







RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
3/6/26	VSG Abdomen & Pelvis				
420m	<u>DR. SWAPNIL</u>				

SUPPORT SERVICES


Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date	Units	Remarks

ANY OTHER INFORMATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: 4/6/24 Time: @ 2:15 PM Prepared By: 

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
<u>Rina</u> 010510.			



**Laboratory Report**

Patient Name	Baby SHRUTA S	Patient Ph.No	9597986672
Age	4 Y 5 M 16 D	Requisition No	SP26007970
Gender	Female	Collected on	03-06-2026 02:24 PM
IP / Bill No.	IP27-00006812	Received On	03-06-2026 02:38 PM
UHID No.	SPB-00013191	Reported On	
Doctor	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

**Investigation**

Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT ENTERED			
<b>HEPATIC FUNCTION TEST (Specimen : SERUM)</b>			
TOTAL BILIRUBIN (Azobilirubin)	0.3	mg/dl	<1.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.2	mg/dl	<1.1
ASPARTATE AMINOTRANSFERASE (AST) (Kinetic with P5P)	43	U/L	15 - 50
ALANINE AMINOTRANSFERASE (ALT) (Kinetic with P5P)	28	U/L	10 - 25
ALKALINE PHOSPHATASE (pNPP/AMP buffer)	200	U/L	145 - 420
SERUM PROTEIN (Biuret method)	7.7	g/dL	5.9 - 7.8
SERUM ALBUMIN (Bromocresol Green)	4.2	g/dL	3.5 - 5.2
SERUM GLOBULIN (Calculated)	3.5	g/dL	1.6 - 3.5
ALBUMIN/GLOBULIN RATIO (Calculated)	1.2		L 1.4 - 3.4
ASPARTATE AMINOTRANSFERASE (Szasz method)	12	U/L	11 - 20

Note: Clinically correlate, Kindly discuss if necessary.

**Rainbow Children's Medicare Limited**



**Marathahalli:**  
Survey No. 8/5,  
Marathahalli-KR Puram, Outer Ring Road,  
Madanekundi, Bengaluru - 560 037.



**Bannerghatta Road:**  
No 178/1 & 178/2,  
Opposite Janardhan Towers, Bilekahalli  
Bengaluru - 560 076.

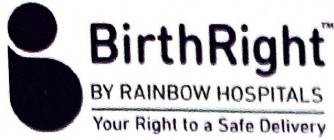


**Hebbal:**  
No.247/248/288/100  
Byatarayanapura Village,  
Yelahanka Hobli, Bengaluru - 560 092.

For appointment Call Toll Free:1800 2122 or SMS "RWCH" to 53030 or Log on to "www.rainbowhospitals.in"

This is an interim report. The final report will be released after 24 hours.

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### Laboratory Report

Name	Baby SHRUTA S	Patient Ph.No	9597986672
Age	4 Y 5 M 16 D	Requisition No	SP26007970
Sex	Female	Collected on	03-06-2026 02:45 PM
IP No.	IP27-00006812	Received On	03-06-2026 02:45 PM
SPB No.	SPB-00013191	Reported On	
Doctor	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

TEST	Result	Unit	Biological Reference Interval	TEST RESULT STATUS
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>				
HEMOGLOBIN (Colorimetry)	11.8	g/dL	11.5 - 15.5	
WBC COUNT (DC detection method)	4.36	10 <sup>12</sup> /L	3.9 - 5.3	
HCT (Calculated)	31.9	VOL%	34 - 40	
HGB (Calculated)	73.3	fL	75 - 87	
MCV (Calculated)	27.1	pg/cells	24 - 30	
MCHC (Calculated)	<b>36.9</b>	<b>g/dL</b>	32 - 36	H
RDW-CV (Calculated)	13.0	%	11.5 - 15	
PLATELET COUNT (DC Detection Method)	195	10 <sup>9</sup> /L	150 - 450	
MPV (Calculated)	7.6	fL	6.5 - 10	
PDW COUNT (DC Detection Method)	6.13	10 <sup>9</sup> /L	5.5 - 15.5	
<b>Differential Count</b>				
NEUTROPHILS (Microscopy, Leishman stain)	54	%	23 - 45	H
LYMPHOCYTES (Microscopy, Leishman stain)	32	%	35 - 65	
MONOCYTES (Microscopy, Leishman stain)	13	%	4 - 10	H
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 6	

