BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

ACTIVITY RECORD FOR BILLING

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
11/5/26	7:35 PM	ER	333	Annal

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
12/5	USG Abdomen	23910	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/5/21	Infusion pump	8 Pm		9663428	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/05	IV placement	1	3389	Israel
12/5/26	Nebulization	1		Hilja

ANY OTHER INFORMATION

....

....

....

....

....

....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Nalinikanta Date : 1/5/26

Type of Admission: ☑ OPD ☐ ER ☐ Referral (if referral, Doctor's Name: ....)

Start Time of Assessment: .... Weight: ....

Allergic History: ....

Chief Complaints:

c/o – Cough, cold] x 5 days
– Abdominal pain on & off since 5 days

Pediatric Assessment Triangle

A Appearance - TICLS ....

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C 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: Recurrent URTI x 2 months.

Medication History: ....

Relevant Investigations: CRP → 9.4 > 16250 / 23/71 < 3,01,000 LRP.S
CUE → 40–50 pus cell, 8–10 RBC

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

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

Breathing

Rate: 27/min SpO$_2$ on FiO$_2$ 99% @RA

Rhythm: Regular

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE ⊕

Palpation Findings (If necessary) Ⓝ

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

Circulation

HR: 106/min

CFT: Central / Peripheral: <3sec

Any urgent interventions needed: ☐ Yes ☐ No

If Yes

BP: 110/80 (86) mmHg

Murmurs: ☐ Yes ☑ No

Pulse Volume: Central / Peripheral: Good

Liver Span:

ECG:

If in Shock: Compensated / Hypotensive

Any Signs of Heart Failure: ☐ Yes ☐ No

Muffled Heart Sound: ☐ Yes ☑ No

Engorged Neck Veins: ☐ Yes ☑ No

Disability

GCS: 15/15 AVPU:

Pupils: Responsive ☑ Non-Responsive ☐

Size: Right / Left

Active Seizures: ☐ Yes ☑ No Sugars:

Signs of Neurological compromise

Any urgent interventions needed: ☐ Yes ☑ No

If Yes

Exposure

Temp.: 98.5°F

Any Rash: ☐ Yes ☑ No

If yes describe the rash

Active bleed

Lacerations ☐ Abrasions ☐ bruises ☐

Describe:

Any urgent interventions needed: ☐ Yes ☑ No

If Yes

Final Physiological Status: ☐ Respiratory Distress ☐ Respiratory Failure ☐ Respiratory Arrest

☐ Shock - Compensated ☐ Hypotensive ☐

☐ Cardiopulmonary Arrest ☑ Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

B/L cervical Lymphadenopathy ⊕

Labs Planned:

CBP, CRP, CUE, TFT
Urine c/s
} on OPD basis

Treatment Planned:

1) Inj: piptaz 1.5gm IV 12th hrly
2) Inj: Amikacin 200mg IV OD
3) Syp: Allarpan 3.5ml p/o BD
4) Otrivin-P 2drop each nostril BD
5) Syp: Smuth 10ml p/o OD
6) Neb: Adrenaline 8th hrly

Need for Oxygen: ☐ Yes ☑ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): UTI | E.coli ⊕

Assessment done by

Name of the Doctor: Sai

Signature:

Date & Time: 1/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:

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PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
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Patient Name: ____________________

UHID ID: ____________________

Department: ____________________

Consultant: ____________________

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
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Paediatric Multiorgan History & Physical Examination

Name : ________________ Age/Sex ________

Information given by: ________________ Relationship ________

Chief Presenting Complaints & Duration (Chronologically)

c/o - cough, cold since 5 days
- Abdominal pain on & off since 5 days

History of present illness :

child apparently asymptomatic 5 days ago,
later
child developed
cough] since 5 days
cold]
- Running nose, more in night time
- not relieved on medication

Abdominal pain → on & off
@ Epigastric region
- more aggrevated with oral intake
- relieved on medication

for the above child brought to RCH, BH
on Investigation Plenty pus cells with Oral antibiotic
resistance (+); admitted in RCH

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Multiorgan History & Physical Examination

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

Birth & Neonatal History:

Term/ LIAB/ NO NICU

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Appropriate for age

Immunization History :

Immunized till date

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms)______(Centile ______) Height (cms):______(Centile)______)

Weight (kgs)) 14.5kg (Centile ______)

On Examination :

