

B9

ACTIVITY RECORD FOR BILLING

Name : _____
UHID No. : _____ IP No. : _____ Dept : _____

BAH-00661782 IP5-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 17 D (M)
Dr. DINESH KUMAR CHIRLA

Date of Admission: _____ Time : _____ Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7	4pm	PICU	ICU	(Signature)

Cross Consultation Visit

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

[illegible][illegible]

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B4

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No. : _____

Date of Admission : _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

BAH-00661782 IP5-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 13 D (M)
Dr. DINESH KUMAR CHIRLA



Discharge : _____ Time : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Ramya	16/7/20	2806490	
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
15/7	RP, ABG, PCT, Blood c/s Blood Grouping. PT/APTT	26071081	[Signature]
16/7	RBS →	26071112	[Signature]
16/7	CSF Analysis cell, Cls, latex	26071329	[Signature]
17/7	CBP, PCT, RBS	26071508	Subrata
	CXR	35202	[Signature]
18/7/26	CBP	26071891	[Signature]
	RBS	26071960	
	NBN	26072263	
19/7/26	CBP, RBS	26072311	[Signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7	Inv. monitor			9705105	[Signature]
	Inf. pump				
	Syr. pump				
	Syr. pump				
	Syr. pump				
	Ventilator				
17/7	Inv. monitor			9705105	[Signature]
	Inf. pump				
	Syr. pump				
	Syr. pump				
	Ventilator				
18/7/26	Inv. monitor		8am 12pm	9705104	[Signature]
	Inf. pump			9705104	
	NIV			9708384	
	Oxygen			9708384	
19/7/26	Inv. monitor			9705104	[Signature]
	Oxygen			9708384	
20/7/26	Inv. monitor				
	Syr. pump				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/7	Sw Placement	(1)	9705106	[Signature]
18/7/26	ET Intubation	outside		
	Catheterisation	(1)		
	Arterial line	(1)		
	Blood Transfusion	(1)	9705377	
16/7	Pico line (leader line)	(1)	9706429	[Signature]
	Lumbar Puncture			
17/7	Neb C O2	(2)	9708230	[Signature]
18/7/26	Neb C O2	(3)	9708908	
19/7/26	Neb C O2	(3)	9710610	[Signature]
19/7	Neb C O2	(2)	9711268	[Signature]

ANY OTHER INFORMATION

ABU - (2)

CXR (2)

NISA (1)

Date: 22/07/26

Time: 10am

Prepared By: [Signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[Signature]	[Signature]		

ADMISSION SHEET



Registration Details :

Admission No : IP5-00176436 Admit Date : 15-Jul-2026 Admit Time : 07:51 PM UHID : BAH-00661782

Patient Details :

Patient Name	: Baby Of DHUMPATI SWATHI	Age	: 0 Y 2 M 13 D
Guardian	: Mr DUMPATI VENKATESH	DOB	: 02-05-2026 01:00 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO - 3-76 , GAJASINGGAVARAM , Racharla Boppapur Karimnagar Telangana INDIA 505305	Phone No	: 9133780093/ 9542690160
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type	: PICU	Bed No	: PICU 211	Ward Name	: 2F-PICU I
Room No	: PICU 211	Admission Type	: First Visit		

Contact Details :

Name	: Mr DUMPATI VENKATESH	Relationship	: Father
Contact Address	: H NO - 3-76 , GAJASINGGAVARAM , Racharla Boppapur Karimnagar Telangana INDIA 505305	Phone No	: 9133780093 / 9542690160



Signature

Doctor Details :

Doctor Name	: Dr. DINESH KUMAR CHIRLA	Specialisation	: PEDIATRIC INTENSIVE CARE
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. ANUPAMA Y		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: SELFPAY

BAH-00661782 IPS-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 18 D (M)
Dr. DINESH KUMAR CHIRLA



EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	20			
7	Nursing plan of care and handover sheets	9			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion	2			
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	3			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	2			
33	Nebulization chart				
34	Nutritional review chart				
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1			
37	The Humpty dumpty scale	3			
38	Braden Q Scale	3			
39	Bed side check list	3			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Extra	4			
Total No. of Pages		49			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



ADMISSION CRITERIA – PICU

Admission / Transfer from:

- ☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: Transfer

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- ☒ All patients requiring mechanical ventilation;
- ☒ Patients with impending respiratory failure;
 - ☐ Upper airway obstruction;
 - ☐ Lower airway obstruction;
 - ☐ Alveolar disease; and
 - ☐ Unstable airway;
- ☒ All Paediatric patients after successful resuscitation;
- ☒ **Comatose Patients;**
 - ☐ Meningitis, encephalitis; ☐ Hepatic encephalopathy; ☐ cerebral malaria;
 - ☐ Head injury; ☐ Poisonings; and ☐ Status epilepticus;
- ☒ **All types of shock/hemodynamic instability:**
 - ☐ Septic shock;
 - ☐ Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- ☐ Cardiac arrhythmias after consulting with the treating consultant
- ☐ Hypertensive Emergencies;
- ☐ Severe acid base disorders;
- ☐ Severe electrolyte abnormalities;
- ☐ Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
- ☐ Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- ☒ **Post-Operative Patients;**
 - ☐ Requiring ventilation;
 - ☐ Unstable patients; and
 - ☐ Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- ☐ Patients requiring nitric oxide therapy;
- ☐ Malignant hyperpyrexia;
- ☐ Acute hepatic failure
- ☐ Severe dehydration with mental status change;
- ☐ Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.
- "UNSTABLE" PATIENT IS DEFINED AS**
 - ☒ HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
 - ☒ Signs of peripheral poor perfusion or suspicion of any type of shock.
 - ☐ Capillary refill time > 4seconds.
 - ☐ Children Blood pressure (Syst.) < [70 + (2 × age "Years")].
- Respiratory failure or high risk of failure or airway obstruction:**
 - ☐ Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
 - ☐ O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
 - ☐ Distress and risk of exhaustion
 - ☐ **Change of level of consciousness: GCS < 13.**
 - ☐ **Persistent oliguria with acidosis.**

Signature of the Doctor: JM

Name of the Doctor: Jayashree

Date & Time: 15/05/26

@ 8pm



DISCHARGE CRITERIA – PICU

Discharge to:

- ☐ HDU / Step down ICU ☐ Ward ☐ Outside Facility ☐ Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- ☐ Stable hemodynamic parameters.
- ☐ Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- ☐ Minimal oxygen requirements that do not exceed patient care unit guidelines.
- ☐ Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- ☐ Cardiac dysrhythmias are controlled.
- ☐ Neurologic stability with control of seizures.
- ☐ Removal of all hemodynamic monitoring catheters.
- ☐ Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- ☐ Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

BAH-00661782 IP5-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 13 D (M)
Dr. DINESH KUMAR CHIRLA

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 15/07/26 Time: 7:20pm

Patient Assessment Form:

Informant: ☒ Father ☐ Mother ☐ Other

Presenting Complaints / Chief Complaints: cold, 3 Episodes of loose stool
(one large volume)
& lethargy / Poor feeding / one clo stay look

↓
Admitted at Shikharika hospital on 12/07/26 initially
started on HFNC & was intubated after 3 hours.
ilv/o ALTE i.e. no activity / breathy & HR ↓ to 72/min

↓
child was intubated & treated as septic shock
? Meningitis (LP not done) had fever spike
in hospital.

↓
shifted to Rainbow Children's hospital for further
management

Past History (Including previous treatment and investigations):

- On mixed feeding (Breast milk + Aptam) gold stage 1
- Admitted in NIW for 15 days was on NIW for 3 days

Birth and Developmental History: 35wk (PT) / 1.7/19 / NIW admⁿ ilv/o RDS / CIAR /
IVF pregnancy.

