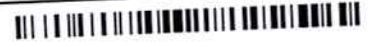


ADMISSION SHEET



Registration Details :

Admission No : IP25-00020405

Admit Date : 12-May-2026

Admit Time : 10:37 AM UHID : FDH-00032127

Patient Details :

Patient Name : Master AVYUKT KHARCHE

Age : 1 Y 3 M 22 D

Guardian : Mr aakash KHARCHE

DOB : 20-01-2025 06:55 PM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Hyderabad Hyderabad Telangana INDIA
500001

Phone No : 9600044224

E-mail :

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT-309

Ward Name : 3F -PRIVATE ROOM

Room No : PVT-309

Admission Type : First Visit

Contact Details :

Name : Mr aakash KHARCHE

Relationship : Father

Contact Address : Hyderabad Hyderabad Telangana INDIA
500001

Phone No : / 9600100588

Aakash

Signature

Doctor Details :

Doctor Name : Dr. Y ARVIND

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

8

9

ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00032127 IP25-00020405 -----
 UHID No : ----- IP Master AVYUKT KHARCHE
 20-01-2025 1 Y 3 M 22 D (M) ant : ----- Dept : -----
 Date of Admission : -----  Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26.	11.00 A.M.	ER.	309.	A. Roy.
13/5/26	9.30 Am	309	Billing	Kusuma


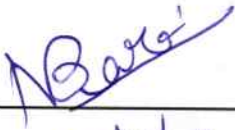
Cross Consultation Visit

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

INVESTIGATIONS

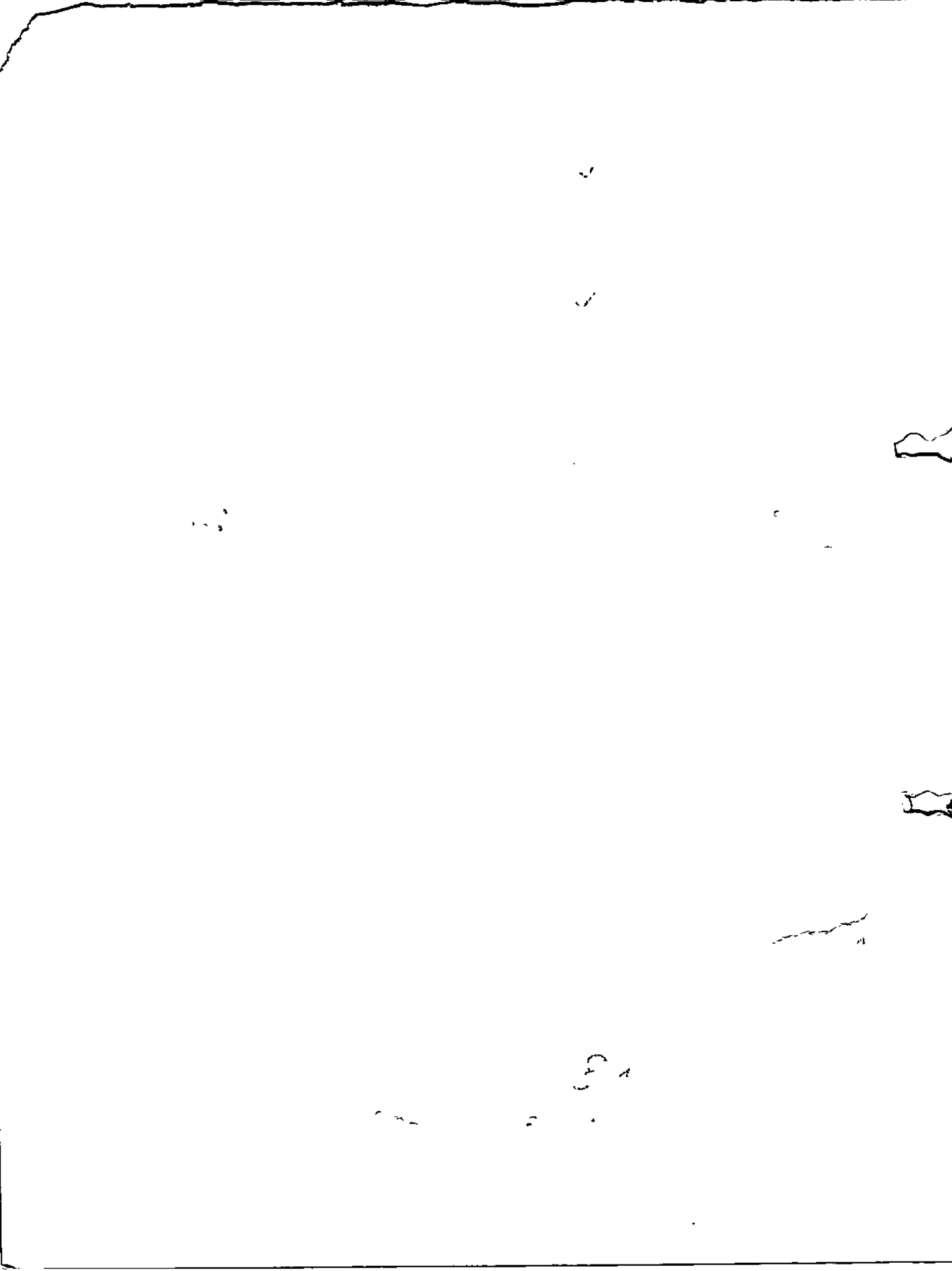
Date	Investigations	Order No.	Sign
12/5/26.	✓ CBP, ✓ CRP, ✓ Blood c/s, ✓ Urea, ✓ creat, ✓ Electrolytes. ✓ calcium, ✓ magnesium.	16979.	A. Roy.
	GRBS - 10C mg/dl.	6978.	A. Roy.
12/5/26	CUF	7024	Kuljuma
 Cross checked by Kuljuma 13/5/26 			

PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00032127 IP25-00020405 Master AVYUKT KHARCHE 20-01-2025 1 Y 3 M 22 D (M) Dr. Y ARVIND		Date & Time of Admission 12/5/26 @ 10.37 A.M	Date & Time of Transfer Order 12/5/26 @ 11.00 AM
		Transfer Ordered by DR. Owais.	Reason for Transfer Admission.
From Unit ER.	To Unit 309.	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 16.	Number of Imaging Films —	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> OP If yes, what? Heghe File.	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS	①	
2.	Intrafix	①	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Anurag		Name of Person Ordered Transfer DR. Owais.	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 12/5/26, @ 11:30 AM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed Nurse not Available Available Bed not ready



EMERGENCY ROOM TRIAGE FORM

Patient's Name : Mt. Avyukt Age : 15 m Gender: Male Female
 Date : 12/5/26 Time of Arrival : 10:10 AM

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

Source of Information: Parents Others (Specify)

Mode of Arrival: Ambulatory Wheelchair Ambulance

Initial Vital Signs: Temp: 102.8 F PR: 132/6/10 BP: 100/69 RR: 27/1m SpO₂: 95% Fever (+)

Chief Complaints: elo - seizure, 2 mins (1 episode) 1st time.

INITIAL PHYSIOLOGICAL CATEGORIZATION Appearance <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Sick Looking Circulation / Colour <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Bleeding Work of Breathing <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Gasping / Apnea		INITIAL PHYSIOLOGICAL STATUS <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Unstable: <input type="checkbox"/> Not - Life - Threatening <input type="checkbox"/> Life - Threatening
---	--	---

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> 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.
 All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: Hegde
 Triage Completion Time: 10:14 AM

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

- 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:
- 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 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 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 : Samsul

Signature of Triage Nurse : [Signature]

Date & Time : 12/5/26 @ 10:12 AM

101 101 101 101 101

101 101 101 101 101

101 101 101

101



NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 12/5/26 Time of arrival : 10:10 AM
 Chief Complaints : ~~febrile~~ seizures, like activity, 2 min (1st time) RBS:
 Height : Weight : 8.5 kg BMI : Head Circumference (<2 years)
 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

<p>RISK FOR FALL:</p> <p><input type="checkbox"/> If patient is < 6 years tick below fall risk intervention directly</p> <p><input type="checkbox"/> If Patient is > 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ambulatory Aids:</p> <ul style="list-style-type: none"> Wheelchair <input type="checkbox"/> Yes <input type="checkbox"/> No Uses furniture for support <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Gait/Transferring:</p> <ul style="list-style-type: none"> Bedrest / immobile <input type="checkbox"/> Yes <input type="checkbox"/> No Weak <input type="checkbox"/> Yes <input type="checkbox"/> No Impaired <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Mental Status: Forgets limitations <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES FOR ANY CATEGORY = RISK FOR FALLING</p> <p>Fall Risk Intervention:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Escort while ambulating <input checked="" type="checkbox"/> Assist Patient <input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention 	<p>Functional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Mobility Problem <input type="checkbox"/> Walking Problem <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Musculoskeletal Congenital Abnormality <input type="checkbox"/> <p>Inform consultant for positive criteria</p> <p>.....</p> <p>.....</p> <p>Nutritional Screening: <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> Underweight <input type="checkbox"/> Overweight <input type="checkbox"/> Feeding Problem <input type="checkbox"/> Special diet <input type="checkbox"/> Special feeding method <input type="checkbox"/> <p>Inform consultant for positive criteria</p>
--	---

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parents

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

Time of Initial assessment completed by ER Nurse : 10:14 AM

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

Time	Nursing Notes
	→ Assessed the general condition.
	→ Checked vital sign.
	→ ER Doctor seen the Baby.
	@5:30 Am Crocin Drops - 1.2ml

Samples collected by: _____
 Samples sent by: _____

Time: _____
 Time: _____

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
10:25 AM	Neomol Suppository	PIR	150mg		<i>[Signature]</i>