Temperature : 98.5°F Pulse Rate : 106/min B.P. 113/80 (86) mmHg SPO2 99% @RA

Resp.rate and type of breathing : 27/min
Regular

Rash NO

Lymphadenopathy B/L multiple cervical lymph nodes

Oedema : NO

Allergies (if any): ______

Respiratory System :

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

Air entry & breath sounds : BAE (+)

Any addes sounds : conducted sounds (+)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : $S_1 S_2$ (+)

Any murmur : NO murmur

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

Per Abdomen :

Inspection (N)

Palpation : soft

Ausculation : BS (+)

Spine :______ External Genitelia : ______

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 : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR **Superficials:**

Plantars flexor

Sensory System :

(N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

UTI | E. coli (+) + Constipation

cervical Adenopathy, Tonsillopharyngitis / Adenoid hypertrophy

(P.T.O.)

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Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Sepsis

Desired goals of the treatment : Hemodynamic Stability

Planned Labs:

CUE, CBP, CRP, TFT } Done on
Urine c/s → ↑ } OPD basis

MB Anmub
11/5/26

Planned Management

1) Inj. Piperacillin + Tazobactum 1.5gm IV 12th hly
2) Inj. Amikacin 200mg IV OD
3) Syp. ALLASPAN 3.5ml p/o 12th hly
4) Otrivin pediatric 2drop each nostril x 12th hly
5) Neb. Adrenaline 8th hly
6) Syp. SMUTH 10ml Once daily

MB 11/5/26

Signature of the Doctor: [signature]

Name of the Doctor: Sai

Date & Time: 11/5/26

Signature of the Consultant: [signature]

Name of the Consultant: Dr. Nalinikanta 12/5/26

Date & Time:

DR. NALINIKANTA PANIGRAHY
Registration No.: [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:30pm		
	CU / B - Resident	
		Plan
	Hemodynamically stable.	- Cont IV antibiotics
		NIHB Lactate 10pm
		Pavan
12/5/26	Seen by Dr Nalinikanta / Resident: Dr Sahithi	
	Culture +ve E coli UTI	
	c̄ Constipation	
	Cervical lymphadenopathy c̄ Tonsillopharyngitis	adenoid hypertrophy.
	O/E - child not passed stools yet.	Plan -
	C/O pain abdomen.	1. ~~ENT consultation~~ Dr Chandana.
	O/E	2. USG abdomen Today
	Child active, afebrile	3. IV fluids at 50% maint.
	hemodynamically stable	4. Hypertonic Enema
	CVS - S1S2 (+)	
	RS - BAE (+)	noted by phys 12pm
	PA - soft	Sahithi
	JS 12/5/26 9.15am	DR. NALINIKANTA PANIGRAHY Registration No: TSMC/FMR/03605

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 3:45 pm	C/s/B Dr. Nalinikant C/s/B Resident Δ : UTI (E coli) / tonsillitis / adenoiditis / cervical lymphadenopathy - afebrile - not passed stools - poor oral intake O/E : alert vitals stable cervical lymphadenopathy mild conjunctival ⊕ congestion chest : BAE ⊕ / conducted sounds	Adv. 1.) Continue IVF DNS ½ maintanence (Connect & keep) 2.) Monitor vitals 3.) Continue Dr Piptaz & Amikacin Noted By Shilpa @ 3:45pm Akhila

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 9am	C/S/B Resident	
	Δ: E.coli UTI / tonsillitis / cervical lymphadenopathy.	
	- afebrile	
	- stools - passed at 11am did not pass following enema	Adv.
	- oral intake - accepting better	1) Stop IVF encourage orally.
	- u/o - good / no urinary complaints	2) R/V (D) today. on IV antibiotics
	activity - good	3) R/V Neotomic enema
	sleep ↓ snoring (+) / disturbed	Akhila
	O/E: alert / active vitals stable chest clear. abdomen soft no dehydration no s/o fluid overload.	Discharge today c̄ Parents request
	DR. NALINIKANTA PANIGRAHY Registration No: TSMC/FMR/03605 13/5/26	→ SMOTH - 10ml → enema today (Neotomic) → IV antibiotics to Cefo × Total 7 days
	R/V	Plan hematinics at f/up after recovery (2 wks)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		To discuss c̄
		Dr. Sudheer
		req:
	1.)	fecal

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RESULT SHEET

OPD basis

Date	8/5/26					
Time						
Hb	9.3					
PCV	31.4					
RBC	4.4					
WBC	16750					
N/L	25/70					
Platelets	301000					
CRP	5					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date	8/5/26					
Time						
CUE - Alb	Trace					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	40-50					
CUE - RBC Cells	8-10					
CUE	.					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 8/5/26 U.C/s: E.coli 10^4 cfu/ml

TFTs : TSH - 1.49

T4 - 12.4

T3 - 162.

