drug chart. No IVF patient is comfortable. patient lactem and galact to add and give to the patient.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ Drug Allergies .... Nill ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	9Pm →	Medication given to the patient as per drug chart later tab given BP rechecked and informed dr. Chytra She said to recheck at 10 pm by manualy and inform.
	10Pm –	Rechecked BP 140/90 by manualy informed to dr. chytra She advised to give tab labet 100 mg. tab given to the patient as per dr Order.
	12Am →	Rechecked Vitals patient Stable and Sleeping Vitals are Stable no Other fresh Complain.
	4Am →	Patient was Sleeping well vitals not checked.
	6Am →	Vitals Checked and documented Vitals Stable
	7Am →	medication given as per drug chart D/o discarded and documented.
	8Am →	Handing Over given to the next duty Staff.
		[signature] 01/...

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NURSES NOTES

(USE BALL POINT PEN ONLY)

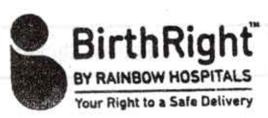
☑ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty
16/6/26	8Am	patient hand over taken from night duty staff
		patient active alert awake patient stable
		IV line present and pattern patient is slept normal diet only
	9.30Am	patient had idly no vomiting
	10Am	Inj- xone 1g IV given, T- Dolo 650mg, T- levipil 500mg, L- lactar 2 p/o given
		B-> Both Breast is soft
		B-> Bowel sound is present
		U-> Uterus is soft
		B-> urine voided
		L-> Lochia rubra present
		E-> Episiotomy not applicable
		H-> Homan sign negative
		E-> Emotionaly stable
	12pm	vitals checked and recorded no other complaints path done dressing due patient passed urine
	1pm	DR- Anuradha mam seen the patient advice to continue same
	2pm	patient hand over to next duty staff
		SS 01/06/25

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015236 IP28-00004573 Mrs PRIYANKA SARAVANAN 11-08-1995 30 Y 10 M 3 D Dr. ANURADHA P V (F)



NURSES NOTES

(USE BALL POINT PEN ONLY)

M7

☐ No K

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		15/6/26 - Evening duty
	2pm	Patient is handing over taken from morning duty
		stays conscious and oriented
		IV line kept in position
	3pm	T. Labetalol-2 T. Dolo 650mg
		1 tab P/O given as per drug
		chart.
		B- Both breast are soft
		U- Uterus are soft
		B- Bowel sound present
		B- Bladder urine voided
		L- Lochia rubra present
		E- Episiotomy (NA)
		H- Homan sign negative
		E- Emotionally stable
	6pm	Dressing changed
		Vital monitoring BP 130/90
		Informed to Dr. Mohana advised
		to given T. Labetalol 100mg
	6:30pm	T. Labetalol 100mg 1 tab P/O
		Pcalcoflex syp - 2 Dfr given
		as per drug chart
		IV line site pain, removed IV line
		informed to Dr Mohana

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