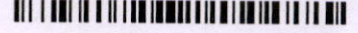


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174555 Admit Date : 30-May-2026 Admit Time : 11:50 PM UHID : LBH-00121342

Patient Details :

Patient Name : Master CHUKKA AVYUKTH Age : 1 Y 3 M 21 D
Guardian : Mr CHUKKA VIJAY KUMAR DOB : 09-02-2025 06:30 AM
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO -1-73/65/1 ,YSR NAGAR , THATTI
ANNARAM , HAYATH NAGAR , GSI (SR)
Bandlaguda Hyderabad Telangana INDIA
500068 Phone No : 9676462695/ 9666451122
E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 223 Ward Name : 2F-PICU II
Room No : PICU 223 Admission Type : First Visit

Contact Details :

Name : Mr CHUKKA VIJAY KUMAR Relationship : Father
Contact Address : H NO -1-73/65/1 ,YSR NAGAR , THATTI
ANNARAM , HAYATH NAGAR , GSI (SR)
Bandlaguda Hyderabad Telangana INDIA 500068 Phone No : 9676462695 / 9666451122


Signature

Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. SANDEEP REDDY

Payment Details :

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

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174555 Admit Date : 30-May-2026 Admit Time : 11:50 PM UHID : LBH-00121342

Patient Details :

Patient Name	: Master CHUKKA AVYUKTH	Age	: 1 Y 3 M 22 D
Guardian	: Mr CHUKKA VIJAY KUMAR	DOB	: 09-02-2025 06:30 AM
Gender	: Male	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO -1-73/65/1 ,YSR NAGAR , THATTI ANNARAM , HAYATH NAGAR , GSI (SR) Bandlaguda Hyderabad Telangana INDIA 500068	Phone No	: 9676462695/ 9666451122
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 223 Ward Name : 2F-PICU II
Room No : PICU 223 Admission Type : First Visit

Contact Details :

Name	: Mr CHUKKA VIJAY KUMAR	Relationship	: Father
Contact Address	: H NO -1-73/65/1 ,YSR NAGAR , THATTI ANNARAM , HAYATH NAGAR , GSI (SR) Bandlaguda Hyderabad Telangana INDIA 500068	Phone No	: 9676462695 / 9666451122

Signature

Doctor Details :

Doctor Name	: Dr. RAMESH KONANKI	Specialisation	: PEDIATRIC NEUROLOGY
Referral Doctor	: SELF	Phone No	:
Co-Consultant	: Dr. SHAIKH FARHAN A RASHID		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 10000.00
		Payor Name	: ADITYA BIRLA HEALTH INSURANCE CO LTD

B13



ACTIVITY RECORD FOR BILLING

Name : LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 UHID No : Dr. SHAIKH FARHAN A RASHID
 Date of : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	12 AM	ER	PICU	[Signature]
31/5/26	8:40 pm	PW	321	Angali

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Sandeep Reddy	31/5/26	9636705	[Signature]
2	DR. JOSHNA Remya	01/6/26	9637717	[Signature]
3				
4				
5				
6				
7				
8				
9				
10				

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : PICU as per Rota

Date : 30/05/2026

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment : 11:00 PM

Weight : 7.72 kg

Allergic History:

Chief Complaints:

Swelling of both eyes since yesterday associated with redness and deviation of eyeball
 No fever 10 days back
 Cough & cold 4 days back

Pediatric Assessment Triangle

A Appearance - TICLS Null

B Breathing

C Circulation

Normal
 Abnormal

↑ WOB
 ↓ WOB
 Normal
 Gaspings / Apnea

Pallor
 Cyanosis
 Mottling
 Bleeding

Initial Physiological Status: Stable Unstable

Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No

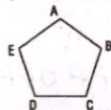
If Yes

Significant Past History: NSG - Bilateral lateral and 3rd ventriculomegaly

Medication History: developmental delay, language regression, dysmorphism

Relevant Investigations: MRI done on 30/5/2026
Short stature
Failure to thrive.

Primary Assessment



Airway



Open
 Maintainable
 Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing



Rate: 26 SpO₂ on FiO₂ 99% on Room air

Rhythm: Regular

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: BATE (+)

Palpation Findings (if necessary)

Any urgent interventions needed: Yes No

If Yes



Circulation

HR: 99/min

CFT Central Peripheral *23sec*

Any urgent interventions needed: Yes No

If Yes:

BP: 106/50 mmHg

Murmurs: Yes No

Pulse Volume: Central Peripheral *Good*

Liver Span:

If in Shock: Compensated Hypotensive

ECG:

Muffled Heart Sound: Yes No

Any Signs of Heart Failure: Yes No

Engorged Neck Veins: Yes No



Disability

GCS: AVPU: *A1e1st*

Any urgent interventions needed: Yes No

If Yes:

Pupils: Responsive Non-Responsive
Size Right Left

Active Seizures: Yes No Sugars:

Signs of Neurological compromise

Exposure



Temp.: 97.3°F

Any urgent interventions needed: Yes No

If Yes:

Any Rash: Yes No,

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

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: *Frontal bossing*
Proptosis

Labs Planned:
2 plain, EDTA → (BP, CRP)
Blood c/s
PT, APTT
s-electrolytes

Treatment Planned:
INJ. MEROPENEM
INJ. PANTOPRAZOLE

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

Final Diagnosis with possible Differential Diagnosis (If necessary): *? orbital cellulitis c FTT*

Assessment done by
Name of the Doctor: *Bharath Reddy*
Signature: *Bharath*
Date & Time: *30/05/25 ; 11:30pm*

Sr. Doctor on Duty (If necessary) *developmental*
Name of the Sr. Doctor: *o.m.s delay*
Signature:
Date & Time:

LBH-00121342
Master CHUKKA AVYUKTH
09-02-2025 1 Y 3 M 22 D (M)
Dr. SHAIKH FARHAN A RASHID

Weight < 1p
Height < 1p

Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 31/05/2026 Time: 12:56 AM

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints :

Swelling of both eyes since 2 days

Redness of both eyes (Lt > Rt)

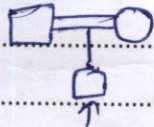
Deviation of eyeballs (Lt > Rt)

Swelling started on the (Lt) eye associated with redness
and then started on (Rt) side eye.

Past History (Including previous treatment and investigations) : A/c Dengue 6 months ago
H/o fever 10 days back - medication were taken - subsided in 6 days
A/c cough & cold since 4 days - relieved with medication and
nebulisation

MRI Brain done on 30/05/2026

Birth and Developmental History : Developmental delay, language regression, Dysmorphism
Short stature



Immunization History : A.S. per NIS - completely immunized

H/O Allergy : No known allergies

Family History : No H/o similar complaints in the family
Consanguineous marriage

INITIAL ASSESSMENT

RBS : 107 Temperature : 97.8°F Weight (kg) : 7kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 35/min

Bilateral aresentry ⊕

SPO2: 99% at room air O by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support: Yes No - Day # of Vent : Respiratory Efforts :

Ventilatory Settings: Leak around ETT : Delivered Vt :

ABG : EtCO2 : P/F ratio : O.I. :

Any Nebs : ICD? Yes No, if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 110/min Cardiac Rhytho :

(Heart sounds, murmur etc.) : S1S2 ⊕

Quality of Pulses : Good cap refill Time : <3sec Liver Edge : cm below Rt costal margin

Blood Pressures: NIBP : 106/50 IBP : CVP :

Infusion of any Inotropes?: Yes No - If yes, then details :

Any Other Infusions :

Last 2D Echo Findings :

Size of the heart and lung fields in latest CXR :

Arterial line in Situ : Yes No Place of art, line & its condition :

Central line in Situ : Yes No Place of central line & its condition :

Infection and Antibiotics :

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #) :

Cultures Done outside? Yes No - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) : TFT - ⊕

Ongoing Antibiotics :

Abdominal Exam : Soft, nontender

Bowel sounds ⊕

NO Hepatosplenomegaly

ENT Exam : ⊕

Central Nervous System :

Level of Consciousness : AVPU / GCS score : Alert

Neurological Findings : No pull to start get

Regression : last 3 months

Relevant data from outside (Neuro imaging any ongoing medications etc) :

Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
 (Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is Positive Negative
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Needs Therapeutic Diet. | <input type="checkbox"/> Diarrhoea > 4days | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Psychological Eating Disorder | <input type="checkbox"/> Major Surgery | <input checked="" type="checkbox"/> Patient in ICU |
| <input type="checkbox"/> Under Weight | <input type="checkbox"/> Difficulty swallowing / Chewing | <input type="checkbox"/> Hyperemesis gravidarum | <input type="checkbox"/> Tube Feeding |
| <input type="checkbox"/> Poor Appetite > 3days | <input type="checkbox"/> Unplanned Change in Weight | | |

- b. Psychological Screening Criteria: Screening is Positive Negative
- Non-compliance to offered treatment Over weight Suspected Drug Abuse
- Emotional / Behavioural Problem (Tearful, uncooperative)

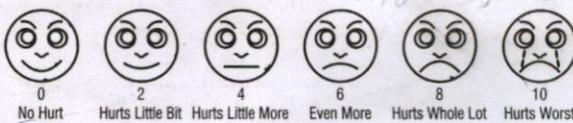
- c. Functional Screening Criteria: Screening is Positive Negative
- Patient cannot position himself in bed Change in Muscle Power
- Restricted ROM Impaired Daily Living Activities

- d. Socio-economic Screening Criteria: Screening is Positive Negative
- Living alone Suspected abuse or neglect
- Cultural or religious background that would need to know for the plan of care Unable to assess due to lack of family

- e. Need for Interpretar Screening is Yes No If Yes then plan
6. Patient needs additional specialized assessments: Yes No
- If yes, Please fill Individualized Initial Assessments Form for Special Populations
- Others

Pain Screening:

Pain Scale used Wong Baker (Scale 0-10) FLACC (Scale 0-10)

Pain Score "Whenever Applicable" 

Location:

Duration: days / weeks / months (Strike Out that is not applicable)

Character: localized diffuse sharp aching referred vague burning / soreness

Frequency: constant intermittent occasional

Pain Management done Yes No

Nutritional Evaluation: Low weight

Current Medications: -

Provisional Diagnosis : ? Orbital cellulitis
E Fatigue to Throat E Developmental delay 2ms

Prism III score at 24 hrs of admission : Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient "

Transferring Unit : Ward OT - Transported? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

Referring Consultant :

Admitting Consultant : A.S per rota

Indication for PICU referral :

PLAN OF CARE

Preventive aspects of the treatment : complications

Desired goals of the treatment : Hemodynamic stability

PLANNED INVESTIGATIONS

- ✓ CBP, CRP, RP-2
- ✓ Blood c/s
- ✓ electrolytes
- ✓ Extra Plasn, EDTA

Noted by
Praveen

PLANNED MANAGEMENT

- ~~INJ. MEROPENAM~~
- INJ. PANTOPRAZOLE
- INJ. CEFTRIAZONE
- Neurology consultation FM

Rahul
30/5/26
@ 2AM

Final Diagnosis: 2 Orbital cellulitis Bilateral

Doctor's Signature : Bharath

Name : Bharath Reddy

Date : 31/05/2026

Time : 1:20 AM

Consultant's Signature : [Signature]

Name :

Date :

Time :

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 3/5/25 Day of Admission : 21 Today's Date & Time : 3/5/25
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <i>Myeloperoxidase deficiency - suspected / acute febrile illness</i>	Current Issues : <i>① Suspect Sepsis</i>
-----------------	---	--

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <i>BLABO SpO2: 97-100</i>	
	CXR : <i>1 97-100 RA</i>	
	SPO ₂ : <i>97-100 RA</i>	O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____	EtCO ₂ : _____ P/F ratio : _____ O.I. : _____
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : <i>2/20 HR 120/min</i>	
	Quality of Pulses : <i>Good</i>	cap refill Time : <i>Normal</i> Liver Edge : <i>2cm</i> cm below Rt costal margin
	Blood Pressures : NIBP : _____ IBP : _____ CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min	
	<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min	
	<input type="checkbox"/> Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : <i>2cc collapcy</i>	

CNS	Neuro Exam : <i>Symms. alertable. apbl</i>	
	Pupils : <i>2mm Blst</i>	Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
FINAL COMMENTS	- 10. continue full feeds - 10. decide on biopsy to read - 20 echo today	