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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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 ICUs)

Shifting From: ....ER........ Shifted to: ....Word........

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						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....Pawan........

Date & Time : ....11/5/26 7pm........

Nurse Name & Signature: ....Anneeb........

Date & Time : ....11/5/26 7:10pm........

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11-11-2022 3 Y 6 M 0 D (F)
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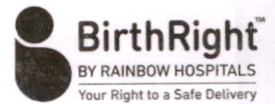

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : OTRIVIN - P nasal drops				Date ▸ / Time ▾	11/5	12/05
Dose	Route	Frequency	Start Dt.			
2°	each nostril	BD	11/5	10AM	X	PAD
Name & Signature of the Doctor Starting the Drugs: Pavani				10PM	11PM late	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : Neb ADRENALINE				Date ▸ / Time ▾	11/5	12/5	13/5
Dose	Route	Frequency	Start Dt.				
[illegible]	Neb	TID	11/5	6AM	X	late	
Name & Signature of the Doctor Starting the Drugs: Pavani				2PM	X		
Additional Instructions: → 3ml + 3ml NS.				10PM	11PM late		
Daily Doctor's Endorsement by a Sign							

See the chart.

DRUG : Syp SMUTH				Date ▸ / Time ▾	11/5	12/5
Dose	Route	Frequency	Start Dt.			
10ml	PO	OD	11/5			
Name & Signature of the Doctor Starting the Drugs: Pavani				10PM	late	
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : METASPRAY nasal spray				Date ▸ / Time ▾	12/05	13/5
Dose	Route	Frequency	Start Dt.			
1 puff	Nasal	BD	12/5	7AM		
Name & Signature of the Doctor Starting the Drugs: Sakshi				7PM		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

VERIFIED

DRUG : T.LANZOL JR				Date ▸ Time ▾	12/5	13/5
Dose	Route	Frequency	Start Dt.			
1 tab	PO	OD	12/5	6AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Sahithi						
Additional Instructions: 1Tab = 15mg						
Daily Doctor's Endorsement by a Sign					[signature]	[signature]

VERIFIED

DRUG : Syp CITRALKA				Date ▸ Time ▾	12/5	13/5
Dose	Route	Frequency	Start Dt.			
	PO	BD	12/5	10AM	[signature]	[signature]
Name & Signature of the Doctor Starting the Drugs: Sahithi				10PM	[signature]	
Additional Instructions: 5ml in 1/2 cup water						
Daily Doctor's Endorsement by a Sign					[signature]	

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				

VERIFIED BY : Name .... Signature ....

Singari Vedan...

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DRUG CHART

Date of Admission: 11/5/26 Drug Allergies: ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.

1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time

- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syp CROCIN-DS				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
5ml	PO	SOS	11/5	
Doctor's Signature		Valid Period	Pharm.	
Pavan			Dr [signature]	
Additional Instructions: >100°F.				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

DRUG :				Date ▸ / Time ▾
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

VERIFIED BY : Name .... Signature ....

Baby SINGA... 3 Y 6 M 0 D (F)
11-11-2022
Dr. NALINIKANTA PANIGRAHY

REGULAR PRESCRIPTIONS

Weight. 14.5 Kg Ward. ....

VERIFIED

DRUG : Inj PIPERACILLIN TAZOBACTUM				Date	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	Time			
1.5g	IV	BD	11/5	10AM	X	Mamta Puja	Mamta
Name & Signature of the Doctor Starting the Drugs: Pawan							
Additional Instructions: C/S is sensitive				10PM	8:30 PM		
Daily Doctor's Endorsement by a Sign							

VERIFIED

DRUG : Inj AMIKACIN				Date	11/5	12/5
Dose	Route	Frequency	Start Date	Time		
225mg	IV	OD	11/5			
Name & Signature of the Doctor Starting the Drugs: Pawan						
Additional Instructions: C/S is sensitive				8PM	8:30 PM	
Daily Doctor's Endorsement by a Sign						

VERIFIED

DRUG : Inj ESOMEPRAZOLE				Date	11/5	12/5
Dose	Route	Frequency	Start Date	Time		
15mg	IV	OD	11/5			
Name & Signature of the Doctor Starting the Drugs: Pawan				8PM	8:30 PM	Pidth
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

STOP Sahithi 12/5/26.

