



ANC-00000700 IP28-00004633  
Master TARAN RAJIV 3 Y 4 M 9 D (M)  
13-02-2023  
Dr. NEERAJA PATCHA V R




### DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		22/6/24 at 9:15 AM	 02/12/24	
Activity Sheet updated by Pharmacy	9:00	9:15		

# ACTIVITY RECORD FOR BILLING



Name: ..... **ANC-00000700** **IP28-00004633**  
**Master TARAN RAJIV**  
**13-02-2023** **3 Y 4 M 8 D** (M) .....  
**Dr. NEERAJA PATCHA VR**  
 UHID 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
21/6/2026	9pm	ER	307	<i>[Signature]</i>

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
21/6/2026	SU line placement	1	151894 ✓	D/H/02-ESS
21/6/26	NEBC 02	7	1945 ✓	NEC
22/6/26	NEBC 02	3	1980 ✓	Nay
22/6/26	NEBC 02	1	2018 ✓	DU

**ANY OTHER INFORMATION:**

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Date: 22/6/26 Time: 9AM Prepared By: .....

Staff Nurse 	Shift / Ward 2nd floor	Billing Assistant	Billing Supervisor
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ANC-00000700 IP28-00004633  
 Master TARAN RAJIV 3 Y 4 M 9 D (M)  
 Dr. NEERAJA PATCHA V R



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>2/6/2024</del> 9:30 AM	<u>S/S</u> Dr. Suenera	
	Case of Asthma	
	child renewed	
	cough & noisy breathing ↓	
	<u>O/E</u> - RR - 32/min SpO <sub>2</sub> - 96% LRA HR - 135/min ++/++ Child active & alert	<u>Adv</u> - can space out Neb after 12 AM
	IS - B/L where seduced	
<del>2/6/24</del> 9 AM	<u>S/S</u> Dr. Neeraja	
	- Levofloxacin MDI (50mg) 3 puff 3x daily - budesonide MDI (100) 1 → 1 - Continue Relvar PWR - stop Epivent.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/10/20	w/ Dr. Neeraj P	
9:45 AM	<p>- Patient well, no airway obstructions</p> <p>- No new problems</p> <p>- Very noisy, PUFF, Buss</p>	
	<p>1/4: Baby pink, all resp distress</p> <p>chest - R/L</p>	
	<p>US - I, S, head</p> <p>NO mucus?</p>	
	<p>PA - soft</p>	
	<p>Plan:</p>	
	<p>① To change to Inhalers (spacer)</p> <p>Levosalbutamol &amp; Pulmicort</p>	
	<p>② stop Proventil - nebs</p>	
	<p>③ PO Omacortid x 2 days</p> <p>ingly</p>	
22/10/20	S/B Dr. Parvina C	
1-PM	<p>Δ: Acute exacerbation of Wheeze</p> <p>(Viral)</p>	
	<p>apleth</p> <p>cough ↓</p>	
	<p>No Resp. - O<sub>2</sub>.</p>	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/02/23	WOB - (N)	
<del>12:00 AM</del>	Vital: RR = 34/min; SpO2 = 99-100% RS: clear No retractions	
	Plan: → Stop Neb & Treatment → continue other Neb ↓ Change MDI @ 2pm today → observe for a day → Plan D' me	
		Purnima 114314
22/02/23 <del>12:00 AM</del> 4 PM	S/B Dr. Purnima-C	
	Di. Acute examination of throat cough ↓ /afebrile WOB - (N) No O2 Requirement	
	Vital: RR = 30/min / SpO2 97-98-100% RS: clear Coughs (+) No retractions	(P.T.O)







REGULAR PRESCRIPTIONS

**DRUG : NEB. LEVOLIN (1.25mg)**

Date	22/6	22/6																	
Time	NS	NS																	
Dose	1.8ml	1.2																	
Route	NEB	NS																	
Frequency	Q2H	NS																	
Start Dt.	21/6/2020	NS																	

Name & Signature of the Doctor starting the Drugs:  
 DR. SUNEERA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG : NEB. IPRAVENT**

Date	21/6	22/6																	
Time	NS	NS																	
Dose	250mg	7																	
Route	NEB	AM																	
Frequency	Q8H	AM																	
Start Dt.	21/6/2020	AM																	

Name & Signature of the Doctor starting the Drugs:  
 DR. SUNEERA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG : NEB. BUDECORD**

Date	22/6																		
Time	NS																		
Dose	0.5mg	6																	
Route	NEB	AM																	
Frequency	Q12H	AM																	
Start Dt.	21/6/20	AM																	

Name & Signature of the Doctor starting the Drugs:  
 DR. SUNEERA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

**DRUG : TAB. PREDNISOLONE**

Date	22/6																		
Time	NS																		
Dose	10mg	5																	
Route	P/O	PM																	
Frequency	OD	PM																	
Start Dt.	21/6/20	PM																	

Name & Signature of the Doctor starting the Drugs:  
 DR. SUNEERA

Additional Instructions:  
 (1st dose given @ 5pm)  
 2nd dose - tomorrow

Daily Doctor's Endorsement by a Sign.



Sheet No: ①.....

**REGULAR PRESCRIPTIONS**

Weight ..... 12.7 kg Ward ..... 2109

<b>DRUG :</b> SYP RELENT PLUS				Date Time	22/6	22/6															
Dose	Route	Frequency	Start Dt.	9 AM	NS	2 PM															
8.5ml	P/O	BD	21/6/24																		
Name & Signature of the Doctor Starting the Drugs:						3 PM															
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> NEB LEVOLIN (1.25mg)				Date Time	22/6																
Dose	Route	Frequency	Start Dt.	6 AM	NS	6 PM															
1.8ml	NEB	Q6H	22/6/24																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> T. JUNCANZOL				Date Time	22/6																
Dose	Route	Frequency	Start Dt.	11 AM	NS																
1 tab	Po	OD	22/6/24																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
<b>DRUG :</b> LEVOLIN MDI (50)				Date Time	22/6																
Dose	Route	Frequency	Start Dt.	8 PM	NS																
3 puff	P/N	3 hly	22/6/24																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature  
Name

Patient Sticker



Sheet No: (100)

# REGULAR PRESCRIPTIONS

Weight 1.8 kg Ward 301

<b>DRUG :</b> BUDEKORT MDI				<b>Date/Time</b> 9:30																	
<b>Dose</b> 1 puff	<b>Route</b> P/N	<b>Frequency</b> 12'hly	<b>Start Dt.</b> 24/6/14																		
<b>Name &amp; Signature of the Doctor Starting the Drugs:</b> <i>Purina 114364</i>																					
<b>Additional Instructions:</b> space and mark (1000)																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

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

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

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

Signature  
Name