Condition of patient at time of shift - out :	Details of Shift - out
HR: 130b/m BP: 90/60 CFT: 225cc	Shift - out from ER to: 309
RR: 26.6/m SPO ₂ : 98%	Time of Shift - out: 11:00 AM
GCS: 15/15 Temperature: 99.8°F	Handover given to: Nibedita
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable): Not Applicable	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):
 IV Placement

Name of the Nurse: Avesh

Signature of the Nurse: A. Rey

Date & Time: 12/5/26 @ 11:00 AM



PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00032127 IP25-00020405
Master AVYUKT KHARCHE
20-01-2025 1 Y 3 M 22 D (M)
Dr. Y ARVIND



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

cold : 3 days

fever : 2 days

? seizure like activity prior to admission
activity

History of present illness :

A 1 1/2 yr old male child was brought with complaints of 1 episode of seizure like activity, around 30 mins prior to admission, characterized by uprolling of eyes, lasting for around 2-3 minutes, aborted on its own, associated with fever (102°F) followed by which child was brought to the ER.

#10 fever since 2 days & cold since 3 days.

c/o 2 episodes of vomits since yesterday.

No c/o of similar episodes/complaints in the past



Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

smooth nasale

Birth & Socio Economic History:

About Father : _____

About Mother : _____

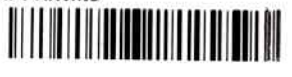
Any additional Information : _____

Developmental History :

as per age

Immunization History :

as per IAP .



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 8.5 kgs (Centile _____)

On Examination :

Temperature : 102.8°F Pulse Rate : 140/min B.P. _____ SPO2 95%

Resp. rate and type of breathing : 28/min

Rash _____

Lymphadenopathy _____

Oedema : _____

Allergies (if any): _____

Respiratory System :

AEBE (+) clear

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any added sounds : _____

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

Cardiovascular System :

S1S2 (+)

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

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

Per Abdomen :

soft

Inspection _____

Palpation : _____

Auscultation : _____

Spine : _____ External Genitalia : _____

Relevant data from outside (CT, USG etc.,) _____



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

conscious & alert

Reflexes :

B/L PERL

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Febrile seizure (First episode)



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: to prevent sepsis

Desired goals of the treatment: Resolution of symptoms.

Planned Labs:

- CBP, CRP
 - Blood c/s
 - s. electrolytes, Ca, Mg
 - Urea, creatinine
 - cVE
- Noted by
Boli
12/5/26
@11AM*

Planned Management

- IVF 0.9% DWS
- INS PCM @ 6 hrs
- INS Pan
- Ins Ondem. sos.
- Syp Ibuprofen sos
- Plan to start antibiotic after labs.

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Dwaib
Date & Time: 12/5/26

Signature of the Consultant: [Signature]
Name of the Consultant: P. Y. D. S. S. S.
Date & Time: 12/5/26 @ 11:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/2025	CSIB Dr. Ashwarya Dr. Y. Arvind	
4pm	Δ febrile seizure - 1 st episode.	
	Child awake and active.	
	No fever since admission	
	No further seizures	
	O/E: HR - 118/min	
	RR - 23/min	
	Temp - 99.6	
	S/E: CVS: S ₁ , S ₂ ⊕, No murmurs	
	RS: BIL AE ⊕, NUBS	
	PIA: Soft, Non tender	
	CNS: WNL	
		<p><u>Plan</u></p> <ul style="list-style-type: none"> - W/H fever / seizures - Trace support - W/H oral intake - Continue medications as cleared
		<p>Ashwarya</p>
		<p>Noted by Kushma 12/5/25</p>
		<p>Y. Arvind (Dr. Y. Arvind)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/20 9:25 pm	C/SR Dr. Unali	
	Hx :- Simple febrile seizure - 1st episode Viral fever.	
	Vitals were hemodynamically stable	Intermittent low grade fever Spikes (4)
	cold (4) 1 episode vomiting after taking milk in the afternoon.	
	PE :- Alert, Active, afebrile Hydration fair	
	PE :- (N) examination	
Dr. A		Plan Continue Ht as charted.

FDH-00032127 IP25-0002040
 Master AVYUKT KHARCHE
 20-01-2025 1 Y 3 M 22 D (A)
 Dr. Y ARVIND



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/2026	95/B Dr. Arvind	
	Δ: Simple febrile seizure - 1st episode (No fever).	
	Vitals -	
	HR: 90/min	
	RR: 22/min	
	SpO ₂ : 98% RA	
	T _{mp} : 98F	
		Plan
		- Discharge today.
		- midaz nasally spray
		if > 5 min seizure -
		- PICU Friday.
		Noted by Kusuma 13/5/26
		(Dr. Arvind)

FDH-00032127 IP25-0002043
Master AVYUKT KHARCHE
20-01-2025 1 Y 3 M 22 D (A)
Dr. Y ARVIND



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
<u>12/5/26</u>	00.00	3- NS - 10pm, 6am	(2) 4658/Mirca	
	01.00			
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
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	21.00			
	22.00			
	23.00			