VERIFIED

DRUG : Syp ALLASPAN				Date	11/5	12/5	13/5
Dose	Route	Frequency	Start Date	Time			
3.5ml	PO	BD	11/5	8AM	X	Mamta Puja 10AM	Anu
Name & Signature of the Doctor Starting the Drugs: Pawan							
Additional Instructions:				8PM	8:30 PM		
Daily Doctor's Endorsement by a Sign							

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Dr. NALINIKANTA PANIGRAHY

Weight. .... Ward. ....

	Date ▸ / Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ▸ / Time ▾		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26.	12:30PM	NEOTOMIC ENEMA	1unit	PR	Sahithi	Supriti / Piya

VERIFIED BY : Name .... Signature ....

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

I.V. FLUIDS CHART

Weight. 14.5kg Ward. ....

		...sition of I.V. Fluid (...tion ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/5	8pm	IVF · DNS (1/2 M)	IV	25ml/hr	[signature]	[signature] [signature]			

VERIFIED BY : Name .... Signature ....

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

~~NEBULISATION~~ CHART

Date	Time	Drug	Nurse	Parents Signature
	00.00			
①	01.00	Adrenalin + NS Neb 3pm	Shilpa	96040204
	02.00			
②	03.00	Adrenalin + NS 3ml 10pm	Sunetha	9605234
③	04.00	Adrenalin + NS 3l 6am	Sk	9605630
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

Docu. No. : RCHBH/FRM/CLINICAL/170

Rainbow Children's Hospital

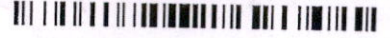
BirthRight by Rainbow

Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173698 **Admit Date** : 11-May-2026 **Admit Time** : 06:51 PM **UHID** : BAH-00655775

Patient Details :

Patient Name	: Baby SINGARI VEDANSHIKA	**Age**	: 3 Y 6 M 0 D
Guardian	: Mr SINGARI SUBRAHMANYAM	**DOB**	: 11-11-2022
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO 4-495, 1ST FLOOR, OPP SIVALAYAM MANDAPAM, CAR STREET , MARKAPURAM Markapur Prakasam Andhra Pradesh INDIA 523316	**Phone No**	: 9676232022/ 9849970731
		E-mail	: SINGARISUBBU9@GMAIL.COM

Admission Details :

Bed Type	: SEMI PRIVATE	**Bed No**	: SPVT 333	**Ward Name**	: 3F-ZONE C
Room No	: SPVT 333	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SINGARI SUBRAHMANYAM	**Relationship**	: Father
Contact Address	: H NO 4-495, 1ST FLOOR, OPP SIVALAYAM MANDAPAM, CAR STREET , MARKAPURAM Markapur Prakasam Andhra Pradesh INDIA 523316	**Phone No**	: 9676232022

S. Subrahmanyam

Signature

Doctor Details :

Doctor Name	: Dr. NALINIKANTA PANIGRAHY	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: Self	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: ADITYA BIRLA HEALTH INSURANCE CO LTD

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 11/5/26 Time of arrival : 6:38pm

Chief Complaints: Abdominal pain x morning Cold, Cough x 2mth RBS: ....

Height : 94 cms Weight : 14.5 kg BMI : Nl Head Circumference (<2 years) Nl

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify NO

Pain Screening: ☑ Yes ☐ No If Yes, Pain Score: 90 Pain Tool Used: ☐ N Pass ☑ FLACC ☐ Wong Baker

☐ Character NO ☐ Location NO ☐ Frequency NO ☐ Duration NO

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

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☑ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

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

Functional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

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

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: Nl (Date/Time): NO

Social History: Lives With family

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

Cultural & Spiritual Needs: ☐ Yes ☑ No if Yes specify NO Inform consultant for positive criteria.