Note: Clinically correlate, Kindly discuss if neces

### Rainbow Children's Medicare Limited

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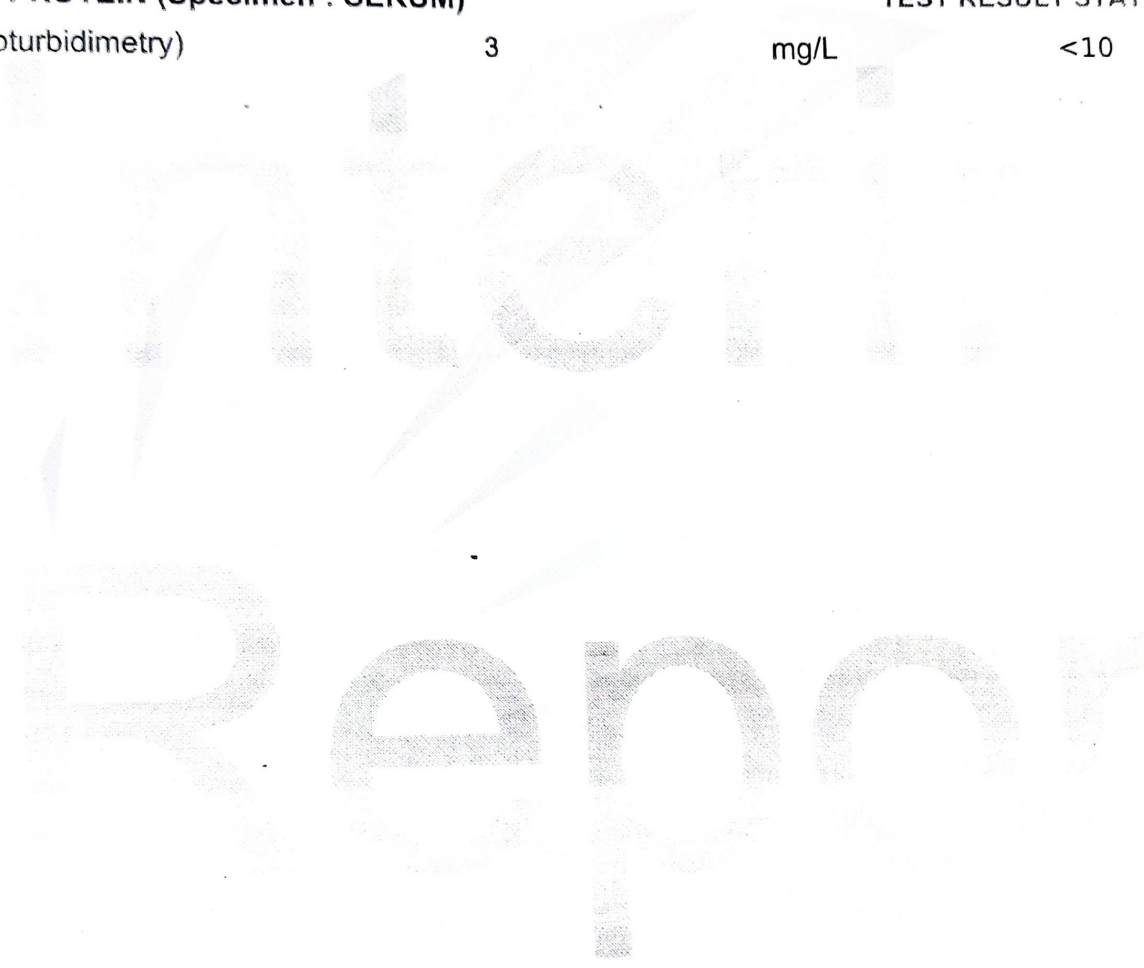
**Hebbal:**  
No.247/248/288/100  
Byatarayanapura Village,

### Laboratory Report

ne	Baby SHRUTA S	Patient Ph.No	9597986672
	4 Y 5 M 16 D	Requisition No	SP26007970
	Female	Collected on	03-06-2026 03:39 PM
	IP27-00006812	Received On	03-06-2026 03:39 PM
	SPB-00013191	Reported On	
or	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

ion	Result	Unit	Biological Reference Interval
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**CTIVE PROTEIN (Specimen : SERUM)** TEST RESULT STATUS : REPORT ENTERED  
nmunoturbidimetry) 3 mg/L <10



Note: Clinically correlate, Kindly discuss if nec

**Rainbow Children's Medicare Limited**

Marathahalli:



Bannerghatta Road:



