IP5-00176512
LLY VAISHNAVI
1 Y 7 M 18 D (F)
MA Y

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DEFICIENCY CHECK LIST OF CASE SHEET

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

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : L. Tejasw (P.T.C
22/07/202

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

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176612 **Admit Date** : 19-Jul-2026 **Admit Time** : 06:41 PM **UHID** : BAH-00662130

Patient Details :

Patient Name	: Baby ARVAPALLY VAISHNAVI	**Age**	: 1 Y 7 M 16 D
Guardian	: Mr ARVAPALLY KUMARASWAMY	**DOB**	: 03-12-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: H NO - 1-89. NEAR HANUMAN TEMPLE , KOTHAPALLI , DIST - RAJANA SIRCILLA , Sirsilla Karimnagar Telangana INDIA 505301	**Phone No**	: 7066535226/ 9573265597
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 213 **Ward Name** : 2F-PICU I

Room No : PICU 213 **Admission Type** : First Visit

Contact Details :

Name	: Mr ARVAPALLY KUMARASWAMY	**Relationship**	: Father
Contact Address	: H NO - 1-89. NEAR HANUMAN TEMPLE , KOTHAPALLI , DIST - RAJANA SIRCILLA , Sirsilla Karimnagar Telangana INDIA 505301	**Phone No**	: 7066535226 / 9573265597

Signature

Doctor Details :

Doctor Name	: Dr. ANUPAMA Y	**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	: VOLO HEALTH INSURANCE TPA PVT LTD

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B2

ACTIVITY RECORD FOR BILLING

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

Name :_____

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

Date of Admission: _____ Tim ge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	12.40pm	PICU	203	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Bhargavi	20/7	9712846	
2	Dr. DOBBAKI AAR	20/7		
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/7	CBP, RFT, PCT, RBS		
	Blood C/S	26072490	
	CXR →	36005	
20/7/26	RBS	26072606	
	2D ECHO →	36259	
21/7	RBS	26072919	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7	Inv. monitor.			9711421	
	Inf. pump				
	O2				
	HFNC				
20/7/26	INV. Monitor			9711420	
	INF. pump			9711420	
	HFNC			9711420	
	Oxygen			9711420	
21/7	INV: Monitor				
	O2			9711420	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7	IV placement	(1)	9711422	
19/7/26	Nebulization	(2)	9711608	
20/7/26	Nebulization	(2)	9711990	
20/7	Neb T O2	(2)	9712850	
21/7	Neb T O2	(2)	9713685	
27/7	NHA	(1)	9715709	

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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ADMISSION CRITERIA – PICU

Admission / Transfer from:

☐ Emergency ☐ Outpatient (OPD) ☐ Ward ☐ Operation Theater ☐ Others: Transport

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, hemofilteration 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 ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall 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: Ghosh Name of the Doctor: Sukanya Ghosh Date & Time: 19/7/24.

Patient Sticker

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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.

DR. ANUPAMA Y
Registration No: 50853

Signature of the Doctor: .....

Name of the Doctor : Dr. Anupama. Y

Date & Time: 26/07/26 @ 10.30Am.

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI (F)
03-12-2024 1 Y 7 M 16 D
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Sandeep.	
19/7/24 6:30pm	A: Influenza pneumonic	
		Plan:-
	Fever x 2days	① Ceftriaxone
	Cough x 2days,	
	ⓑ Fast breathing x 1day	② Azithromycin.
	↓	
	Admitted at Cloudnine	③ Oseltamivir.
	Hospital, Nallagandla.	
	HFNC support.	④ CBP, PCT, RP2,
	H1N1 positive	CxR.
	On Day3 admission,	Blood culture.
	HFNC stopped.	
	On Day 4, HFNC	⑤ ~~Continue~~ Cont HFNC
	restarted i/v/o respiratory	
	distress	⑥ Watch for respiratory
	ⓡ Ceftriaxone, Fluvir.	distress.
	↓	
	Child transported to KCH,	
	Banjara Hills.	
	O/E:- Child on HFNC	noted by
	FiO2 10L/min FiO2: 40%.	pravallika
		6:40PM.
	SpO2: 99%. PR: 126/m	
	RR: 39/m BP: 96/56.	

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Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Chest: B/L air entry ⊕	
	Crepts ⊕	
	Wheeze ⊖	
	CVS: S_1S_2 ⊕	
	No murmur.	
	CNS: alert, active.	
	PA: soft, NT.	Continue.

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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/12/24.	Counselling room Dr. Sukanya Child's condition is explained to parents. - Child has lung infection with Influenza virus. - Due to lung infection, child has fast breathing & requiring high flow oxygen. Chest Xray is looking like viral infection. We will continue high flow oxygen & antibiotics now. If respiratory distress worsens, child might need higher respiratory support like ventilator. If child remains stable, we will try to come down on oxygen flow. Child will remain in PICU till fast breathing settles down. Kumari Father	Sukanya.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/7/26 Day of Admission : 1 Today's Date & Time : 20/07/26 7AM

PRISM - III Score in first 24hrs. of Admission : ..... Today's SOFA Score : .....

OVERVIEW

Diagnosis : Influenza A pneumonia

Current Issues : Respiratory Distress

VITAL SIGNS Today's Wt. (kg) : 10kg Temp.: 98.0°F Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L crepts RR:- 80/min.

CXR : B/L infiltrates

SPO_2 : 100% on HFNC O_2 by NC / FM / NRB mask / Oxyhood, at 10 lit/min L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

FiO_2 - 40%.