Time of Initial assessment completed by ER Nurse : 6:42pm

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

Time	Nursing Notes
7:10 Am	-> Dr. Seen the pt and assit the pt.
	-> vitals are Recorded.
	-> IV placement done
	-> Sample Colect and Send to lab.
	-> Shifted to word

Samples collected by: NR Ashraf Time: 7:10 Am

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
	NO				

Condition of patient at time of shift - out :	Details of Shift - out
HR: 110 bpm BP: 116/62 CFT: Ck	Shift - out from ER to: 333
RR: 24 bpm SPO$_2$: 98%	Time of Shift - out: 7:30 Am
GCS: 15/15 Temperature : 98.1 F	Handover given to: (Nurse's Name) Shifa
Pain Score: 0/0	
Repeat RBS (if applicable): NO	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): IV placement

Name of the Nurse : Anneeb Signature of the Nurse : A

Date & Time : 11/5/26 : 7:10 A

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA (F)
11-11-2022 3 Y 6 M 0 D
Dr. NALINIKANTA PANIGRAHY

11/5/26

Doc. No. : RCHBH / FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Parameter				
Date : .... Time:	8pm	10 PM	2 am	6 am
Doctor / Nurse / Family Concern?				
Temperature (F) (scale 94–104)	97.0 F	97.8 F	98.1 F	97.4 F
Heart Rate (bpm) and Blood Pressure (mmHg) * (scale 50–190)	120/78 (89)	103/63 (76)	99/58 (73)	100/60 (80)
Heart Rate (Number)	110 b/m	126 b/M	129 b/m	120 b/M
Resp. Rate (bpm) (Over 1 Minute) * (scale 10–70)		30		
Resp Rate (Number)	30 b/m	30 b/M	28 b/m	28 b/m
Resp Distress — Mod/ Severe				
Resp Distress — None / Mild		N	N	N
Receiving O_2 (l/min)				
O_2 Saturations (%)	99%	98%	100%	99%
Conscious Level — Normal		N	N	N
Conscious Level — Altered				
GCS *	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0
Pain Score	0	0	0	0
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

NB: Scores 3 should be recorded overleaf

Score	Action
Score 1	Continue normal observation by staff nurse
Score 2	Shift in charge nurse to be informed and continue hourly observations
Score 3	Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
Score 4	Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
Score 5 & 6	Shift in charge AND PICU fellow or PICU consultant to be informed.

* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

- The paediatric Early Warning Score i) seeks to identify the abnormal physiological finding seen during serious childhood illnesses and ii) offers a method to interpret such physiological derangements with clearly defined actions, ensuring that suitably experienced staff are involved with the care of the sickest children.
- The Early Warning Score does not replace clinical experience and acumen and should not be relied upon for such purpose.
- 6 clinical parameters are assessed and recorded as part of the child's routine clinical observation, providing a Early Warning Score between 0-6 (Higher Early Warning Score are seen in sicker children)
- Detailed actions are described according to increasing Early Warning Score.
- Some children with complex medical needs e.g. cyanotic heart disease may require modification to their trigger thresholds/ action plan- this should follow discussion with senior colleagues.
- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

Record Details when EARLY WARNING SCORE >3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

- If at any time additional help is required, call help – regardless of the Early Warning Score!
- Following a Early Warning Score assessment, senior help may be required

The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** I am calling because I am concerned that ... (e.g. BP is low/high, pulse is XXX, Temperature is XX, Early Warning Score is XX)
B	**BACK GROUND :** Child (X) was admitted on (XX date) with (e.g. respiratory infection). They have had (X operation/ procedure/ investigation). Child (X)'s condition has changed in the last (XX mins). Their last set of observations were (XXX). The child's normal condition is ... (e.g. alert/ drowsy/ confused, pain free)
A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

Doc. No. : RCHBH / FRM / CLINICAL / 125

12/05/2026

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

Hosp...

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : .... Time:						
Doctor / Nurse / Family Concern?	10 AM	1 PM	6 pm	10 pm	2 am	6 am
Temperature (F)	98.0F	98.1F	97.7F	97.3F	98.1F	98.9F
Heart Rate (bpm) and Blood Pressure (mmHg) *	102/61 (70)	112/57 (71)	112/50 (75)	94/53 (63)	104/64 (71)	96/64 (72)
Heart Rate (Number)	116 b/m	114 b/m	110 b/m	106 b/m	110 b/m	112 b/m
Resp. Rate (bpm) (Over 1 Minute) *				*	*	*
Resp Rate (Number)	30 b/m	32 b/m	30 b/m	32 b/m	34 b/m	32 b/m
Resp Distress: Mod/ Severe / None / Mild	N	N		N	N	N
Receiving O_2 (l/min)						
O_2 Saturations (%)	99%	100%	99%	100%	99%	100%
Conscious Level: Normal / Altered	N	N	N	N	N	N
GCS *	15/15	15/15	15/15	15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes	0	0	0	0	0	0
Pain Score	0	0	0	1	1	1
Observer's Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Note: BP does not score in early warning scoring