Immunization History: vaccinated till date

H / O Allergy: —

Family History:

INITIAL ASSESSMENT

RBS : Temperature : Weight (kg) : 3.5 kg

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 :

SPO₂: 100% O by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : SM IV PC/PS 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 : Normal

Cardio Vascular System Clinical Exam : Heart Rate : 145/min Cardiac Rhytho :

(Heart sounds, murmur etc.) :

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

Blood Pressures : NIBP : 96/52 IBP : CVP :

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

Adrenaline (1.5 mg/kg) -

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 : no growth

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics :

Abdominal Exam : soft

ENT Exam :

Central Nervous System :

Level of Consciousness : AVPU / GCS score : EIV T M3

Neurological Findings :

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

⊖

only blood investigation done

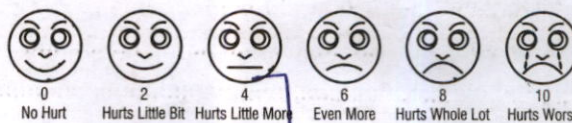
Special Needs Screening: (If any of the below are Positive, Please fill "Cross Consultation Form" to Concerned Department)
(Please select and 'tick mark' [✓] the boxes as applicable)

- a. Nutritional Screening Criteria: Screening is ☐ Positive ☒ Negative
- ☐ Diabetes Mellitus ☐ Needs Therapeutic Diet. ☐ Diarrhoea > 4days ☐ Food Allergy
- ☐ Overweight ☐ Psychological Eating Disorder ☐ Major Surgery ☒ Patient in ICU
- ☐ Under Weight ☐ Difficulty swallowing / Chewing ☐ Hyperemesis gravidarum ☐ Tube Feeding
- ☐ Poor Appetite > 3days ☐ 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 Interpreter 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: Normal

Current Medications: Meperon, Vancomycin, Adrenaline

Fentanyl

Not applicable

Provisional Diagnosis : Sepsis & Septic shock & Meningitis

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 : As per note

Indication for PICU referral : Hemodynamic monitoring, Respiratory monitoring

PLAN OF CARE

Preventive aspects of the treatment : To prevent Hemodynamic instability.

Desired goals of the treatment : > Hemodynamic Mtx

PLANNED INVESTIGATIONS

✓ RFL, ASG, CxR
✓ 1st Blood Cx

~~PT/INR~~

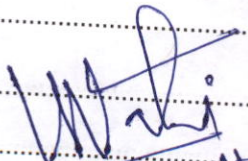
N.B. by Nurse
15/7/26
@ 8pm

PLANNED MANAGEMENT

1) Mefen
2) Vancomycin
3) 1st DNI @ 9ml
4) Adrenaline infusion
5) Morphine infusion

N.B. by Nurse
15/7/26
@ 8pm

Final Diagnosis:

Doctor's Signature : 

Name : Dr. Anurama

Date : 15/7/26

Time : 7:40pm

Consultant's Signature : 

Name : DR. ANURAMA

Date : 15/7/26

Time : 8pm

Registration No: 40000

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 16/7/26 Day of Admission : 2 Today's Date & Time : 17/07/26
PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 4 R-1 - N-2 C-0 - Bad!

OVERVIEW	Diagnosis : <u>Sepsis / meningitis</u>	Current Issues : <u>① Thrombocytopenia</u> <u>② Sepsis</u>
	VITAL SIGNS Today's Wt. (kg) : <u>3.5 kg</u> Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BLAD</u> <u>Intermittent Bronchopneumonia</u>	
	CXR : <u>①</u> <u>974240/Am</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : <u>on SIMV-PC 7h 40m Rti 15 P10-14 100%</u> Nitric Oxide : ☐ Yes ☐ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : <u>30 mL</u>	
	ABG : <u>7.32 pH</u> <u>7.38</u> <u>19.9</u> EtCO ₂ : <u>40.0</u> P/F ratio : <u>SP</u> <u>242</u>	
	Chest Physiotherapy Plan : Suctioning Needs : <u>Plan for extubation today</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>2h 42.10/min</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>2s</u> Liver Edge : <u>2cm</u> cm below Rt costal margin	
	Blood Pressures : MBP : <u>97/55 mmHg</u> IBP : CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
CNS	Any Other Infusions : Last 2D Echo Findings : <u>Src. collapse ECHO</u>	
	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 : <u>Rt Arm ven line</u>	
	Day of arterial line : Day of Central line : <u>①</u>	
	Plan of Care : <u>no plan for</u>	
CNS	Neuro Exam : <u>EVMU</u> <u>As flat open</u>	
	Pupils : <u>3mm BLAD</u> Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : <u>Sopped morphine ①</u> Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : <u>ACG-①</u>	
Plan of Care : <u>Plan for</u>		Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : <u>1124ml</u> (+/-) Input : ml/k/d UO : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : Feed Schedule :	
INFECTION	IV Fluids - Type of IVF : <u>DNS</u> @ <u>10</u> ml / hr (..... times maintenance)	
	TPN : ☐ Yes ☒ 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	
NEPHROLOGY ISSUES	Labs : Na <u>134</u> K <u>4.0</u> Cl <u>110</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT :	
	Abd Exam :	
	Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
HEMATOLOGY	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? ☐ Yes ☒ No - If yes, details :	
	Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs :	
CARE PROTOCOLS	P.D. ☐ Yes ☒ No - If yes, details :	
	Diuretics : ☒ Yes ☐ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :	
FINAL COMMENTS	Pending Lab Results : ☒ Yes ☐ No If yes, then details :	
	Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	True blood results den MRE hrs Schubert total hrs	

Date & Time : 10/07/20 @ 8 PM

Date & Time : 10/11/2023 @ 8:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
At 126	<u>NUTRITION REVIEW</u>	
8:30am		STOOL PASSED = 0
	PBW: 3.5kg (<5th centile)	
	REE: 159.1 kcal/d	Hb: 7.4 WBC: 16500
		Plt: 99000 Alb: 2.2
	NG Feeds	
	Aptamil Preterm	
	(1:30 ml) dilution	
	30ml @ 3rd hly	
		Recall vol = 120 ml/d
	6 scoops for REE	(with NPO)
	Vol = 180 ml/d for REE	4 scoops for Recall
	30 ml @ 3rd hly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal : 151.8 ; 43.3 kcal/kg/d	Cal : 101.2 ; 28.9 kcal/kg/d
	Prot : 4.8 ; 1.37 g/kg/d	Prot : 3.2 ; 0.91 g/kg/d
	Carbs : 16.2 ; 4.62 g/kg/d	Carbs : 10.8 ; 3 g/kg/d
	Fat : 7.2 ; 2 g/kg/d	Fat : 4.8 ; 1.37 g/kg/d
		<u>Present Feed: 30ml/3rd hly</u>
		Child is on NPO
		Diethan Mouice

Date & Time	Progress Notes	Doctor's Order
17/11/2024	C/S/B. Dr. Dinesh.	
	<u>Plan</u>	
	Δ : Sepsis/Septic shock	① Extubation today + HFNC/NIV
	<u>Issue</u> : Bronchospasm, Shock (improving). Intermittent apnea.	② Desmed to medline SOS ③ Paper iontophoresis to stop.
	Child on CPAP.	
	FiO ₂ : 35% PEEP: 6 PS: 6.	④ MRI Brain - HOLD
	SpO ₂ : 97% PR: 170/min RR: 42/min	⑤ Start feeds after extubation.
	Chest: R/L air entry @.	
	CVS: S1S2 @	
	CNS: E4V7M6 Pupil: 2+ 2+	
		NB Sreha 14.7.26 @10:10 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 10:30 AM	<u>Counselling Note</u> Dr. Dinesh	Room-2
	Parents have been counselled first counselling is better. child is having fever spikes. Blood pressure is also better. we will try to exhibit the child today but child is having intention that episode of apnoea. If needed, child has to be ventilated. Plotted about is placenta. Lumbar puncture is showing mild infection. Some times we have to check for immunity. We will submit to CSF or AFN. If needed we will do MRI brain. Injection markers are improving. Head tapping is Negative. Blood cultures are mounted.	
	AA D. K. Kar	Dr. Dinesh