Doctor's Name (Handover given) : Alam
 Signature : [Signature]
 Date & Time : 3/14/26

Doctor's Name (Handover taken) : Suby
 Signature : [Signature]
 Date & Time : 2:11



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 2am	delB PICU team	<u>Plan</u>
	bc:- ? mucopolysaccharidosis	1) send labs as planned
	on room air	2) zy- ceftriaxone
	hemodynamically stable	3) discuss MRI with neurologist
	HR - 106/min	Noted by Palash 31/5/26 @ 2:10am
	BP - 100/60 mm Hg	
	RR - 24/min	
	SpO ₂ - 100% on room air	
	Systemic exam:-	
	RS - BAE (+) clear	
	CVS - S ₂ (+)	
	P/A - soft :-	
	CNS - Ex vs Mg	
	No focal deficits	
	Bill proptosis	
	No redness / discharge /	
	no photophobia	
		Dr. Pradyumn
31/5/26 2am	clow Dr. Ramesh conanti	
	MRI images - shared	<u>Plan</u>
	↓	1) continue same.
	Impression - normal study	
		Dr. Pradyumn

LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. SHAIKH FARHAN A RASHID

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26. 10:50AM	C/S/B on sandeep.	
	Δ 88% - suspected syndromic	
	cold	plan.
	FIT	1. shift under neurology.
	? mucopolysaccharidosis.	2.
	on room A98.	N.B. On duty 21/5/26 @ 10:50am
	hemodynamically stable.	
	Vitals,	
	HR - 120	
	BP - 106/60 (70) mmHg.	
	RR - 20.	
	Issues:-	
	swelling of eyes.	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Procedure notes</u>	
31/5/25 4:30pm	under strict aseptic conditions, lumbar puncture done & infund consent.	
	Vitals stable CSF clear CSF opening pressure > 38 cmH ₂ O	
	RBS - 93 mg/dl.	<u>plan</u> ① CSF analysis ② store extra samples
31/5/25 4:30pm	<u>Shifty vitals</u> <u>CSF/B PICC follow.</u>	Noted by Dr. [Signature] 31/5/25 @ 4:30pm
	ABG: - Syndrome acid / FIT ? mucopolysaccharidosis.	<u>plan,</u> 1. w/f fever spikes. 2. Trace CSF analyB. 3. send urine GAG Optical Review - T/m Skeletal survey - T/m
	on room A&P hemodynamically stable. no fever spikes. vitals. HR - 150 BP - 100/60 RR - 50.	4. monitor vitals. 5. encourage oral intake

Noted by [Signature] 31/5/25 @ 4:35pm

Noted by [Signature] 31/5/25 @ 4:30pm

LBH-00121342
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. RAMESH KONANKI

PROGRESS NOTES AND DOCTOR'S ORDER

9m2

Date & Time	Progress Notes	Doctor's Order
1/6/28	coarse hairs	/ 0 gm Manganon Spats
9 am	- <u>Corneal Haziness</u>	<u>I I H</u>
	MPS = 1	
	- <u>Mucopolysaccharidosis</u> - <u>Uric acid</u> 9 Ag.	
	<u>Arthritis disease</u> →	
	<u>Sp. vitale</u> → stable.	
	- <u>PR</u> palsy.	
	- <u>Rh</u> pupils equal & reactive.	
	- <u>NT</u> tone; power & reflexes.	
	- <u>NO</u> neurological or cerebellar signs.	
	- <u>Sp</u> today <u>hold</u> .	Adv. - vitals
	- Add Tab. Acetazolamide.	- <u>sk</u> skeletal survey
	- <u>Sy. Ped</u> chloceph / <u>Sp.</u>	- <u>opt</u> ophthalmology - check vessels
Abhishek	Dr. Radhavana deri consultation	glycosaminoglycans.

LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. RAMESH KONANKI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/1/25	<p>1/1/25</p> <p>CSF viral PCR.</p> <p>CSF y/c.</p> <p>skeletal survey</p> <p>Skull + hands + spine (thoracolumbar)</p> <p>NBI.</p> <p>Urine GAG + yoda (probenecid)</p>	
26/5/25	<p>whole</p> <p>X Ray spine AP & lateral view</p> <p>X Ray skull lateral view</p> <p>X Ray AP view hand.</p> <p>NBI</p>	<p>seems</p> <p>NBI</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>10/28</u>	<p><u>Neurotrans</u></p>	
	<p><u>Intra</u> <u>Intraocular Hypertension</u> - ? idiopathic.</p>	
	<p>- no further episodes of irritability. - taking well orally.</p>	
	<p><u>of</u> vitals - stable <u>cont</u>! - improving R/L palsy.</p>	
	<p>- (N) tone, reflexes & reflexes. - NO meningeal or cerebellar</p>	
		<p><u>Adv:</u> D/c today. Dr. Radha Ramesh's opinion on follow up. <u>11/2024</u></p>
		<p><u>Ashish</u></p>

LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. BHAIKH FARHAN A RASHID



RESULT SHEET

Date	31/5/26				
Time	2.30AM				
Hb	9.3				
PCV	32				
RBC	5.18				
WBC	7,130				
N/L	18-4/76.3				
Platelets	3,48,000				
CRP	5				
ESR					
PCT					
RBS					
Na	138				
K	4.4				
Cl	106				
Ca/Mg					
Phosphate					
Urea	21				
Creatinine	0.3				
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	Bicarbonate	19			

LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. RAMESH KONANKI



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: ICU

Shifted to: Ward

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	INJ PANTOPRAZOLE	7mg	iv	OD	31/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ CEFTRIAZONE	330mg	iv	BD	31/5	<input checked="" 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: Suhayk Ghosh

Date & Time: 31/5/25 6pm

Nurse Name & Signature: Anjaly

Date & Time: 31/5/25 @ 5:30pm



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: PICU

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: Bhareth Reddy ; Bhareth

Date & Time: 31/5/26 ; 12:00 AM

Nurse Name & Signature: Keethi KJ

Date & Time: 30/5/26 11:00 AM



DRUG CHART

Date of Admission: 30/05/2026 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 **I** 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 : <u>SYP. CROCIU OS</u>				Date Time
Dose <u>2.5ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>31/5</u>	
Doctor's Signature <u>Bhaleth</u>		Valid Period <u>48hrs</u>	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>If temp > 100°F; max 4 times a day.</u>				
DRUG : <u>SYP. IBUINESIC</u>				Date Time
Dose <u>3.5ml</u>	Route <u>PO</u>	Frequency <u>SOS</u>	Start Date <u>31/5</u>	
Doctor's Signature <u>Bhaleth</u>		Valid Period	Pharm. <u>[Signature]</u>	
Additional Instructions: <u>If temp > 101°F; (5ml/100mg) max 3 times a day.</u>				
DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions:				

Signature
VERIFIED BY: Name

DRUG: INJ. MEROPENAM
 Dose: 280mg
 Route: IV
 Frequency: 8th hourly
 Start Date: 3/5
 Date/Time: 3/5

Name & Signature of the Doctor Starting the Drugs:
 Bhareeth

Additional Instructions:
 40 mg/kg/dose

Daily Doctor's Endorsement by a Sign

DRUG: INJ PANTOPRAZOLE
 Dose: 7mg
 Route: IV
 Frequency: 24 hourly
 Start Date: 3/5
 Date/Time: 3/5 1/6

Name & Signature of the Doctor Starting the Drugs:
 Bhareeth

Additional Instructions:
 [1mg/kg]

6 AM (R) more
 1st day of

stop
 [Signature]

Daily Doctor's Endorsement by a Sign

DRUG: INJ. CEFTRIAZONE
 Dose: 350mg
 Route: IV
 Frequency: q 12 hourly
 Start Date: 3/5
 Date/Time: 3/5 1/6 2/6

Name & Signature of the Doctor Starting the Drugs:
 Dr. Nandan

6 AM (R) more
 1st day of

6 PM
 [Signature]

Daily Doctor's Endorsement by a Sign

DRUG: Tab. ACETAZOLAMIDE
 Dose: 1 tab
 Route: PO
 Frequency: BD
 Start Date: 3/6
 Date/Time: 3/6

Name & Signature of the Doctor Starting the Drugs:
 Divinet

Additional Instructions:
 250 mg/tab

9 AM 5 PM
 [Signature]

Daily Doctor's Endorsement by a Sign

VERIFIED

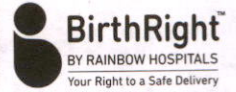
VERIFIED

LBH-00121342 IP5-00174555
 Master CHUKKA AVYUKTH
 09-02-2025 1 Y 3 M 22 D (M)
 Dr. RAMESH KONANKI



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

PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/15/25 Time: 10:00 AM 6:00 PM 10:00 PM

Doctor / Nurse / Family Concern?

Temperature (F)	104				
	103				
	102				
	101				
	100				
	99				
	98				
	97				
	96				
	95				
	94				

Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190				
	180				
	170				
	160				
	150				
	140				
	130				
	120				
	110				
	100				
	90				
80					
70					
60					
50					
Heart Rate (Number)					

Resp. Rate (bpm) over 1 Minute) *	70				
	60				
	50				
	40				
	30				
	20				
	10				
	Resp Rate (Number)				

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%)

Conscious Level Normal Altered

GCS *

TOTAL SCORE					
Number of shaded boxes					
Pain Score					
Observer's Initials					

- ACTIONS**
- 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.

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)

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LBH-00121342 IP5-00174555
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 Dr. RAMESH KONANKI



FLUID CHART



Sheet No. :

31/5/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	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													
	09:00 pm													
	10:00 pm	NO	DBF											
	11:00 pm	NO	DBF											
	12:00 am	IVF	DBF											
	01:00 am		IVF											
Total Intake :						Total Output : m-1 u-2								
	02:00 am													
	03:00 am		DBF											
	04:00 am													
	05:00 am	NO												
	06:00 am	IVF												
	07:00 am		NO											
Total Intake :						Total Output : m-0 u-0								
Total 24 hrs. Intake						Total 24 hrs. Output			m-1 u-2					

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 09-02-2025 1 Y 3 M 22 D (M)
 Dr. RAMESH KONANKI



FLUID CHART

Sheet No. :

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6/26	08:00 am										0	Seema
	09:00 am					✓				✓	0	
	10:00 am	NO ZVP	H ₂ O								0	
	11:00 am		H ₂ O								0	
	12:00 pm		H ₂ O								0	
	01:00 pm										0	
Total Intake :						Total Output : m-1 u-2						
	02:00 pm										0	Seema
	03:00 pm		H ₂ O								0	
	04:00 pm										0	
	05:00 pm		H ₂ O								0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output : m-0 u-2						
	08:00 pm										0	Dhivy
	09:00 pm		Food								0	
	10:00 pm		H ₂ O								0	
	11:00 pm					NP					0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output : m-0 u-2						
	02:00 am		H ₂ O								0	Dhivy
	03:00 am										0	
	04:00 am										0	
	05:00 am		H ₂ O								0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						Total Output : m-0 u-1						
Total 24 hrs. Intake						Total 24 hrs. Output			m-1 u-4			



321

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 1/8/26 Time: 9th

Weight: 7kg Centile: 5th

Height: 55cm Centile: 5th

Inference: underweight child

RDA: - Calories: 200 kcal/d Protein: 20 g/d

Diet Recommendations: soft diet

Re-Assesment: avoid Spicy, Chilled & outside foods

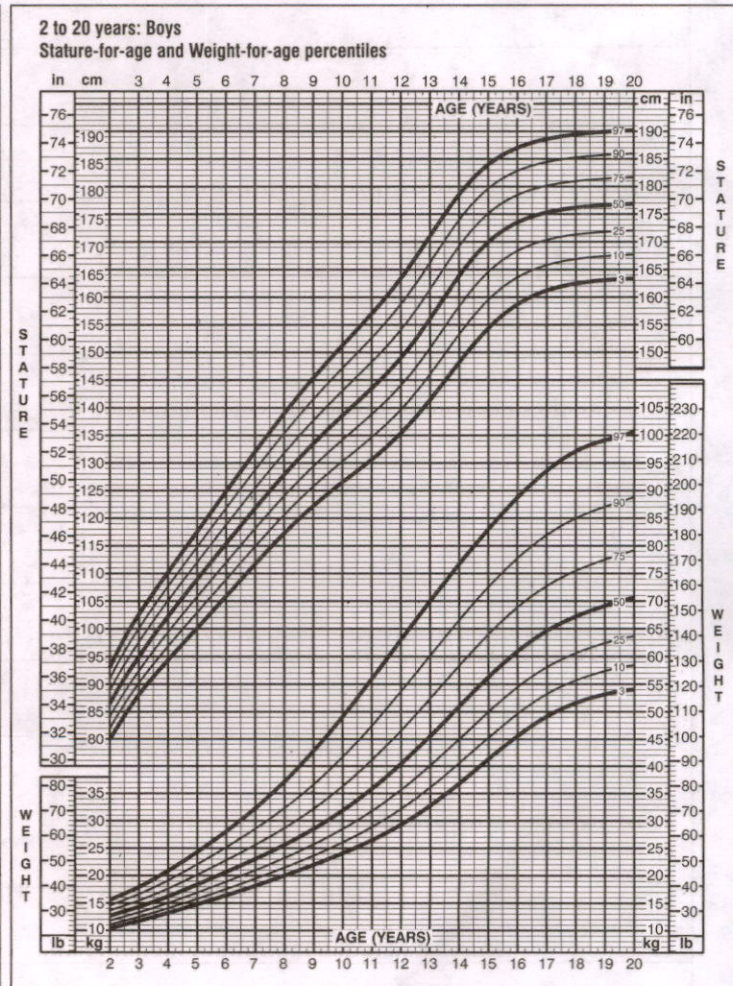
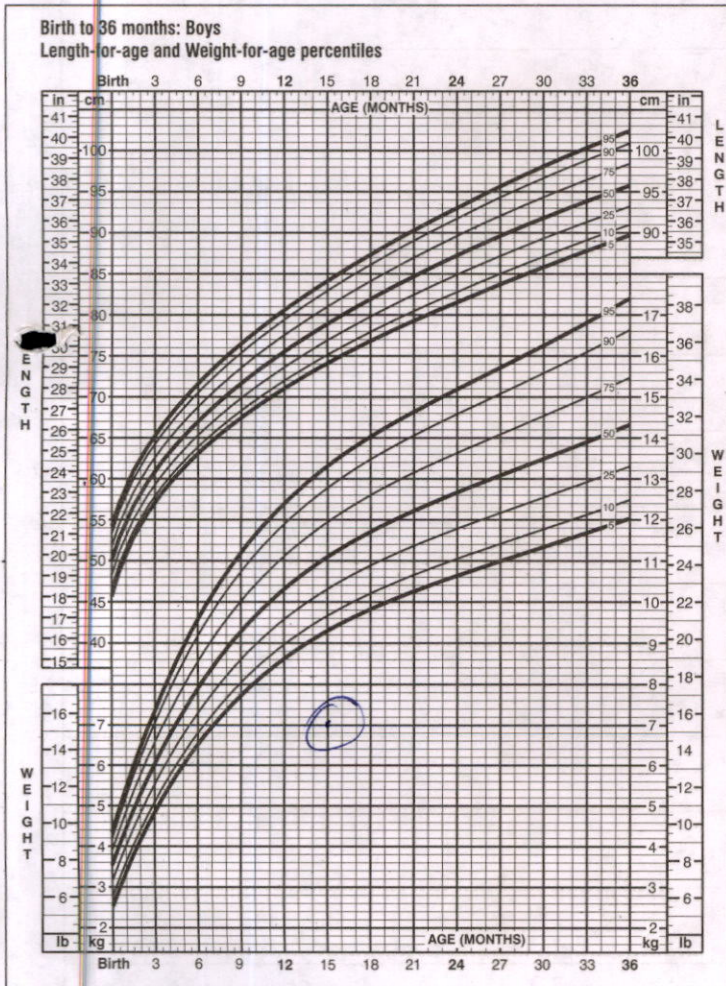
Food Allergies: No Veg/Non-veg: veg

Diagnosis: syndromic child / FTT ? mycoplasma coxii

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Pooja

GROWTH CHART (BOYS)



Dietician's Name: Laiba

Dietician's Signature: Laiba