Hebbal:  
No.247/248/288/100



**Laboratory Report**

Name	Baby SHRUTA S	Patient Ph.No	9597986672
	4 Y 5 M 16 D	Requisition No	SP26007971
	Female	Collected on	03-06-2026 02:28 PM
No.	IP27-00006812	Received On	03-06-2026 02:39 PM
o.	SPB-00013191	Reported On	
ctor	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

ation	Result	Unit	Biological Reference Interval
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PTT (PROTHROMBIN TIME / ACTIVATED PARTIAL THROMBOPLASTIN TIME) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED
(Optical Clot Detection)	18.0	Seconds	
Calculated Biological Reference Interval	12.5 - 14.5 secs		
	1.3		
(Optical Clot Detection)	38.2	Seconds	
Calculated Biological Reference Interval	28.5 - 35.1 secs		

Note: Clinically correlate, Kindly discuss if necessary



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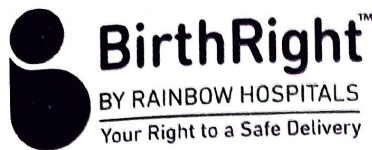
**Laboratory Report**

me	Baby SHRUTA S	Patient Ph.No	9597986672
	4 Y 5 M 16 D	Requisition No	SP26007970
	Female	Collected on	03-06-2026 02:24 PM
	IP27-00006812	Received On	03-06-2026 02:38 PM
	SPB-00013191	Reported On	
tor	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

ation	Result	Unit	Biological Reference Interval
<b>L PROFILE (Specimen : SERUM)</b>			
	TEST RESULT STATUS REPORT ENTIRE		
RIDE (Direct ISE)	103	mmol/L	98 - 108
TININE (Enzymatic)	0.6	mg/dl	0.04 - 0.6
SSIUM (Direct ISE)	4.1	mmol/L	3.7 - 5
OM BLOOD GLUCOSE (GOD/POD)	99	mg/dl	70 - 140
IM (Direct ISE)	136	mmol/L	134 - 143
(Kinetic, Urease)	39	mg/dl	H 9 - 30
ACID (Uricase)	5.2	mg/dl	H 2.2 - 4.7

Note: Clinically correlate, Kindly discuss if ne

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**Laboratory Report**

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	4 Y 5 M 16 D	Requisition No	SP26007970
	Female	Collected on	03-06-2026 02:24 PM
	P27-00006812	Received On	03-06-2026 02:38 PM
	SPB-00013191	Reported On	
OR	Dr. DEEPTI T NAIR	Ward / Bed No	1F - PVT / PVT-111

**DENGUE - RAPID ( Specimen :SERUM )**

TEST RESULT STATUS : REPORT ENTERED

..... End of the Report .....

**DISCHARGE SUMMARY**

Name	Baby SHRUTA S	UHID	SPB-00013191
Father/Guardian	shakar	Age/Gender	4 Y 5 M 16 D/Female
Address	Carmelaram, Bangalore, Karnataka, INDIA, 560035		
IP No	IP27-00006812	Admission Date	03-06-2026
Ref Doctor	SELF	Discharge Date	04-06-2026

**Consultants** : Dr. DEEPTI T NAIR, SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

**Diagnosis:** VIRAL URI WITH SEVERE GASTRITIS WITH HEMATEMESIS

**History:** Baby SHRUTA S is a 4 Y 5 M 17 D old girl brought with complaints of fever for 2 days and 1 episode of hematemesis days prior to admission. For the above complaints, she was admitted at Rainbow Children's Hospital for further management.

**Examination:** She was afebrile, maintaining saturations at room air. Her heart rate was 140/min, blood pressure was 107/70mmHg and RR 26/min. Signs of some dehydration were present. On auscultation of chest, air entry was bilaterally equal with normal heart sounds and there was no murmur. Abdomen was soft, non tender without organomegaly. Examination of other systems including spine was normal.

**Weight on admission** : 12.80kgs.

**Investigations:** Enclosed.

**Management:** Child was admitted to wards with above mentioned complaints. investigations sent, cbc - normal, crp- 3, RFT and LFT - normal.

**Rainbow Children's Medicare Limited**

P No

IP27-00006812

UHID

SPB-00013191

Admission Date

03-06-2026

PT - 18 SEC, APTT - 28.5 SEC, INR - 1.3 , ELEVATED. child was treated as VIRAL URI WITH SEVERE GASTRITIS WITH HEMATEMESIS. with symptomatic treatment. i/v/o elevated PT/APTT hematooncologist opinion taken and was advised to given inj vit k for 2 days and repeat PT/APTT/INR in follow up and if deranged planned for further evaluation. child has improved over the course of hospital stay and hence being discharged with following advice.

**At the time of discharge :** She is active, afebrile and hemodynamically stable.

**Advice:**

1. SYP CALPOL ( 250 MG/5ML ) 4 ML 1-1-1-1 FOR 2 DAYS /SOS
2. TAB LANJOL JUNIOR 15 MG 1-0-1 FOR 5 DAYS ( BEFORE FOOD )
3. SYP SUCRALFATE 4 ML 1-1-1 FOR 1 WEEK
4. SYP EMCET ( 2MG /5ML ) 3 ML SOS VOMITING

Review with Dr. DEEPTHI ON 06-06-2026 in OPD with prior appointment.

Review with Dr. MANOJIT( PEDIATRIC HEMATO ONCOLOGIST) ON 06-06-2026 in OPD with prior appointment.

**In case of emergency Kindly contact 9620688818/9620688814.**

**To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .**

**Pediatrics Emergency Number:8139932222/9620688829**

Discharge Summary Prepared by Dr. PRASHANT

**Rainbow Children's Medicare Limited**

**Marathahalli:** Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. Ph: 1800 2122

**Bannerghatta Road:** No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. Ph: 080-66902200

**Hebbal:** No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122

**Sarjapur Road :** Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. Ph: 080 6957 9999

**Electronic City :** SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122

**Hennur :** No. 80/A/168/16 No. 36/A Hennur Village, K... ..

Children's  
Hospital



P No

IP27-00006812

UHID

SPB-00013191

Admission Date

03-06-2026

Discharge Summary explained to parents, Nurse Name & Signature

DOCTOR'S SIGNATURE

Dr. DEEPTI T NAIR

MBBS, DCH, MD, DNB(PED), FELLOWSHIP IN NEONATOLOGY

SENIOR CONSULTANT PEDIATRICS & NEONATOLOGY

108372

Parent's /Attender Signature \_\_\_\_\_

**Rainbow Children's Medicare Limited**

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## ADMISSION SHEET

## Registration Details :

Admission No : IP27-00006812

Admit Date : 03-Jun-2026

Admit Time : 01:48 PM UHID : SPB-00013191



## Patient Details :

Patient Name : Baby SHRUTA S

Guardian : shakar

Gender : Female

Occupation :

Address (H) : Carmelaram Bangalore Karnataka INDIA  
560035

Age : 4 Y 5 M 16 D

DOB : 18-12-2021

Religion :

Marital Status :

Phone No : 9597986672

E-mail : DHANA@MYIAHOO.COM

## Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT-111

Ward Name : 1F - PVT

Room No : PVT-111

Admission Type : First Visit

## Contact Details :

Name : shakar

Relationship : Father

Contact Address : Carmelaram Bangalore Karnataka INDIA  
560035

Phone No :

  
Signature

## Doctor Details :

Doctor Name : Dr. DEEPTI T NAIR

Specialisation : GENERAL PEDIATRICS

Referral Doctor : SELF

Phone No :

Co-Consultant :

## Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD

CRBS-88 mg / dp

**EMERGENCY ROOM TRIAGE FORM**

wt. 12.8 kg

Patient's Name: SHRUTA

Age: 4y/5m

Gender:  Male  Female

Date: 3/6/26

Time of Arrival: 1:40 pm

Reasons:  No  Yes  Food  Medications  Blood Transfusion  Other (Specify):  Not known

Source of Information:  Parents  Others (Specify)

Mode of Arrival:  Ambulatory  Wheelchair  Ambulance

Vital Signs: Temp: 103.2 Fh PR: 140 b/m BP: 107/70 mm/Hg RR: ..... SpO<sub>2</sub>: 100%

Complaints: C/O Fever - since 2 day and vomited once hard blood stool's therapy

**INITIAL PHYSIOLOGICAL CATEGORIZATION**

Appearance:  Normal  Sick Looking  
 Circulation / Colour:  Normal  Abnormal  Bleeding  
 Work of Breathing:  Normal  Increased  Decreased  Gasping / Apnea

**INITIAL PHYSIOLOGICAL STATUS**

Stable  
 Unstable:  
 Not - Life - Threatening  
 Life -Threatening

Triage Classification	CTAS
Level 1: Resuscitation	<input type="checkbox"/> Immediate
Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input checked="" type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input checked="" type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input type="checkbox"/> 60 min
Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

NOTE: All immunocompromised children and preterm babies to be considered Level 2.  
 Children less than 2 years age with high fever to be considered Level 3.

Signature of Parent / Guardian  
 Triage Completion Time: 1:42 pm

**Communicable Disease Triage Screening**

**PART A. The following questions should be asked to all patients at the initial screening:**

Have you had fever (elevated temperature) in the past 2 weeks?  Yes  No

Have you had cough or a rash in the past 2 weeks?  Yes  No

Have you had shortness of breath or difficulty breathing in the past 2 weeks?  Yes  No

**PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:**

Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No

If yes, State Location: .....

2. Are your parents / close contacts at home is/a healthcare worker? (please encircle the choices) (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

The patient should be given a surgical mask immediately, if not already wearing one.

Both patient and triage staff should perform hand hygiene.

The staff should use PPE (as appropriate).

Name of Triage Nurse: Kaliraj

Signature of Triage Nurse: Kaliraj

Date & Time: 3/6/26 / 1:42 pm

# NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 9/6/26 Time of arrival: 1:40 pm  
 Chief Complaints: C/O fever since 2 day & vomiting once  
 Height: \_\_\_\_\_ Weight: 12 kg BMI: \_\_\_\_\_ Head Circumference (<2 years) \_\_\_\_\_ RBS: 88 mg/dl  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

Pain Screening:  Yes  No If Yes, Pain Score: 0/10 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character \_\_\_\_\_  Location \_\_\_\_\_  Frequency \_\_\_\_\_  Duration \_\_\_\_\_

**RISK FOR FALL:**

- If patient is < 6 years  
tick below fall risk intervention directly
- If Patient is > 6 years  
Assess the below parameters
- History of Falling: within past 3 months  Yes  No
- Ambulatory Aids:
  - Wheelchair  Yes  No
  - Uses furniture for support  Yes  No
- Bedrest/Transferring:
  - Bedrest / immobile  Yes  No
  - Weak  Yes  No
  - Impaired  Yes  No
- Mental Status: Forgets limitations  Yes  No

**Functional Screening:**  No Abnormalities Detected

- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria  
C/O fever since 2 days

**Nutritional Screening:**  No Abnormalities Detected

- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

**IF YES FOR ANY CATEGORY = RISK FOR FALLING**

**Fall Risk Intervention:**

- Escort while ambulating
- Assist Patient
- Educate patient and family on fall precautions/prevention

Psychological Screening:  No Significant Findings

Unusual concerns about patient's Psychological Status:  Yes  No

If Yes Consultant Notified: \_\_\_\_\_ (Date/Time): \_\_\_\_\_

Social History: Lives With Parent's

Siblings in household  Yes  No (if yes How Many?) \_\_\_\_\_

Time of Initial assessment completed by ER Nurse: 1:42 pm

Nursing Notes (Including Labs / Medications / Other Care):

Nursing Notes

Time  
03/06/26  
ce

> Parent brought child in ER OPD to ER  
 > Clo fever high grade and. Blood vomit once  
 > Vitals signs checked & recorded  
 > Informed doctor Ashish Sir & Admission protocol  
 > Informed Billing person to explain Respiratory Panel services  
 > IV placement done & CBC, CRP, RFT, LFT, Dengue  
 03/06/26 > Respiratory panel & virus send to lab.  
 ce > pt shifted to PICU  
 > hand over given to sister R199

Samples collected by: Ravindra  
 Samples sent by: Ravindra

Time: 2:03 PM  
 Time: 2:10 PM

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign
03/06/26	Im - Pan	IV	15 mg	
03/06/26	Im - Ondans	IV	1.5 mg	

Condition of patient at time of shift - out :

HR: 140 bpm BP: 107/60 mmHg CRT: .....  
 RR: ..... SPO<sub>2</sub>: 100%  
 GCS: E4V5M6 Temperature: 103.2 F  
 Pain Score: 0/10  
 Repeat RBS (if applicable): 88 mg/dl

Details of Shift - out

Shift - out from ER to: P. Ward.  
 Time of Shift - out: 2:40 PM  
 Handover given to: Sister R199  
 (Nurse's Name)

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any): IV placement, Blood test CRP, Scrub

Name of the Nurse: Ravindra  
 Date & Time: 03/06/26 ce  
 Signature of the Nurse: [Signature]



- FOR THE SAFETY OF
- GENERAL DOCTOR
- Ensure
  - Please
  - Use a
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- NURSES
- Nurses
  - 1) Righ
  - DO NO
  - resident

DRUG

Dose	Route	Freq

Name & Signature of the Doctor

Additional Instructions

DRUG

Dose	Route	Frequen

Name & Signature of the Doctor

Additional Instructions

DRUG

Dose	Route	Frequency

Name & Signature of the Doctor

Additional Instructions







**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**


Patient Name: Baby shruta.

UHID ID: 13191

Department: Pediatrics

Consultant: Dr. Deepthi

SPB-00013191 IP27-00006812  
Baby SHRUTA S  
18-12-2021 4 Y 5 M 16 D (F)  
Dr. DEEPTI T NAIR



### Pediatric Multiorgan History & Physical Examination

Name: Baby shruta.