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 8:10am	<u>NUTRITION REVIEW</u>	
	PBW: 3.5 kg (<5th Centile) REE: 159.1 kcal/d	STOOL PASSED = 3 Bristol-5 Hb: 8.7 Plt: 91000 Alb: 2.2
	NG Feeds	
	EBM & Aptamil preterm (1:30 ml) dilution	
	45 ml @ 3rd hly	Recall vol = 210 ml/d [60 cc/kg/d]
	6 scoops for REE	EBM = 75 ml/d for Recall
	Vol = 180 ml/d for REE	Aptamil preterm = 135 ml/d
	30 ml @ 3rd hly for REE	4.5 scoops/d for Recall
	<u>MACROS (RECALL)</u>	
		E P C F
	EBM 75 ml/d	48.7 0.82 5.5 2.5
	Aptamil preterm 4.5 scoops/d	113.8 3.6 12.1 5.4
	Total	162.5 4.42 17.6 7.95
	per/kg/d	46.4 1.26 5 2.27
		<u>Present Feed: 45 ml/3rd hly</u>
		Diethian Moulice



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 16/7/26 Day of Admission : 3 Today's Date & Time : 18/7/26, 8am
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : Sepsis / meningitis	Current Issues : Thrombocytopenia Apnea
	VITAL SIGNS Today's Wt. (kg) : 3.54 Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L AE ⊕, Coarse crackles ⊕ CXR : ⊕ (R) Pericardial Hatziness ⊕ SPO₂ : 99% on 40% FiO₂ O ₂ by NC / FM / NRB mask / Oxyhood, at L / min Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : NIV-PC - FiO₂ 40, PEEP-5, PEEP-10, PC above PEEP-5 Nitric Oxide : ☐ Yes ☒ No - If Yes, details : Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : EtCO₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : every 6th hrly Suctioning Needs : Any Nebs : Levulin, Budecort ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care : Continue physiotherapy	
	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : 915r ⊕ Quality of Pulses : good cap refill Time : 2.3 sec Liver Edge : 2 cm cm below Rt costal margin Blood Pressures : NIBP : 83/55 (77) IBP : CVP : Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min 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 : pice line ⊕ Acm - Day 3 Central line in situ : ☒ Yes ☒ No Place of central line & its condition : Day 3 Day of arterial line : Day of Central line : Plan of Care :	
	Neuro Exam : Ey's m6, AF - flat open Pupils : 2mm B/L reactive to light Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : MRI - SOS Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds				
	I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : <u>Normal</u>				
	NG output : PO intake :				
	Feed Formula : <u>Aptamil + Breast feed</u> Feed Schedule : <u>4.5ml @ 3rd hr</u>				
	IV Fluids - Type of IVF : @ ml / hr (..... times maintenance)				
	TPN : ☐ Yes ☒ 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 <u>143</u> K <u>3.7</u> Cl <u>119</u> Ca <u>119</u> Mg P HCO3 Sr. Amylase : Sr. Lipase :				
	Latest LFT : Abd Exam : <u>Soft, Distended</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :				
INFECTION	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :				
	Cultures Sent ? ☒ Yes ☐ No - If yes, details :				
	Describe c/s Reports :				
	Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Inj. meropenem / Day 4</u> <u>Pj. VANCOMycin</u>				
NEPHROLOGY ISSUES	Sr. Creat : <u>0.2</u> Bld. Urea : <u>14</u> Other Relevant Labs :				
	P.D. ☐ Yes ☒ No - If yes, details :				
	Diuretics : ☐ Yes ☒ No - If yes, details :				
	Catheterized : ☐ Yes ☒ 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 ? : ☐ Yes ☐ No ☐ NA		Pending Lab Results : ☐ Yes ☐ No		
	CRBSI Bundle Used ? : ☐ Yes ☐ No ☐ NA		If yes, then details : <u>Trace CBP / Bloods</u>		
	CA - UTI Bundle Used ? : ☐ Yes ☐ No ☐ NA		Pending Consultations : ☐ Yes ☐ No		
	Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA		If yes, then details :		
FINAL COMMENTS					
	• Trace CBP. Bloods. CSFs - mRUS				

Doctor's Name (Handover given) : Dr. vijay Bhesre
 Signature :
 Date & Time : 18/7/26, 8am

Doctor's Name (Handover taken) : Dr. prady umbe
 Signature :
 Date & Time : 18/7/26, 8am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 9:20am	C/S/B Dr. Dinesh	
	△: Sepsis/septic shock.	Plan:-
	Issue: Thrombocytopenic Fall in Hb.	① Low flow oxygen.
	Apnee.	② keep PICC for immediate
	Pressure sure.	③ Full feed.
	Child on OTD CPAP.	④ Try oral feeds.
	FiO ₂ : 30%.	⑤ Capillary blood gas.
	PEEP: 5.	⑥ Oral Caffeine.
	SpO ₂ : 99% PR: 95/min.	
	RR: 24/min.	
	BP: 72/39 (50)	
	Chest: B/L air entry ⊕	⑦ Put duodenal on
	CNS: S/S ⊕	pressure sure.
	PA: soft, NT.	
	No organomegaly.	
	CNS: alert.	
	AF: open ct level	
	Pupils: 2+ 2+.	

BAH-00661782 IP5-00176436
 Baby Of DHUMPATI SWATHI (M)
 02-05-2026 0 Y 2 M 16 D
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/7/26 @ 3:15 PM	<u>SIB Rustam / Dr. Sandeep</u> <u>Sev Septic shock!</u> <u>meningitis</u> <u>Pneumonia</u> - Thrombocytopenia - 1 episode of apnea - yesterday - Anemia On low flow oxygen at 2 L/min Hemodynamically stable Chest: Clear @ Exam. NRS: No Sept BSO CR. AF flat open All E4/5mb AF flat open RR: 120/min SpO2: 100% O2P BP: 90/54 mmHg	<u>Adv.</u> ① wear oxygen to 1 L/min ② CBP - tomorrow morning ③ watch for bleeding neuro checks / Seizure. ④ continue Vancomycin and meropenem ⑤ continue heparin and aspirin ⑥ watch for desaturation RD / apnea <u>for</u> <u>claus</u> noted by Hakeem 3:20 PM

BAH-00661782
 Baby Of DHUMPATI SWATHI
 02-05-2026 0 Y 2 M 16 D (M)
 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	General B/M/20/20	15/05/2026
		15/05/2026
	1st blood sugar 100 mg/dl	
	2nd blood sugar 100 mg/dl	
	3rd blood sugar 100 mg/dl	
	4th blood sugar 100 mg/dl	
	5th blood sugar 100 mg/dl	
	6th blood sugar 100 mg/dl	
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 9:	CLB PICU team	Plan
	As:- sepsis / ? meningitis	1) continue mechanical ventilation
	+/- cold :: 2 days	2) arterial line
	+/- loose stools - 2 in number, large quantity.	3) Titrate adrenaline to maintain MAP > 40 mm Hg.
	+/- dull activity	4) Send RP-I, PT/INR, PCT, Blood c/e, ABG
	taken to local hospital on 13/7/26	5) chest x-ray
	on ventilation:- SIMV/PC	6) 2y. levipil / BD
	FiO ₂ - 60%, PEEP-6, PIP-19, rate - 30/min, V _E - 8ml/kg	7) 2y. meropenem
	on adrenaline	2y. vancomycin
	@ 0.2 µg/kg/min	8) 2y. esomeprazole
	HR - 140/min	9) IVF DNE @ 10ml/kg.
	SpO ₂ - 98-100%.	10) Neurosonogram tomorrow morning
	BP - 78/40 mm Hg.	11) 2y. morphine for sedation
	POCUS:- IVC - CI - 56%.	12) Neuroprotective measures
	LVEF - 60%.	13) Neuroconsultation t/m
		14) 2y. phenobarbitone
		15) 2y. Acyclovir
		N. By Harsha 15/7/26 @ 9:30 pm
		Dr. Prathy



