

ANC-00016366 IP28-00004606
 Baby Of MRITHULA ELANGO
 12-06-2026 0 Y 0 M 6 D (M)
 Dr. NEERAJA PACHAVR



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		
Activity Sheet updated by Pharmacy	11:15 am	11:26 am	Dr. N	

ACTIV

ANC-00016366 IP28-00004606
Baby Of MRITHULA ELANGO
12-06-2026 0 Y 0 M 6 D (M)
Dr. NEERAJA PATCHA V R



ILLING



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
8/1/2026	2:50pm	FR	M.II.	[Signature]

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
18/6/26 3:20pm	S/B <u>Dr. Malini</u>	
	Started on DSPT	
	On DBF	Birth wt - 2.95kg
	O/E Baby icteric	today wt - 2.64kg
	normothesmic	PO. 5% ✓
	Respiration good	
	Vitals stable	
	CVC - SGT	
	PE - BAEF	
	PA - Sqt	
	CVC - AF →	
	Cry & activity good	
	<u>Plan</u>	
	- Continue DSPT	
	- DBF + if depressed for cp & EBM	
	- Trace DCT & plate count	
	↓	
	-ve	
	- Trace plate count	 11/8/26

Patient Sticker

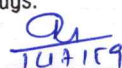


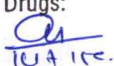
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>19/6/26 10am</p>	<p>S/B Dr. PURNIMA C</p>	<p>Dr. Neeraja</p>
	<p>Δ: <u>NNHB</u></p>	<p>(Rh\ominus mummy)</p>
	<p>baby well Pink</p>	
	<p>on DBF + EBM / FF p2-3rdly</p>	
	<p style="text-align: center;">↓ (sas)</p>	<p>DCT - \ominus</p>
	<p>U - 6</p>	<p>Reti count - 2.5</p>
	<p>M - 3</p>	
	<p>o/s. alert, semi bleached</p>	<p>✓ ON DSPT</p>
	<p>Vitals stable</p>	<p>↓ TCB ↓ to 11</p>
	<p>S/E. WNL</p>	
	<p><u>Plan</u>: To do s. bilirubin — Plan 'd' based on that</p>	
		<p style="text-align: right;"><i>Neeraja</i> 114364</p>

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
----------------	---	----------	-----------	-------	-------------

REGULAR PRESCRIPTIONS

DRUG : JUST BEE DROPS				Date	18/6	19/6														
				Time	PM	PM														
Dose	Route	Frequency	Start Dt.																	
1ml	PO	Q24H	18/6/24																	
Name & Signature of the Doctor starting the Drugs:																				
 TUJIEG																				
Additional Instructions:																				
1ml = 400 IU																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : ZINCovit DROPS				Date	18/6	19/6														
				Time	PM	PM														
Dose	Route	Frequency	Start Dt.																	
0.5ml	PO	Q24H	18/6/24																	
Name & Signature of the Doctor starting the Drugs:																				
 TUJIEG																				
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.																				