ACTIONS

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A	**ASSESSMENT :** I think the problem is (XXX) and I have ...(e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	**RECOMMENDATION :** I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

Patient
BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

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FLUID CHART

Sheet No. : ① 11/5

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm			25ml			|				0	} Lath
	09:00 pm	D	H2O	25ml							0	
	10:00 pm			25ml							0	} Lath
11/5	11:00 pm	N		25ml			NP			✓	0	
	12:00 am	S	H2O	25ml			|				0	} Lath
	01:00 am			25ml							0	
Total Intake : Taken						**Total Output :** M-0 U-1						
	02:00 am			25ml							0	} Lath
	03:00 am	D	H2O	25ml			|		|	0	
	04:00 am			25ml							0	} Lath
11/5	05:00 am	N S		25ml			NP			NP	0	
	06:00 am		H2O	25ml			|		|	0	} Lath
	07:00 am			25ml							0	
Total Intake : Taken						**Total Output :** M-0 U-0						

Total 24 hrs. Intake	Taken	Total 24 hrs. Output	M-0 U-01

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

FLUID CHART

Sheet No. : 12/05/2026

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
12/05	08:00 am			25ml						✓	0	Priy
	09:00 am	D	water	25ml							0	Priy
	10:00 am	N		25ml							0	Priy
	11:00 am	S		25ml			✓			✓	0	Priy
	12:00 pm		water	25ml							0	Priy
	01:00 pm										0	Priy
Total Intake :						**Total Output :** U= 2 M=1						
12/5	02:00 pm										0	Shilpa
	03:00 pm	D								✓	0	
	04:00 pm		water	25ml							0	Shilpa
	05:00 pm	N		25ml			NP				0	
	06:00 pm	S	water	25ml						✓	0	Shilpa
	07:00 pm			25ml							0	
Total Intake :						**Total Output :** U - 2 M-0						
12/5	08:00 pm			25ml							0	dh
	09:00 pm	D	Water	25ml							0	dh
	10:00 pm	N		25ml						NP	0	dh
	11:00 pm	S		25ml			NP				0	dh
	12:00 am		Water	25ml							0	dh
	01:00 am			25ml							0	dh
Total Intake : Taken						**Total Output :** M- 0 U- 0						
13/5	02:00 am		Water	25ml							0	dh
	03:00 am	D		25ml						✓	0	dh
	04:00 am			25ml							0	dh
	05:00 am	N		25ml			NP				0	dh
	06:00 am	S		25ml							0	dh
	07:00 am		Water	25ml							0	dh
Total Intake : Taken						**Total Output :** M-0 U-1						

Total 24 hrs. Intake	Taken	**Total 24 hrs. Output**	M-1 U-5

Docu. No. : RCHBH/FRM/CLINICAL/092

BAH-00655775 IP5-00173698
Baby SINGARI VEDANSHIKA
11-11-2022 3 Y 6 M 0 D (F)
Dr. NALINIKANTA PANIGRAHY

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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 12/5/26 Time: 9am

Weight: 14.5kg Centile: 25th

Height: 96cm Centile: 25th

Inference: well child

RDA: — Calories: 1300kcal/d Protein: 22gm/d

Diet Recommendations: soft high fibre diet [plenty of liquids]