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 16/07/26 Day of Admission: Day 0 Today's Date & Time: 16/7/26 @ 7 AM
PRISM - III Score in first 24hrs. of Admission: 6 Today's SOFA Score: 9

OVERVIEW	Diagnosis: Sepsis / ? Meningitis	Current Issues: 1) High F_{IO_2} requirement 2) Shock 3) Severe anemia
	VITAL SIGNS Today's Wt. (kg): 3.5 kg Temp.: 98.5°F Blood sugar issues: 79 mg/dl	
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): B/L	
	CXR: Normal	
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support: ☐ Yes ☐ No - Day # of Vent: SIMV/PC - FIO ₂ 40% 6/19, rate = 30/min Nitric Oxide: ☐ Yes ☒ No - If Yes, details:	
	Ventilatory Settings: Leak around ETT: Delivered Vt: ABG: pH = 7.32 / HCO ₃ = 19.9 / Lac: 0.9 EtCO ₂ : 31 P/F ratio: 190 O.I.: 4.7 Chest Physiotherapy Plan: Suctioning Needs: Any Nebs: ICD? ☐ Yes ☒ No, if Yes, details: Plan of care:	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): HR: 140/min	
	Quality of Pulses: Good cap refill Time: Liver Edge: cm below Rt costal margin	
	Blood Pressures: NIBP: 81/49 mmHg IBP: CVP:	
	Infusion of: ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min on Adrenaline + after 0.08 mcg/kg/min	
	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: Day of arterial line: Day of Central line: Plan of Care:	
CNS	Neuro Exam: E4 Vt M5	
	Pupils: 2mm B/L equal & reactive Sedation Used? ☒ Yes ☐ No Any paralysis? ☐ Yes ☐ No	
	Types of Sedation: morphine (cont'd) 20mcg/kg/hr Types of Paralysis: Relevant CT Scan, MRI EEG, Neurosonogram etc: Plan of Care: Ramsay Sedation Score:	

BAH-00661782
 Baby Of DHUMPATI SWATHI
 02-05-2026 0 Y 2 M 13 D (M)
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>C/S/13 Dr. Dinech</u>
16/7/26 10am	Ans - sepsis / ? Meningitis current issues - High FiO_2 requir $\rightarrow$ Resolving after blood transf. on PC-PS mode of ventilation FiO_2 - 40%. PEEP - 6 ; RR - 30/min PC above PEEP - 10 HR - 132/min SpO_2 - 100%. RR - 30/min pupils - 2mm equal & reactive to light	Plan: ① Neuro consultation. ② LP now. ③ EEG (informed) ④ Stop Pheno barbitone. ⑤ NSG. ⑥ Weaning vent. ⑦ Wean ionotropes. ⑧ Stop Acyclovir ⑨ Send 5 vial panel.
		Noted by  16-07-26 10AM Sukanya - Send PCT +/m. - Discuss about MRS with Dinech Sr. - Pile line. Noted by  @ 10:30 AM



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 10am	<u>Consulting room.</u> <u>Dr. Divak / Dr. Raniga</u> - Child is currently on minimal ventilator settings. - We are tapering ventilator setting further & will try to take him out of ventilator. - Blood pressure is holding good with medication. We are tapering drugs for BP. We can will try to further reduce BP drugs. - Blood reports are not showing any severe organ injury. - For infection we are continuing antihypertensive antibiotics. Based on culture, we can further modify antibiotics. - Condition of child is critical as of now. - We will do EEG & CSF test (fluid around brain) to rule out infection in brain.	<u>Dr. Divak</u> 1. PCT Hm. 2. TMS. (Extended NBS)



IP5-00176436

Baby Of DHUMPATI SWATHI

02-05-2026 0 Y 2 M 13 D

0 Y 2 M 13 D

(M)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20	C/C/B Dr. Ranganathan Iyer.	
	- History notes	Advise - - Biofire - GI panel - If Cef normal, plan to stop vancomycin
		A



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/3/26. 3PM	C/S/B Dr. Anupama. Δ: Septis/Meningitis	Plenic
	Issue Shock (resolving) Encephalopathy (improving) Septis.	① Morphine stop 11m morning. ② TMS collect. Don't send.
	Child on SIMV. FiO ₂ : 40%. PIP: 20. PEEP: 6 Rct: 30/min.	③ Stop Morphine by 11m morning.
	SpO ₂ : 99%. PR: 136/min. RR: 30/min Chest: B/L clear CVS: S1S2+	④ Start feeds. 30ml q 3hrs. ⑤ PCT to decide 11m. ⑥ Extubation 11m.
	Feeds 10ml → iv fluid 5ml 3ml → stop iv fluid.	Noted by (22) 1607 @ 3PM Surya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	BP CENTILES	
	SRP	DRP. MAP
5th	72	35 (48)
50th	85	50 (62)
90th		
95th	98	65 (76)
16/5/26 10pm	<u>S/B Pentam</u> O/D ~ 1 mL / kg/hr 20 - 7.20 mL. Chemodynamically stable off inotropes. HR 138/min SpO ₂ 94% 40% FIO ₂ Bow 2x full contractility good EF 70%	Adx ① Di. LASIX 3mg/kg stat ② Review volume status ③ watch for urine output [Signature] not to be given 10:00pm 16/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>2AM</u> <u>17/2/26</u>	<u>S/B Pur team</u> Sfo - + 141 ml Post hax had 4 hour w/o suckling Pocul : Dr. collaping Contractility good Sf. 65T	Adv ① Dr. hax 3mg 2 stat ② Resuscitate as per Chand
<u>6AM</u>	<u>S/B Pur fellow</u> Pocul Dr. collaping Contractility good Sf. 65 Sfo. + 124 ml	Adv ① Stop feeds. ② Dr. an @ 10ml/hr ③ Dr. hax 3mg & stat Chand
<u>7AM</u>	<u>S/B Pur team</u> Child had Epilepsy 7 Grand mal HR dropped to 70/min	Adv ① 3 back to back levitin tablets ② Dr. Sirocin Chand

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/07/26 Day of Admission : 05 Today's Date & Time : 19/07/26
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Sepsis/septic shock / meningitis</u>	Current Issues : <u>thrombocytopenia</u>
VITAL SIGNS	Today's Wt. (kg) :	Temp.:
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Bil AE ⊕ chest clear</u>	
	CXR :	
	SPO ₂ : <u>100% on</u> O ₂ by <u>NC</u> / FM / NRB mask / Oxyhood, at <u>1</u> L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details : <u>Stopped at 7 AM</u>	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs : <u>Minimal</u>	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care : <u>To taper support</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S1S2 ⊕ NO Murmur</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u>< 3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>90/34 (56 mmHg)</u> CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	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 : <u>left arm</u>	
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition : <u>left arm</u>	
	Day of arterial line : Day of Central line : <u>D4</u>	
	Plan of Care :	
CNS	Neuro Exam : <u>AF - Flat EUG-Mc</u>	
	Pupils : <u>2 mm equal & reactive to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : <u>Diarrhea</u> NG output : PO intake : Feed Formula : <u>Apamril</u> Feed Schedule : <u>45ml/3hrly</u> IV Fluids - Type of IVF : <u>Nil</u> @ ml / hr (..... times maintenance) TPN : ☐ Yes ☒ 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 <u>132</u> K <u>3.2</u> Cl <u>119</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : <u>Blood c (16/7/26)</u> <u>CSF c (16/7/26)</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>INT MEROPENEM (NS)</u> <u>INT VANCOMYCIN (NS)</u>	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.2</u> Bld. Urea : <u>14</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ 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 ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☒ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : <u>Blood c, CSF c</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
FINAL COMMENTS	1) Taper O2 support 2) Plan to remove PICC line & to secure peripheral cannula. 3) Trace Blood c, CSF c.	

Doctor's Name (Handover given) : Dr. Jyoti
 Signature : 19/07/20
 Date & Time : 8:00pm

Doctor's Name (Handover taken) : July
 Signature : [Signature]
 Date & Time : 19/07/20 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/07/2026 11:30 AM	Dr. Sandeep A sepsis / septic shock Meningitis O/E Afebrile Hemodynamically stable on room air (N) - playful bil. a/e (+) moving all clear. 4 limbs PIA - soft Feed - 45ml / Q3H (100ml/day) onsens = inj. meropenem / DS inj. vancomycin / DS	Plan 1) Trace final Blood & CSF cl. 2) Continue oral feeds 3) Shift to PICU-2 today 4) Check ROP status in old files ↓ IF ROP (+) → Review by Ophthalmologist. Noted by pravalita
19/07/2026 11:30 AM	Bedside counselling notes - Child is stable on room air, accepting orally well bottle feeds - No further episode of Apnea - will shift to PICU-2 today - will shift to ward day after tomorrow - IF ROP (+) on old files summary, we will take review here	1 Beke



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 15/7/26 Day of Admission : D6 Today's Date & Time : 20/7/26 8AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>Sepsis / Meningitis</u>	Current Issues :
VITAL SIGNS	Today's Wt. (kg) : <u>3.5kg</u> Temp.: <u>98.2°F</u> Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAED, chest clear RR: 42/min</u>	
	CXR : _____	
	SPO ₂ : <u>100% on RA</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : _____ Nitric Oxide : ☐ Yes ☒ 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 Nebbs : _____ ICD ? ☐ Yes ☒ No, if Yes, details : _____	
	Plan of care : _____	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR: 130/min</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u><3sec</u> Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : <u>102/62mmHg</u> IBP : _____ CVP : _____	
	Infusion of : ☐ Dopamine _____ mcg / kg / min - ☐ Dobutamine _____ mcg / kg / min	
	☐ Epinephrine _____ mcg / kg / min - ☐ Nor Epinephrine _____ mcg / kg / min	
	☐ Milrinone _____ mcg / kg / min	
	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 : _____		
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : <u>picc line day 4</u>		
CNS	Neuro Exam : <u>E, V, S, M, G</u>	
	Pupils : <u>2mm equal & reacting to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+39</u> / (+/-) Input : ml/k/d UO : <u>5.4cc</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>Aptamix 60ml Q3H</u> Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☒ 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 ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☒ No - If yes, details : Describe c/s Reports : <u>On Inj MEROPENEM DL</u> Other Labs (Latex, Serology, etc) : <u>Inj VANCOMYCIN DL</u> Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : <u>0.2</u> Bld. Urea : <u>14</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ 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 ? : ☐ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA Patient Managed as per Relevant Protocols : ☒ Yes ☐ No ☐ NA If yes, then details :	
	Pending Lab Results : ☒ Yes ☐ No If yes, then details : <u>Blood c/s, CSF c/s</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	FINAL COMMENTS <u>- Plan to remove PICC line</u> <u>- Hacc Blood c/s, CSF c/s</u>	

Doctor's Name (Handover given) : Jaydm
Signature : JN
Date & Time : 2d 7/26 @ 8AM

Doctor's Name (Handover taken) :
Signature :
Date & Time :



Bed no: 9

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26 8am	<u>NUTRITION REVIEW</u>	
		STOOL PASSED = 3 / Bristol-5
	PBW: 3.5 kg (5th Centile)	
	REE: 159.1 kcal/d	Hb: 8.8 WBC: 15710
	✓	Plt: 1.4 Alb: 2.2
	Oral Feeds	
	Aptamil preterm	
	(1:30 ml) dilution	Recall vol = 450 ml/d
	60 ml Q 3rd hly	[128 cc/kg/d]
	✓	
	6 scoops for REE	15 scoops for Recall
	Vol = 180 ml/d for REE	
	30 ml Q 3rd hly for REE	
		✓
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 141 ; 40.2 kcal/kg/d	Cal: 352.5 ; 100.7 kcal/kg/d
	Pot: 4.8 ; 1.37 g/kg/d	Pot: 12 ; 3.4 g/kg/d
	Carbs: 16.2 ; 4.6 g/kg/d	Carbs: 40.5 ; 11.5 g/kg/d
	Fat: 7.2 ; 2 g/kg/d	Fat: 18 ; 5.1 g/kg/d
		<u>Present Feed: 60 ml/3rd hly</u>
		✓
	<i>Brown</i> 20/7/26 9:20am	<i>Dietitian</i> Mounice

BAH-00661782 IP5-00176436
 Baby OF DHUMPATI SWATHI (M)
 02-05-2026 0 Y 2 M 16 D
 Dr. DINESH KUMAR CHIRLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		S/P Dr. DINESH
20/07/26 10:30am	Δ: Sepsis/Meningitis	
	→ No fever	<u>PLAN</u>
	→ Alert	→ Remove PICC line
	comfortable and	→ One peripheral cannula
	take feed orally	→ Shift to ward
	→ No Apnea	→ USG & PET tomorrow
	Yesterday.	morning.
	AF Flat	→ Mew & Varic for one
		more day.
		Stop after tomorrow
		day.
		H.B. Tama
		20/07
		@ 11am

Date & Time	Progress Notes	Doctor's Order
2/2/20 09:45pm	S/B Pur team # Lepus - meningitis	
	NO fever NO signs active playful apple	Adx ① CBP, Procalcitonin tomorrow. Monitor
	Chut BLAD Spinel MRI	② Continue Vancomycin & Meropenem 500 tomorrow
	PA Soft BVD CM NO focal changes AT Electrodes	③ full oral feeds ④ watch for fever spikes
		<u>for</u> <u>Chen</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 9 AM	<u>C/S/B Resident</u> 4:- Sepsis - Meningitis child on Roomair no fever spikes no Seizures/no Vomiting Resp - BAE @ PIA - Soft CVS - S ₁ S ₂ heard Vitals - stable. decepting - Orally. (On Aptamin Palteam U/O - Good. 60-78 ml (Q3H)	<u>Plan</u> 1) On Inj meropenem Inj vancomycin } D7 2) Encourage orally 3) w/f fever spikes 4) Monitor Vitals Inform SOS Dr. Jayashri
21/7/26 11 AM	Seen by Dr. Dinesh 4:- Sepsis / meningitis child on Roomair Hemodynamically stable Resp } PIA } (C) CVS }	<u>Plan</u> 1) Change to oral levipil 2) stop antibiotics, caffeine 3) Continue 3-1- NS nebs 4) w/f apnea fever spikes. 5) Plan D/C Tomorrow. Dr. Jayashri

IP5-00176436

02-05-2026

0 Y 2 M 18 D

(M)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/10/2026	A Meningitis Sepsis - Septic shock O/E Hemodynamically stable conscious, orally Chest - clear Vital signs	plan: 1) Continue oral levofloxacin 2) Plan discharge tomorrow 3) Inform GPs.

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 Dr. DINESH KUMAR CHIRLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26	C/S/B Resident	
8:10 AM	Δ: Sepsis-meningitis	Plan
	no fever spikes	1) Continue oral levipil
	no apneic episodes	oral lanzol
	c/o excessive cry	2) Crocin (ea)
	O/E + child sleeping	3) Plan Discharge after rounds
	Resp - BAE ⊕	4) Inform soc.
	PIA - soft	
	CNS - S ₁ S ₂ ⊕	
	Vitals - stable	
	Accepting orally.	Dr. Jayash
22/7/26	C/S/B Dr. Dinesh.	
10 AM	Δ: Meningitis	Plan
	Sepsis - septic shock.	1) Discharge Today
	no Fever spikes.	2) Flv on Saturday
	ON Room and	Continue levipil
	Hemodynamically	Vitamin D.
	stable	→ Encourage orally.
		→ colic aid drops 0.3 ml.

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CROSS CONSULTATION FORM

Doctor Name: Ramya Bandi Date: 16/7/26 Time: 10:20am

Diagnosis: Sepsis/ meningitis

Hospital: Ruth Bonjart

Type of Referral :

☒ Emergency

☐ Urgent

☐ Non Urgent

Referred for: ☒ Opinion ☐ Co-Management ☐ Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Acute Gastroenteritis, ^{Acute} encephalopathy, ALTE

Signature: _____

Findings and Recommendations :

Infant / 2 weeks / 1.7 kg / NICU admission for (15) → RDS (MIV-3d)
(PT)

cold : (2d) → fever, lethargy, poor feed
loose stool (2d) → taken to sirurankh hospital

Acute life threatening event (in hospital) - No activity/ breathing
HR ↓ 72/min
No clinical response Intubated & MV (Septic shock)

1 event @ home } exacerbated, noisy breathing
2 event in hospital } inspiratory stridor
desaturation



Consultant :

Name: Dr Ramya Bandi Signature: Ramya Date & Time: 16/7/26

10:20am

Affected, unstable.

ole eye opening to non to

moving all limbs - fixation response.

He - 1200

1200-2

Pupils - All wide

Difficult to see

Spontaneous efforts.

① Hand to mouth velocity

Plan

① EEG - now

② LP - today

③ After LP can plan for MRI brain

④ Extended NBS

4:30 PM EEG Reviewed:-

① Background:- Difficultly attenuated background with no spontaneous activity transients

② NO state to state variability, NO

sleep/wake bars for age.

③ NO epileptiform discharges and ictal activity.

~~Dr. [Signature]~~

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RESULT SHEET

Date	15/7/26	17/07/26	18/07	19/07/26	20/07/26	21/7/26
Time	10 PM	6 AM	5 AM	4:00 AM	8 AM	8 AM
Hb	7.3 ↓	9.8 ↑	8.7 ↓	8.8	9.3	10.1 ↑
PCV	22.5	29.2	25.8	25.6	27.2	30.6
RBC	2.59	3.44	3.07	3.12	3.32	3.57
WBC	15,050	16,670	17,160	15,710	14,870	22,290 ↑
N/L	44.8/44.4	27/60	42/47	42/48	44/49	44/46.9
Platelets	1.90 lakh	1.11 L ↓	91000 ↓	1,41,000	1,97,000	1,57,000 ↓
CRP						
ESR						
PCT (<0.2)	21.8 ↑	12.4 ↓				0.942 ↓
RBS						
Na	143					
K	3.7					
Cl	119					
Ca/Mg	8.7					
Phosphate	4.3					
Urea	14					
Creatinine	0.2					
ALP	70					
SGPT	46					
SGOT	60					
T.Bill/Conj	1.3/0.6					
T.Protein	4.1					
S.Albumin	2.2 ↓					
S.Globulin	1.9					
A/G Ratio	1.9					
Uric Acid	3.8					
S.Amylase	30					
Sr.Lipase						
Blood Lactate						
S.Cholesterol	75					
PT/INR	15/1.1					
APTT	36					
CSF Protein / Sugar						
Cells						
N/L						

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Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 18 D (M)
Dr. DINESH KUMAR CHIRLA



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:

Shifted to:

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 MEROPENEM	140mg	IV	TID	2pm.	☐ C ☐ DC
2	INJ VANCOMYCIN	70mg	IV	TID	2pm.	☐ C ☐ DC
3	INJ LEVETIRACETAM	70mg	IV	BD	6am	☐ C ☐ DC
4	SYP CAFFEINE	1.5ml	PO	DD	10am.	☐ C ☐ DC
5	TAB PANTOPRAZOLE	3mg	PO	DD	6am.	☐ C ☐ DC
6	3+NAU Neb	2ml	Neb	TID	2pm.	☐ C ☐ DC
7	LEVODOPA Neb.	0.31m respule	Inspire Neb	QID	12pm.	☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature:

Date & Time :



Name:

Weight: 3.5 kg kgs

Sheet No:

[illegible]



Outside labs

RESULT SHEET

Date	12/7/26	13/7/26	14/7/26	15/7/26		
Time						
Hb	10.6		8.5	7.4		
PCV	35.2		25.0	24.2		
RBC	3.95		2.92	2.86		
WBC	2700	→	5,400	16,500		
W/L	26/62		40/46	38/47		
Platelets	3.70		2.03 ↓	99,000 ↓		
CRP	54		54.2	45.3		
ESR						
PCT						
RBS						
Na	135		139			
K	5.2		4.0			
Cl	102		110			
Ca/Mg	11/2.4					
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
Bill/Conj						
i.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR		12/1.0	13.2/1.0			
APTT		26	22			
CSF Protein / Sugar						
Cells						
N/L						



Sheet No:

REGULAR PRESCRIPTIONS

Weight **3.5 kg**

Ward **puw**

DRUG : Inj PHENOBARBITON				Date Time	15/7	16/7														
Dose	Route	Frequency	Start Dt.																	
10mg	IV	BD	15/7	10am	X															
Name & Signature of the Doctor Starting the Drugs:																				
Dr. JayaSri																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : 2ij. ACYCLOVIR				Date Time	16/7															
Dose	Route	Frequency	Start Dt.																	
60mg	IV	TID	15/7/2	12am	flow															
Name & Signature of the Doctor Starting the Drugs:																				
Dr. pratyush																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : 2ij. OPTINEURON				Date Time	16/7	17/7	18/7													
Dose	Route	Frequency	Start Dt.																	
	IV	OD	16/7/2	10am																
Name & Signature of the Doctor Starting the Drugs:																				
Dr. pratyush																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Nebi LABUNT3				Date Time	17/7	18/7	19/7	20/7												
Dose	Route	Frequency	Start Dt.																	
Nebi	Nebi	6th	17/7	12am	X															
Name & Signature of the Doctor Starting the Drugs:																				
Dr. Chandra																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 3.5 kg Ward PW

DRUG : <u>NBC BUDSONG</u>				Date Time	<u>17/7</u>	<u>18/7</u>														
Dose	Route	Frequency	Start Dt.																	
<u>6 am</u>	<u>NEB</u>	<u>TID</u>	<u>17/07</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Dinesh Kumar Chirala</u> <u>28/07/2026</u> <u>18/07</u>																
Additional Instructions:				<u>1 capsule - 3 days</u> <u>10 pm</u>																
Daily Doctor's Endorsement by a Sign				<u>u u</u>																
DRUG : <u>Fig Caffeine</u>				Date Time	<u>17/7</u>															
Dose	Route	Frequency	Start Dt.																	
<u>15mg</u>	<u>lu</u>	<u>OD</u>	<u>17/7</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Dinesh Kumar Chirala</u> <u>change to oral</u> <u>Dr. Pradyumn</u> <u>18/07/2026</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<u>u</u>																
DRUG : <u>SUP. CAFFEINE</u>				Date Time	<u>18/7</u>	<u>19/7</u>	<u>20/7</u>													
Dose	Route	Frequency	Start Dt.																	
<u>1.5ml</u>	<u>POG</u>	<u>OD</u>	<u>18/07/2026</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Pradyumn</u> <u>10 pm</u> <u>Am</u> <u>Pradyumn</u> <u>18/07/2026</u>																
Additional Instructions:				<u>Dr. Jay Jayash</u>																
Daily Doctor's Endorsement by a Sign				<u>u</u>																
DRUG : <u>3% Nall NEBS</u>				Date Time	<u>18/7</u>	<u>19/7</u>	<u>20/7</u>	<u>21/7</u>	<u>22/7</u>											
Dose	Route	Frequency	Start Dt.																	
<u>2ml</u>	<u>NEB</u>	<u>QSH</u>	<u>18/07</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Pradyumn</u> <u>2 pm</u> <u>Dr. Pradyumn</u> <u>18/07/2026</u>																
Additional Instructions:				<u>Dr. Pradyumn</u> <u>10 pm</u> <u>Dr. Pradyumn</u> <u>18/07/2026</u>																
Daily Doctor's Endorsement by a Sign				<u>Dr. Pradyumn</u> <u>18/07/2026</u>																

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 Baby Of DHUMPATI SWATHI
 02-05-2026 0 Y 2 M 16 D (M)
 Dr. DINESH KUMAR CHIRLA



Sheet No.