Information given by: Mother.

Age/Sex 4y 5m  
Relationship

#### Chief Presenting Complaints & Duration (Chronologically)

ClO High grade fever x 2 day  
1 episode of bloody vomiting today (blood clots)

#### History of present illness :

- child was apparently asymptomatic 2 days and had travel history.
- child then developed clO High grade fever since 2 days sudden onset, intermittent, temporarily relieved on medicine.
- child has one episode of vomittings associated 2 bloody vomiting containing blood clots.
- child also complains of abdominal discomfort and throbbing
- no clO bloody stools
- no bleeding tendencies
- no significant abdominal pain.
- no other associated complaints.
- clO throat pain (+)





**Respiratory System :**

Inspection (any s/o distress) : (N)

Air entry & breath sounds : DLAE (+)

Any added sounds : -

Relevant data from outside (Chest X-Ray, ABG, etc.,) -

**Cardiovascular System :**

Inspection of precordium : (N)

Heart Sounds : S1, S2 (+)

Any murmur : -

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : -

**Per Abdomen :**

Inspection : (N)

Palpation : (N)

Auscultation : Bowel sounds (+)

Spine : (N)

Relevant data from outside (CT, USG etc.,) - External Genitalia : (N) Female External Genitalia

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score : Alert, 15/15

Cranial Nerves : (N)

**Motor System :**

Nutrition : Mixed diet

Tone : (N)

Co-ordinator : (N)

Posture : (N)

Power 5/5

Involuntary Movements : -



Reflexes: (N) Muscles (+2)

DTR

Superficials:

Plantars \_\_\_\_\_

Sensory System:

Normal.

Bladder / Bowel: (N)

Clinical Summary & Diagnostic:

Acute pharyngitis & gastritis

### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment: \_\_\_\_\_

Medical management

#### Planned Labs:

CBC

CRP

LFT

RFT

Dengue panel rapid.

PT

APTT

5-flu panel

USG Abdomen.

#### Planned Management

NPO x 6 hrs.

- IVF DNS

- INJ PCM

- INJ PAN

- INJ EMGSET

- o/p cetazime.

Signature of the Doctor: 

Name of the Doctor: Dr. AKHIL

Date & Time: 2 pm, 3/6/26

Signature of the Consultant: 

Name of the Consultant: Dr. DEEPTI

Date & Time: 3/6/26 3 pm


# PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: Dr. Deepthi Date: 3/6/26  
 Type of Admission:  OPD  ER  Referral (if referral, Doctor's Name: .....  
 Start Time of Assessment: 1:30 pm Weight: 12.80 kg.  
 Allergic History: .....

Chief Complaints: .....  
clo. High grade fever x 2 day  
1 episode of vomitings  
(+ blood clots)

### Pediatric Assessment Triangle

A Appearance - TICLS Alert

B  C Circulation

Breathing

- ↑ WOB
- ↓ WOB
- Normal
- Gasping / Apnea

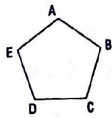
Circulation

- Normal
- Abnormal
  - Pallor
  - Cyanosis
  - Mottling
  - Bleeding

Initial Physiological Status:  Stable  Unstable  
 Life Threatening   
 Non Life Threatening   
 Any urgent interventions needed:  Yes  No  
 If Yes .....

Significant Past History: .....  
 Medication History: sup. calmet and metformin  
 Relevant Investigations: to be done.

### Primary Assessment



Airway  Open  
 Maintainable  
 Not Maintainable

Any urgent interventions needed:  Yes  No  
 If Yes .....

Breathing

Rate: 30/min SpO<sub>2</sub> on FiO<sub>2</sub> 100% on RA  
 Rhythm: .....  
 Retractions:  Suprasternal  ICR  SCR  
 Sternal  Supraclavicular  Nasal Flaring  
 Respiratory Noises:  Stridor  Wheezing  Grunting  
 Air Entry: BIL AEG  
 Palpation Findings (if necessary) .....

Any urgent interventions needed:  Yes  No  
 If Yes .....



HR: 140 bpm

**Circulation**  
 BP: 107/70 mmHg  
 Pulse Volume:  Central good  Peripheral good  
 If in Shock:  Compensated -  Hypotensive -  
 Muffled Heart Sound:  Yes  No  
 Engorged Neck Veins:  Yes  No

CFT  Central +++  Peripheral ++

Murmurs:  Yes  No  
 Liver Span: -  
 ECG: -  
 Any Signs of Heart Failure:  Yes  No

Any urgent interventions needed:  
 If Yes .....



**Disability**  
 GCS: 15/15 AVPU: Acut  
 Pupils:  Responsive  Non-Responsive   
           Size  Right (N)  Left (N)  
 Active Seizures:  Yes  No  
 Signs of Neurological compromise: -  
 Sugars: .....

Any urgent interventions needed:  
 If Yes .....



**Exposure**  
 Temp.: 103.0 F  
 Any Rash:  Yes  No  
 If yes describe the rash: .....

Active bleed: .....

Lacerations  Abrasions  bruises   
 Describe: -

Any urgent interventions needed:  
 If Yes .....

**Final Physiological Status:**  Respiratory Distress  Respiratory Failure  Hypotensive  Respiratory Arrest  
 Shock - Compensated  Hypodynamically Stable  
 Cardiopulmonary Arrest

**Secondary Assessment:** Head to toe examination with positive findings: -

**Labs Planned:**  
 CBL  
 CRP  
 LFT  
 RFT  
 Dengue Rapid panel  
 PT  
 APTT  
 S-Bur panel  
 USG Abdomen

**Treatment Planned:**  
 - NPO X 6 hrs  
 - IVF D5S  
 - INS PCM 96h  
 - INS EMERGENT  
 - INS PANSTOP  
 - OXY CEFTRIAXONE  
 High Flow  PPV

Need for Oxygen:  Yes  No  
 Final Diagnosis with possible Differential Diagnosis (if necessary):  
 Assessment done by: Dr. Anil  
 Name of the Doctor: Dr. Anil  
 Signature: [Signature]  
 Date & Time: 1.40 PM, 31/6/26

Sr. Doctor on Duty (if necessary)  
 Name of the Sr. Doctor:  
 Signature:  
 Date & Time:

Drug Allergies: .....

Medication Reconciliation in (Example: .....

Shifting From: .....

S.No	MEDICATION (GENERIC NAME CI)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**MEDICATION HISTORY**  
 Doctor Name & Sign  
 Date & Time : .....

Nurse Name & Sign  
 Date & Time : .....

Docu. No. : RCH /FRM

IP27-00006812  
 SPB-00013191  
 Baby SHRUTA S  
 18-12-2021 4 Y 5 M 16 D (F)  
 Dr. DEEPTI T NAIR



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICU)

Shifting From: ER ..... Shifted to: P. 120121 .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. ANIL .....

Date & Time : 3/06/20 .....

Nurse Name & Signature: Ravi .....

Date & Time : 3/06/20 .....

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order								
12/4/2026 9am	<p>U/S Dr. Prashant / Dr. Deepthi</p> <p>AS Anti pharyngitis &amp; gastritis</p> <p>- Flu panel - Negative</p> <p>- continued fever spikes overnight</p> <p>9pm - 102.4°F</p> <p>10pm - 101.8°F</p> <p>11pm - 100.4°F</p> <p>12Am - 101°F</p> <p>1Am - 101°F</p> <p>2Am - 101°F</p> <p>6Am - 102°F</p>									
	<p>- No lipiodly vomiting - non-blood tinged</p> <p>- oral Intake Improving</p>									
	<p>O/E - HR - 120 bpm</p> <p>RR - 20 bpm</p> <p>PP - WP</p> <p>CRF - 3 sec</p>	<table border="1"> <tr> <td>S/S</td> <td>R/S</td> </tr> <tr> <td>WS</td> <td></td> </tr> <tr> <td>HA</td> <td>none</td> </tr> <tr> <td>CV</td> <td></td> </tr> </table>	S/S	R/S	WS		HA	none	CV	
S/S	R/S									
WS										
HA	none									
CV										
	<p>Plan - continue Dr. Pharms</p> <p>- ? Plan to add Dr.</p>	<p>antibiotics plus Persistent fever sym</p>								
		<p>Dr. Prashant        UNM</p>								



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/21 7:20 AM	SIB Dr. Manojit	
	<p>→ History noted</p> <p>→ vit K given</p>	
	<p>Plan: (1) Repeat PT/APTT/JUR, Fibrinogen</p> <p style="margin-left: 40px;">(11) ↓ Licking</p>	<p style="margin-left: 100px;">Abnormal</p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 100px;">Mixing study</p>
	<p style="margin-left: 100px;">(11) ↓ Fecal evaluation</p>	<p style="margin-left: 100px;">Abnormal</p> <p style="margin-left: 100px;">↓</p> <p style="margin-left: 100px;">Inhibitor evaluation</p>
	<p>→ Repeat one more dose of vit K</p>	<p style="margin-left: 100px;">S</p>
		<p style="margin-left: 100px;">(11) ↓ D/M</p>

# PATIENT TRANSFER FORM



IP27-00006812  
 PPR00013791  
 Baby SHRUTA S  
 18-12-2021  
 Dr. DEEPTI T NAIR  
 4 Y 6 M 16 D (F)



Treating Consultant Name  
 Dr. Deepthi T. Nair

Date & Time of Admission 3/6/26 @ 1:40pm	Date & Time of Transfer Order 3/6/26 @ 2:30pm
Transfer Ordered by Dr. Anhil	Reason for Transfer Gues & Vomiting
From Unit E-R	To Unit P. Ward
Number of Sheets in Clinical File 22	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Number of Imaging Films —
	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?

### Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring  
 Panshika @ [Signature]

Name of Person Ordered Transfer  
 Dr. Anhil

Patient & Clinical Records Received by : Riya [Signature]

Date & Time of Patient Received : 4/6/26 @ 2:30pm

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :  
 Available  
 Available Bed not ready

## Pediatric Admission Assessment Form

Admission Date: 3/6/26 Time: @ 2:45 PM

Admission Diagnosis: Acute Pharyngitis

Admission Source:  ER  Clinics  Others: \_\_\_\_\_

Transported with:  Oxygen  Monitor  IV  Others: \_\_\_\_\_

Admission Mode:  Walking  Wheel Chair  Stretcher/Bed  Others: \_\_\_\_\_

Doctor notified of arrival to unit:  Yes  No Time: \_\_\_\_\_

Reason for Admission: Cl. fever

Vital Signs: BP \_\_\_\_\_ Temp. 102.7 F Pulse 120 Resp. 26 SaO<sub>2</sub> 99%

Height / Length \_\_\_\_\_ cms Weight 12.80 Kg Head Circumference < 2yrs \_\_\_\_\_ cm

Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_

If yes, identify \_\_\_\_\_

Current Medication:  None  Yes If yes: \_\_\_\_\_

Location of Medication:  At Home  Given to Family

How dose the child take medication best:  Liquid  Tablet  Chewable  Whole

Immunization History:  Not Known  Known  Up to date  No

Family History:  
 NSF  Heart Disease  Hypertension  Diabetes  Stroke  Seizures  
 Kidney disease  Liver disease

Past Medical History: Obtained From:  Patient  Family Member  Medical Record  Other (specify) \_\_\_\_\_

Past Medical History	Past Surgical History	Previous Hospital Admission
No significant	No significant	No significant

Breathing / Circulation:  NAD

Wheeze  
 Stridor  
 Nasal Flaring  
 Cough  
 Sputum

Apical Heart Rate: \_\_\_\_\_ bpm  
 Regular  Irregular  
 Limbs:  Pink  Pale  Mottled

Comments: \_\_\_\_\_

**Maintaining Body Temperature:**

- Pyrexia     Hypothermia

**NAD**

Comments: .....

**Gastro Intestinal System:**

- Abdomen Soft     Tenderness     Nausea / Vomiting

**NAD**

Diarrhea

Constipation

Comments: .....

**Communication/ Neurological:**

- Behaviour / Communication inappropriate for age /  
 Stage development     Unresponsive     Drowsy

**NAD**

Lethargy

Comments: .....

**Nutritional Screening:**

Referral    Date: .....  
Arrange to refer to Dietician if any of the below apply

- Underweight     Overweight

Feeding Problem

**NAD**

Self

Assist

Feed

Comments: .....

Special diet

Special feeding method

**Elimination:**

**NAD**     Wear nappies

Intermittent catheter

Stoma

Abdominal Distention

Comments: .....

**Personal Cleanliness/ Skin:**

Hair:     Infestation     Alopecia

Eye:     Discharges

Mouth:     Lesion

Skin:     Rash     Dry     Teething

Nappy Rash     Bruising

**NAD**

Breaks

Drains

Fistula

**Venous Access Device:**

Yes     No

If yes: Type: .....

Location: .....    Date of Insertion: .....

Comments: .....

**Mobilizing:**

**NAD**

Weakness

Abnormal gait

Appliances / Aids

Inappropriate for age

Comments: .....

**Sleep Pattern:**

Difficulty Falling Asleep

Difficulty Staying Asleep

Not Rested After Sleep

**Sleep Routine:**

Bedtime .....

No. of Hours .....

Naps .....

Comfort Item .....

**Maintaining A Safe Environment:**

Physical Impairment

Age dependency

**Correct ID Band Applied**

Infectious precautions

Comments: .....

**Functional Screening:**

Mobility in Bed

Transfers

Developmental Delay

Musculoskeletal Congenital Abnormality

Date: .....

Walking

**NA**