Re-Assesment: Avoid spicy, chilled & outside foods

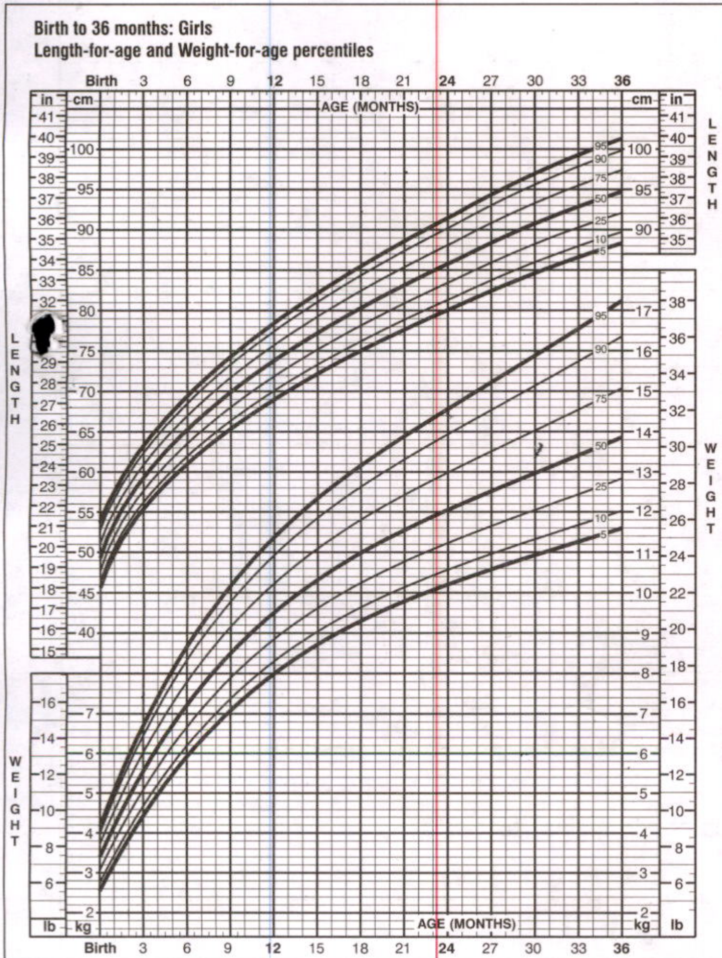
Food Allergies: NO Veg/Non-veg: veg

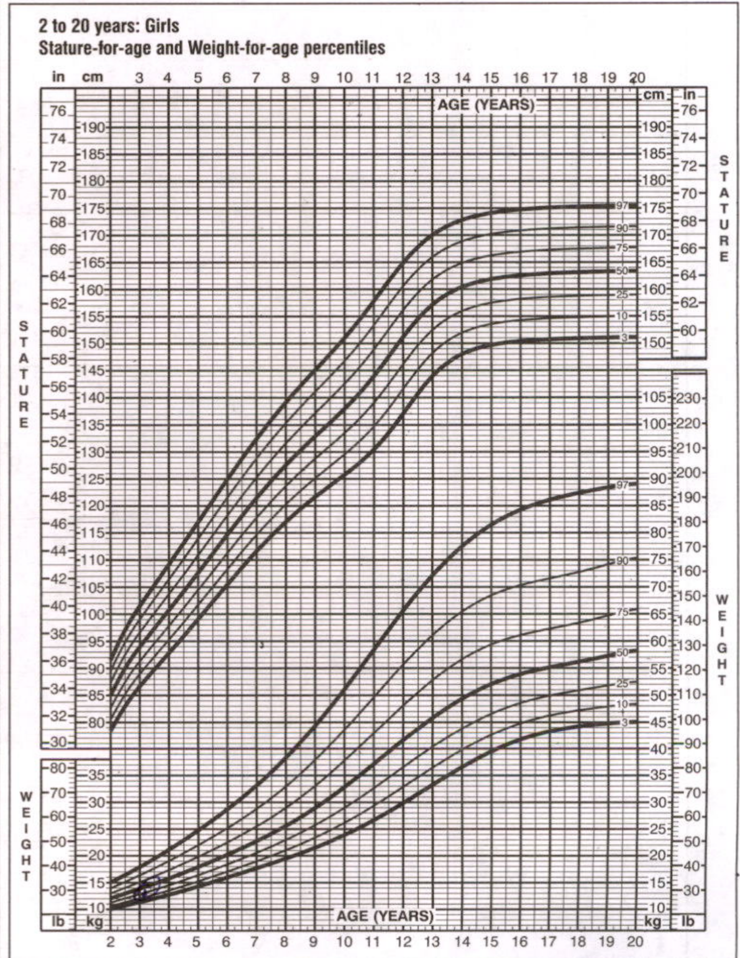
Diagnosis: culture UTI E.coli c constipation cervical lymphadenopathy c Tonsillopharyngitis hypertrophy.

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: S. Subrahmanyam

GROWTH CHART (GIRLS)





Dietician's Name: Saima

Dietician's Signature: Saima

Docu. No. : RCHBH / FRM / CLINICAL / 161

(P.T.O.)

Daily Notes: