



Bill no:

MAYA

MULTI SPECIALITY HOSPITAL

Patient's name : Bijappa Age : 24 yrs Gender : Male

MRN

Date : 20/7/19

Contact Details

Diagnosis

Vitals

Temp. 103.1°FPR

BP 94 b/m

SPO21

98%

194 b/m

120/70 mmHg

Findings

Rx Qo. Faecal
Headache
Body aches
nausea
vomiting - 1 time
Cee. needed

Workup

Ole RL - N/BVS \oplus
CRS - S. required
CVR - NAD
PIA - Soft Bl \oplus

Plan/Advice

- Di. Paroxip. gnrse \oplus of 100
- Di. pouch \oplus Neov. BD
- Di. xone ign. DV. BD \oplus ATD
- Di. eucalypt. DV. BD
- IVf Dose 1 polybion / nevir
- T. Dose 600 mg

180 / 194, PVR Complex, Opp. Govt Primary School, Panathur, Bengaluru - 560 103.

Phone : 080-48900680. E-mail : infomayahospital@gmail.com



MAYA MULTI SPECIALITY HOSPITAL

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IN-PATIENT CASE SHEET

Date of Admission : Birappa Patel
Time of Admission : 20/7/19 9.30pm
Admitted By : Dr. Bayavaraj

Date of Discharge : 22/07/19
Time of Discharge : 10 PM
MRN : _____

Name : Mr Birappa Patel Hosp No. : _____

Age: 24 Yrs Date of Birth: _____ Gender : Male / Female

Marital Status : Married / Single Pregnancy _____ Yes / No _____

Company : Cap Gemini Designation _____

Profession : Soft-ware Engineer Skill / Specializatin _____

UID _____

Tel No. (Res) : _____ Mobile 8208650183

Email ID (Please write clearly) _____

Present Address : AMR PG, Near Nagalingeshwar temple,

Permanent Address : Kundahalli (Vill), Bangalore

Signature

Date : 20.7.19

FOR DOCTORS USE ONLY

Height : _____ Cms Weight : _____ Kgs BMI : _____ Pulse _____ / Min B.P. _____ mm₀

CHIEF COMPLAINTS :

DURATION :

- 90
- Fever
- Headache

HISTORY OF PRESENT ILLNESS : Bodyache

- Nausea
- vomiting episode
- Ex. weakness.

PAST HISTORY :

PERSONAL HISTORY :

Diet : Veg / Non-Veg
Smoking habits : -
Alcohol habits : -
Other habits : -
Exercise : -
Occupation : Employee

PRESENT MEDICATIONS : No medications.

DRUG ALLERGIES : No any allergies to drug / Food

FAMILY HISTORY : Not Significant.

Hypertension	Diabetes
Heart Diseases	Cerebro Vascular Disease
Cancers	Tuberculosis
Bronchial Asthma	Gout
Epilepsy	Others

mm of

FINAL IMPRESSION

Deagree fever.

Entege Fever.

ADVICE

Inj Xone 1gm IV (ATD) 1-01

Rij Paracip 1gm IV sl/sos

Ri Pandit 40mg IV 8 hrs

Ri Emerel 400 mg 1-01

T Dolo 650 HT

IVF DNS & polybrom. / RL/NS 100 ml/hr.

Ri Dexona 8mg IV 1-01

(P) Deo

SIGNATURE OF SR. REGISTER

Bley

SIGNATURE OF CONSULTANT

DIETRY ADVICE :