REGULAR PRESCRIPTIONS

Weight 3.5kg Ward PW

DRUG : T. LANZOPRAZOLE				Date Time	12/7	14/7	20/7	21/7	22/7						
Dose	Route	Frequency	Start Dt.												
3mg	PO	OD	18/7												
Name & Signature of the Doctor Starting the Drugs: <i>Dr. vijay</i>															
Additional Instructions: mix 15mg tablet in 5ml and give 1ml.															
Daily Doctor's Endorsement by a Sign															
DRUG : Syrup LEVITIL				Date Time	21/7										
Dose	Route	Frequency	Start Dt.												
0.7ml	PO	BD	21/7												
Name & Signature of the Doctor Starting the Drugs: <i>Jayasri</i>															
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															
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

Signature

VERIFIED BY : Name

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 Baby Of DHUMPATI SWATHI
 02-05-2026 0 Y 2 M 16 D (M)
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Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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																				

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

DRUG CHART

Date of Admission: 15/7/26 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 **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 : INT PARACETAMOL				Date Time	16/8														
Dose	Route	Frequency	Start Date																
35m	IV	fos	15/8																
Doctor's Signature		Valid Period	Pharm.																
W. K.		15/8	16/8																
Additional Instructions:																			
if fever > 100.4°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:																			



REGULAR PRESCRIPTIONS

Weight. 3.5 kg Ward. puw

VERIFIED

TS

DRUG : Inj MEROPENEM				Date Time	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Date								
140mg	IV	TID	15/7	10pm	10pm	10pm	10pm	10pm	10pm	10pm	10pm
Name & Signature of the Doctor Starting the Drugs:				JayaSri							
Additional Instructions:				10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm							
Daily Doctor's Endorsement by a Sign				JH JH JH JH JH JH JH JH JH JH JH JH							

TS

DRUG : Inj ESOMEPRAZOLE				Date Time	15/7	16/7	17/7	18/7
Dose	Route	Frequency	Start Date					
4mg	IV	OD	15/7	10pm	10pm	10pm	10pm	10pm
Name & Signature of the Doctor Starting the Drugs:				JayaSri				
Additional Instructions:				10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm				
Daily Doctor's Endorsement by a Sign				JH JH JH JH JH JH JH JH JH JH JH JH				

VERIFIED

TS

DRUG : Inj VANCOMYCIN				Date Time	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Date								
70mg	IV	TID	15/7	10pm	10pm	10pm	10pm	10pm	10pm	10pm	10pm
Name & Signature of the Doctor Starting the Drugs:				Dr. VANDH							
Additional Instructions:				10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm							
Daily Doctor's Endorsement by a Sign				JH JH JH JH JH JH JH JH JH JH JH JH							

VERIFIED

DRUG : Inj LEVETIRACETAM				Date Time	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Date								
70mg	IV	BD	15/7	10pm	10pm	10pm	10pm	10pm	10pm	10pm	10pm
Name & Signature of the Doctor Starting the Drugs:				JayaSri							
Additional Instructions:				10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm							
Daily Doctor's Endorsement by a Sign				JH JH JH JH JH JH JH JH JH JH JH JH							



Weight. 3.5kg. Ward. p.w

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
16/4	1:40AM	Inj ARIC	2mg	IV		Haus @2AM
16/4	1:40AM	PRBC	60ml over 4 hours	IV	Jayashri	Haus @2AM
16/4	1:40pm	Inj LASIX	2mg and at PRBC midway.	IV (HOLD)		Haus @4AM
16/4	6AM	Inj LASIX	2mg at endways	IV	Jayashri	Haus @6AM
16/4	10pm	Inj LASIX	3mg	IV		Haus 10pm
16/4	2AM	LASIX	3mg	IV		Haus 2:00 am
17/4	6AM	Rifampicin	3mg	IV		Haus 6:00 am
17/4	9:30AM	NOBILON	0.3mg Nebul			Haus 9:30 am



Weight. 3.5 kg Ward. p.w.

[illegible]

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-00661782 IP5-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 18 D (M)
Dr. DINESH KUMAR CHIRLA



Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
**Children's Observation &
Early Warning Scoring Chart**

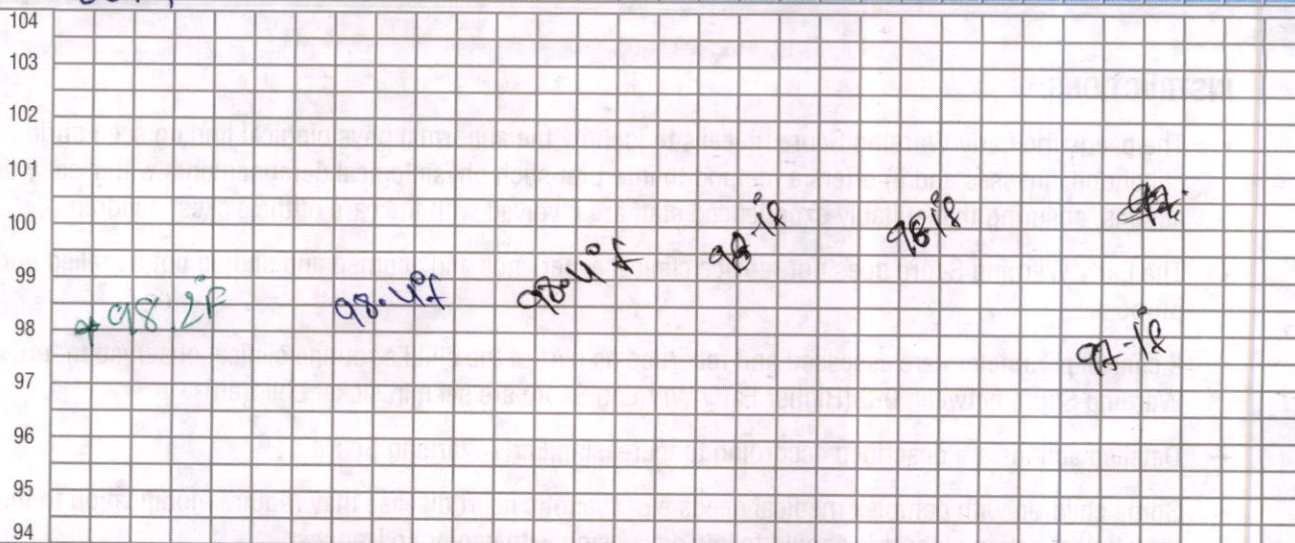
Pratiksha
Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 21/7 Time: 10 AM 6 PM 9 PM 12 AM 4 AM
Doctor/Nurse/Family Concern? 6am

Temperature
(F)

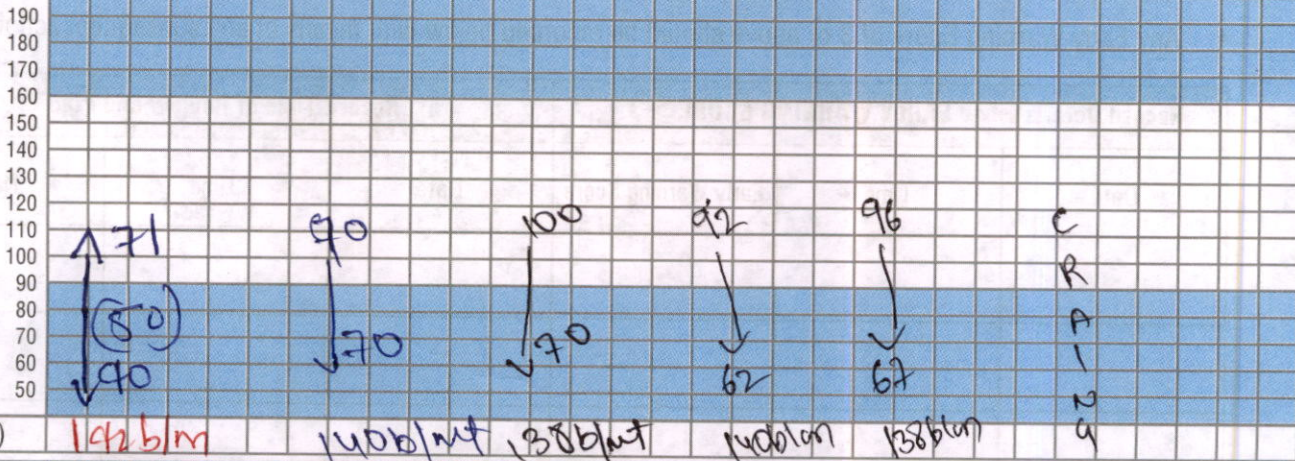


Heart Rate
(bpm)

and

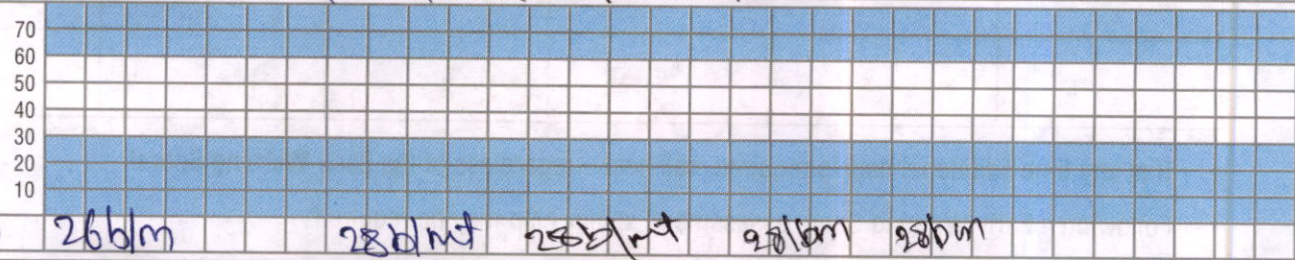
Blood Pressure
(mmHg) *

Note:
BP does not score
in early
warning scoring



Heart Rate (Number)

sp. Rate (bpm)
(Over 1 Minute) *



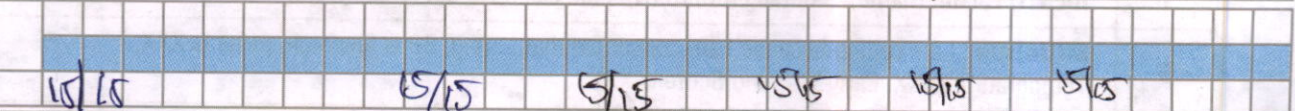
Resp Mod/ Severe
Distress None / Mild

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



Conscious Level
Normal Altered

GCS *

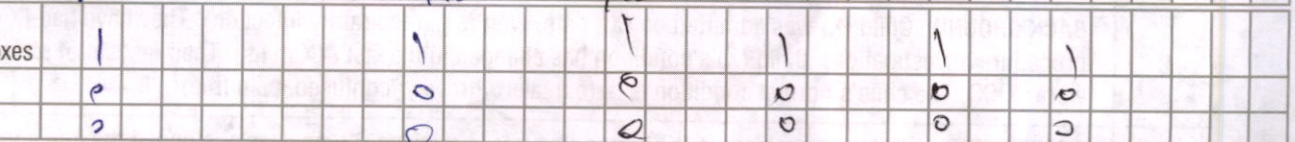


TOTAL SCORE

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 incharge and PICU /NICU fellow or PICU/NICU 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:

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BAH-00661782 IP5-00176436
Baby Of DHUMPATI SWATHI
02-05-2026 0 Y 2 M 18 D (M)
Dr. DINESH KUMAR CHIRLA

oc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)
**Children's Observation &
Early Warning Scoring Chart**

Pratiksha
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EARLY WARNING SCORE: CHILDREN'S UNIT

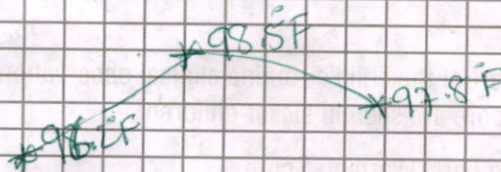
Date: 20/7 Time:

Doctor/Nurse/Family Concern?

6pm 10pm 2am

Temperature
(°F)

104
103
102
101
100
99
98
97
96
95
94



Heart Rate
(bpm)

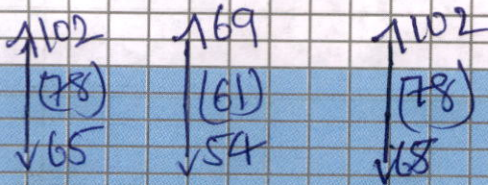
and

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)

126b/m 117b/m 102b/m

Resp. Rate (bpm)
(Over 1 Minute) *

70
60
50
40
30
20
10

Resp Rate (Number)

26b/m 26b/m 26b/m

Resp Mod/ Severe
Distress None / Mild

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

99% 100% 99%

Conscious Level
Normal Altered

GCS *

15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes

1 1 1

Pain Score

0 0 0

Observer's Initials

2 2 2

ACTIONS

NB: Scores 3 should be
recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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BAH-00661782 IP5-00176436
 Baby Of DHUMPATI SWATHI
 02-05-2026 0 Y 2 M 18 D (M)
 Dr. DINESH KUMAR CHIRLA



FLUID CHART

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output						IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	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	No												
20/7	05:00 pm	IVF	Milk									0	} 8	
	06:00 pm										✓	0		
	07:00 pm	1										0		
Total Intake :						Total Output :								
	08:00 pm											0	} (P)	
	09:00 pm	1					✓	1	1		✓	0		
20/7	10:00 pm	No	Milk									0		
	11:00 pm	IVF										0	} (P)	
	12:00 am		Milk				✓	1	1		✓	0		
	01:00 am	1										0		
Total Intake :						Total Output :								
	02:00 am											0	} (P)	
	03:00 am	No										0		
20/7	04:00 am	IVF	Milk									0		
	05:00 am						No	1	1		✓	0	} (P)	
	06:00 am	1										0		
	07:00 am											0		
Total Intake :						Total Output :								

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00661782 IP5-00176436
 Baby Of DHUMPATI SWATHI (M)
 02-05-2026 0 Y 2 M 18 D
 Dr. DINESH KUMAR CHIRLA

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.

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
8-0-20 21/7/26 4.056 kg			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am	NO										
	11:00 am	IVF milk										
	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										
	11:00 pm	IVF milk										
	12:00 am											
	01:00 am											
Total Intake :					Total Output :							
	02:00 am											
	03:00 am											
	04:00 am	NO milk										
	05:00 am	WS										
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake												
Total 24 hrs. Output												