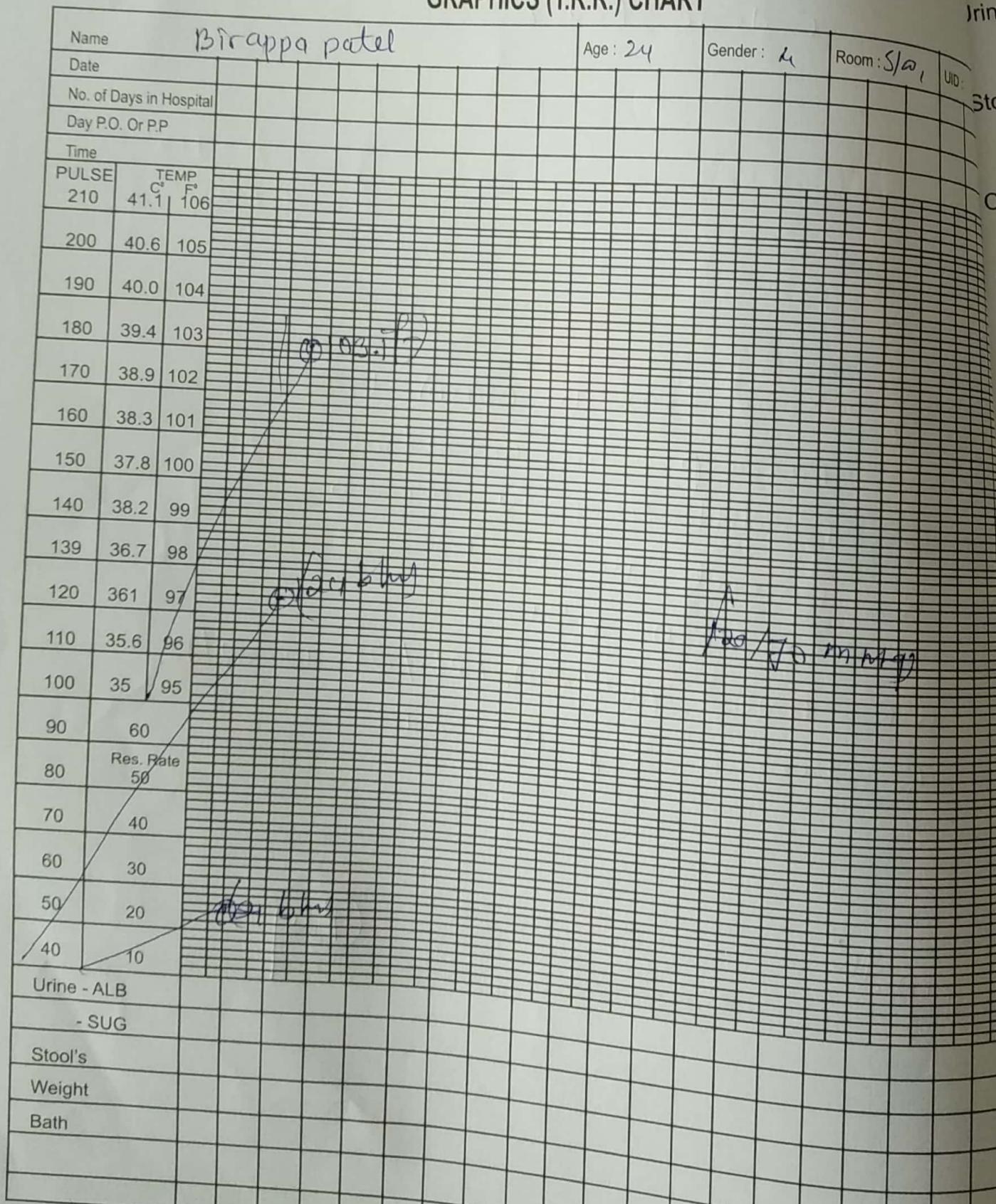
SIGNATURE OF DIETICIAN



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GRAPHICS (T.R.R.) CHART



INVESTIGATIONS

Urine Examination

:
 8017119
 plt count = 1,05,000 cells/cmm

Stool Examination

: widal - Positive

CBC

: ~~MP~~ - Negative

Blood Biochemical Analysis

: 2117119

MP - Negative

X-Ray Chest (PA VEW)

: pt. count - 93,000 cells/cmm

ECG

: 12217119

Tc - 3510 cells/cmm.

Treadmill (stress) Test

: plt. count - 92,000 "

Echo Cardiography

: 12217119

Tc - 5,900 cells/cmm

Ultrasonography

: pt. count - 95,000 cells/cmm

Special Tests

CLINICAL EXAMINATION

GENERAL PHYSICAL EXAMINATION :

Pallor	:	
Icterus	:	
Cyanosis	:	
Lymph node	:	O/E
Clubbing	:	
Thyroid	:	Febrile
Pedal oedema	:	
Oral cavity	:	BP - 120 / 70 mmHg
Bones and joints	:	
Skin	:	PR - 120 bpm
Breasts	:	SPO ₂ - 98% @ RA

CARDIO-VASCULAR SYSTEM :

Pulse	:	/ min	Temp - 103.1°F
Peripherals pulses	:		CNS - conscious & oriented
Heart sounds	:		CVS - S ₁ , S ₂ heard
Murmurs	:		RS - BNVBS ⊕
Any other abnormal findings	:		PR - soft, BS ⊕
RESPIRATORY SYSTEM	:		COOP - adequate
R.R _____	:	/ min	
Type of breathing	:		
Any adventitious sounds	:		
Any other abnormal findings	:		

ABDOMINAL SYSTEM :

Liver	:	
Spleen	:	
Any other palpable lump	:	
Free fluid	:	
External Genitalia	:	
Any other abnormal findings	:	

CENTRAL NERVOUS SYSTEM :

Gait	:	
Higher Cortical Function	:	
Cranial Nerves	:	
Motor System	:	
Cerebellar Function	:	
Sensory System	:	



ACTIVITY RECORD FOR BILLING

MAYA MULTI SPECIALITY HOSPITAL

PATIENT NAME B.Prappa Patel
AGE 25 yrs GENDER Male
M.R.N.
ADMITTING CONSULTANT Dr. Basavaraj

ADMISSION DATE 20/7/19 TIME 09:30 AM
ADMISSION DATE 20/7/19 TIME 09:30 AM
ROOM NO. CATEGORY
ROOM NO. CATEGORY

WARD TRANSFERS

DATE	TIME	FROM	TO	SIGNATURE OF NURSE
<u>20/7/19</u>	<u>10.30AM</u>	<u>G - R</u>	<u>GICU</u>	<u>Q</u>

UPDATED ON									

DOCTOR'S VISITS

CONSULTANT NAME	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
	21/7/19	22/7/19							
<u>Dr. Basavaraj</u>	AM	PM	AM	PM	AM	PM	AM	PM	AM
	✓	✓	✓						
<u>Dr. Vinayak</u>	AM	PM	AM	PM	AM	PM	AM	PM	AM
	✓		✓						
<u>Dr. Amrutha</u>	AM	PM	AM	PM	AM	PM	AM	PM	AM
		✓		✓					
	AM	PM	AM	PM	AM	PM	AM	PM	AM
	AM	PM	AM	PM	AM	PM	AM	PM	AM
	AM	PM	AM	PM	AM	PM	AM	PM	AM

NURSES CHART

INVESTIGATION CHART

REMARKS

PATIENT NAME Birappa Patel
 AGE: 22y GENDER M
 MRN. _____ ROOM NO 8/1
 ADMITTING DOCTOR Dr. Basavadevi



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DOCTOR'S ORDER SHEET

DATE	Time	ORDERS	SIGNATURE
<u>21/7/19</u>	<u>10:30 AM</u>	<p>C&IB Dr. Basavadevi no fresh complaint vitals stable Systemic - NAD</p> <p><u>DR</u></p> <p>- CST</p> <p><u>DR</u></p> <p><u>CST</u></p> <p><u>DR</u></p> <p><u>CST</u></p> <p><u>DR</u></p> <p><u>CST</u></p> <p><u>DR</u></p> <p><u>CST</u></p>	
<u>21/7/19</u>		<p>C&IB - <u>Dr. Vinayak</u></p> <p>Patient G.C better.</p> <p>Afebrile</p> <p>repeat. Plt - 92000/-</p> <p>No bleeding Main feature</p> <p>Wt - poised</p> <p>FB</p> <p>W / m</p> <p>a</p> <p>11 AM - 8 AM</p> <p><u>Adm</u></p> <p><u>CST</u></p> <p><u>DR</u></p> <p><u>CST</u></p>	

NOTE : ALL ENTRIES SHOULD BE DATE, TIME AND SIGN WITH NAME OF CONCERN PERSON

PATIENT NAME _____
 AGE : _____ GENDER _____
 MRN. _____ ROOM NO. _____
 ADMITTING DOCTOR _____



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DOCTOR'S ORDER SHEET

DATE	Time	ORDERS	SIGNATURE
22/4/19 Pt. cont. 25000		<p>clsrB Duty Doctor.</p> <p>care of Enteric fever.</p> <p>O/E</p> <p>BP - 110/80 mmHg</p> <p>PR - 72 bpm</p> <p>SPO₂ - 95% @ RA</p> <p>Temp - 98.2°F</p> <p>CNS - conscious & oriented</p> <p>CVS - S. S. heard</p> <p>RS - B/L clear</p> <p>PA - soft.</p> <p><u>Add</u></p> <p>- CST.</p> <p>Repeat Pt. count a 6:00</p>	

NOTE : ALL ENTRIES SHOULD BE DATE, TIME AND SIGN WITH NAME OF CONCERN PERSON



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VITAL SIGNS CHART

Date: 20/7/19

Patient Name: Bhagya Patel

MRN :

Day :

In-Patient No.:

Time	Pulse	B.P	Resp.	Temp.	Pupils		Reaction to Light		Sensorium	Cardio Resp. Status
					Rt.	Lt.	Rt.	Lt.		
6am	122	120/ 80	21	109°F						98+/-
8pm	104	120/80	21	98.9°						99.1
10pm	118	120/80	22	97.9°						98.1
12am	101	120/80	21	97.9°						95+
2am	98	120/80	20	97°						99.1
6am	90	100/ 70	21	98°F						96.1%
8am	91	100/ 70	9	102.5°F						97.1%
9am	92	100/ 70	20	97.5°						96.1%
10am	92	110/80	21	97.2°F						97.1
12pm	92	110/80	21	97.2°F						96.1%
2pm	96	110/70	20	96°F						97.1
4pm	53	110/80	21	96.1°F						97.1
6pm	108	110/70	20	101.7°F						96.1%
8pm	100	110/ 70	20	98.9°F						97.1
10pm	99	110/80	21	98°F						99.1



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VITAL SIGNS CHART

NURSES NOTES



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Name:

Birappa

Age: 24y
Date & Time

Sex: M IP No.

Ward:

Semi-pvt

9:45 PM
20/7/19

NOTES

- ⇒ patient admission on 20/7/19 at 9:45 pm EIR to semi-pvt
- ⇒ patient clo Fever, Body pain, Headache, nausea, vomiting, gen. weakness.
- ⇒ patient s/b Dr. Basavadasi
- ⇒ addece carried out.
- ⇒ patient vital signs

Bp - 120/80 mmHg
PR - 124 beats
SpO₂ - 98%
Temp - 103°F

(In) cannula no - 22 connected
(PI) hand.

addece medication

(Iu) - xome 4gm (BD) (ATD) Iu
1-0-1

(Iu) - p.m. 40mg (OD) Iu
1-0-0

(Iu) - fmetek 4mg (BD) Iu
1-0-1

(Iu) - paralip 1gm (ST) (SOS)

(Iu) fluid D1/6 RL / NS (Iu) polyth

NURSES NOTES



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Name: Brijappa Patel

Age: 24

Sex: M

IP No.

Ward: S6

Date & Time	NOTES
	Tabc - Dolo 650mg [TID] 1-1-1 * Blood test send to the lab. Repeat pt, medal.
	* patient shifted to semi pt
6pm	pt is conscious and mobile - Inf onflow - SpO2 is maintaining - no complaints
8pm	pt is stable - vitals are checked and recorded - no complaints
10pm	pt is stable - Inf onflow - SpO2 is maintaining
12 AM	pt is sleeping - Inf onflow - vitals are stable
2am	pt is sleeping well - Inf onflow - vitals are stable

NURSES NOTES



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Name: Birappa Age: 22 Sex: M IP No. Ward: 5/1

Date & Time	NOTES
6am	<ul style="list-style-type: none"> → pt is conscious and oriented → vitals are stable → spo₂ is maintaining → no complaint
8 pm	<ul style="list-style-type: none"> pt is conscious and oriented → T infabane → vitals are checked and rechecked → spo₂ is maintaining → T = 102.5°F, Ig. Act 100ml given
10 Am	<ul style="list-style-type: none"> → pt is conscious and oriented → pt Tinf on flow → pt spo₂ monitoring → pt V/S checked and monitored 97.2°F
12pm	<ul style="list-style-type: none"> → pt is stable → pt Tinf on flow → pt spo₂ monitoring → pt V/S checked and recorded → pt conscious and oriented

NURSES NOTES



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Name: Birappa
patilte

Age: 2u

Sex: m

IP No.

Ward:

G. u Sp.

Date & Time	NOTES
2pm	<p>pt v/s is stable</p> <p>⇒ pt v/s are checked & recorded</p> <p>⇒ pt is conscious & oriented</p> <p>⇒ pt IV fluids on flow</p> <p>⇒ pt spo is maintaining</p> <p>⇒ pt no any other fresh complaint</p>
4pm	<p>pt v/s is stable</p> <p>⇒ pt v/s are checked & recorded</p> <p>⇒ pt is conscious & oriented</p> <p>⇒ pt spo is maintaining</p> <p>⇒ pt I/o chart is maintaining</p> <p>⇒ pt no any other fresh complaint</p>
6pm	<p>pt v/s is stable</p> <p>⇒ pt v/s are checked & recorded</p> <p>⇒ pt IV fluids on flow</p> <p>⇒ pt is conscious & oriented</p> <p>⇒ pt spo is maintaining</p> <p>⇒ pt no any other any fresh complaint</p>
6PM	<p>pt still temp is 101.7°F</p> <p>pt is on stable</p> <p>2am - PCT 100 ml Salco iv given.</p>

NURSES NOTES



MAYA MULTI SPECIALITY

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Name: Bisappa
Palille,

Age: 24

Sex: m

IP No.

Ward:

Sp,

Date & Time	NOTES
10pm	<ul style="list-style-type: none"> 8pm \Rightarrow pt is stable \Rightarrow pt is oriented & conscious \Rightarrow pt IV fluid on flow \Rightarrow pt SpO₂ is monitoring \Rightarrow pt no any other complaints
10pm	<ul style="list-style-type: none"> \rightarrow pt is neuted \rightarrow vitals are stable \rightarrow Trf outflow \rightarrow SpO₂ is maintaining
8am	<ul style="list-style-type: none"> $\cancel{8pm}$ \rightarrow pt is conscious and oriented \rightarrow vitals are checked \rightarrow Trf outflow \rightarrow SpO₂ is maintaining
9am	<ul style="list-style-type: none"> \rightarrow pt is sleeping well \rightarrow Trf outflow \rightarrow SpO₂ is maintaining \rightarrow no complaints
6pm	<ul style="list-style-type: none"> \rightarrow pt is conscious and neuted \rightarrow vitals are checked and recorded \rightarrow Trf connected \rightarrow SpO₂ is maintaining \rightarrow no complaints

NURSES NOTES



MAYA MULTI SPECIALITY

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Name: Brappa patil Age: 22 Sex :

IP No.

Ward: S L

Date & Time	NOTES
8 AM	<ul style="list-style-type: none"> → pt is conscious and oriented → vitals are checked and recorded → SpO₂ is maintaining → no complaints
10 AM	<ul style="list-style-type: none"> → pt vitals are stable → no other fresh complaints → pt SpO₂ is maintaining → IV fluids on flow
12 PM	<ul style="list-style-type: none"> → pt vitals are stable → pt SpO₂ is maintaining → IV fluids on flow → pt is conscious & oriented
2 pm	<ul style="list-style-type: none"> → pt v/s is stable → pt v/s are checked & recorded → pt is conscious & oriented → pt IV fluids on flow → pt I/O chart is maintaining → pt no any other fresh complaints
4 pm	<ul style="list-style-type: none"> → pt v/s is stable → pt v/s are checked & recorded → pt is conscious & oriented → pt IV fluids on flow → pt no any other fresh complaints



MEDICATION RECORD

Name: Brijappa Patel Age: 22y Sex: M IP No: Ward: S18

Name:	Birappa Patel	Age:	22y	Sex:	M	IP No:	Ward:
						20/7	21/7
SI No.	Name Of Medicine	Dose	Route	D ₁	D ₂	D ₃	
①	Ivj paracip (SOS)	1gm	IV	10am	180m 6.00pm		
②	Ivj Pandit 1-0-0	10mg	IV	10pm	7am ✓	7AM ✓	
③	Ivj. Xone 1-0-1	1gm	IV	11.30pm	7am ✓	7AM ✓	
④	Ivj Emeset 1-0-1	10mg	IV	10.30pm	7am ✓	7AM ✓	
⑤	Irf Aens / NS / RC polybion	500ml		✓	✓		
⑥	Ivj O/o GFO 1-1-1	600		11am ✓	7am ✓	7am ✓	
⑦	Ivj Dexona 1-0-1	84		10pm ✓	7am ✓	7AM ✓	
					7AM ✓	7PM ✓	
					5.20pm ✓		