Ventilatory Settings : Leak around ETT : ..... Delivered Vt : —

ABG : — $EtCO_2$: — P/F ratio : — O.I. —

Chest Physiotherapy Plan : — Suctioning Needs : .....

Any Nebs : ..... **ICD ?** ☐ Yes ☑ No, if Yes, details : .....

Plan of care : Continue HFNC

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR:- 97/min

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

Blood Pressures : NIBP : 95/73mm Hg 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 : Cannula - 22G in (R) Hand

CNS

Neuro Exam : GCS-15/15

Pupils : 2mm, B/L equal & reactive **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 : +70 / (+/-) ..... Input : 2-1cc/kg ml/k/d UO : 1-3cc/kg ml/kg/hr Stools : .....

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : DNS @ 20 ml / hr (60-/- 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 140 K 3.9 Cl 107 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 : On Inj ceftriaxone D2

Other Labs (Latex, Serology, etc) : Azithromycin D2

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : 0.2 Bld. Urea : 6 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 : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : CBP : 11.2 / 10,200 / 54 / 3% / 3.72 lakhs

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 : Trace Blood c/s.

.....

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

.....

FINAL COMMENTS

Trace Blood c/s

Continue HFNC

Doctor's Name (Handover given) : Sayab

Signature : JM

Date & Time : 20/2/26 @ 2AM.

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : @ 8AM 20/2/26

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/02/26 10:30 Am	c/s/B Dr. Anupama	
	A/s - Influenza A pneumonia	
	current - O_2 Requ	
		Plan
	Issue: Oxygen requirement.	1.) To taper HFNC 2 evening to O_2
	Child on HFNC. Flow: 30% FiO2: 6L/min SpO2: 99% P	2.) Reduce I/V fluids to 1ml/kg/hr (10ml/hr)
		3) Shift to low flow oxygen by evening.
	O/E: Hemodynamically stable	4) Shift to ward Hm.
	Resp: B/L AE ⊕, B/L crepitations ⊕ no retractions	5) T. Lasix 0.5mg/kg.
		6) Allow orally
		7) 2D-ECHO (informed)
	P/A: Soft, non tender CNS - GCS - 15/15, no focal deficits.	
		DR. ANUPAMA Y Registration No: 50853 D. Anupa 20/2/26 10:35am

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Baby ARVAPALLY VAISHNAVI (F)
03-12-2024 1 Y 7 M 16 D
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Counselling Note	
20/7/26. 10 am	Dr. Anupama	
	Child is currently stable on HHHFNC.	
	Today we will try to take her out of HHHFNC & shift to low flow oxygen. If child remains stable on low flow oxygen, we can plan to shift to room tomorrow. If child's distress worsen we will upgrade respiratory support.	
	Kumar father	[signature]

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/7/26 Day of Admission : 2 Today's Date & Time : 21/7/26, 8a

PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW

Diagnosis : Influenza A pneumonia

Current Issues :
- Cough ⊕
- post tussive vomit
- Resp. distress

VITAL SIGNS Today's Wt. (kg) : 10 kg Temp.: 98 Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
B/L AE ⊕, crepitations ⊕ R>L

CXR : B/L Haziness

SPO_2 : 99% 1 lt O_2 by (NC) / FM / NRB mask / Oxyhood, at 1 lt 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 Nebs : levolin, Budecort **ICD ?** ☐ Yes ☐ No, if Yes, details : .....

Plan of care : tapering & stop O_2

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1S2 ⊕

Quality of Pulses : good cap refill Time : <2 sec Liver Edge : — cm below Rt costal margin

Blood Pressures : NIBP : 95/55 (66) 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 : Normal.

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 : GCS-15/15

Pupils : B/L 2mm, equal 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 :

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 : .....

NG output : ..... PO intake : .....

Feed Formula : ..... 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 140 K 3.9 Cl 107 Ca ..... Mg ..... P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : Soft

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 : ..... Inj. Ceftriaxone

Other Labs (Latex, Serology, etc) : ..... Syp. Azithro | D3

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : ..... 0.2 ..... Bld. Urea : ..... 6 ..... 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 : .....

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : .....

Any Coagulopathy : ..... 11.2) 10,200 (7.7L

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 : Blood c/s

.....

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

.....

FINAL COMMENTS

- Stop O2
- Shift out
- ~~Bridge to oral~~

Doctor's Name (Handover given) : .....

Signature : Dr. Vijay

Date & Time : 21/7/26, 8am

Doctor's Name (Handover taken) : Dr. Prathyusha

Signature : .....

Date & Time : 21/7/26, 8am.

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/26 2:50pm	S/B Dr Anupama	
	D: Influenza A Pneumonia	
	✓ On HHHFNC [illegible] flow	PLAN
	30% FiO₂	1) Shift to low flow O_2, ̄c nasal prongs @ 2Lit/min
	✓ On levolin 8th hourly	
	Budecort 8th hourly	2) Allow orally.
		3) If distress worsen
	✓ wheeze ↓ed on Auscultation.	Shift back to HFNC
		DR. ANUPAMA Y Registration No: 50853
		20/7/26 2:50pm
		[illegible] @ 2:47 hrs 3Pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 10 AM	c/s/B Dr. Anupama	
	Apbt Influenza A Pneumonia	
	off O_2 : morning	
	Hemodynamically stable	plan
	o/e – RS - BAE (+)	(1) shift to ward
	CVS – $S_1 S_2$ (+)	(2) Oral Esomeprazole
	PA – soft	(3) Neb. c BUDECORT BD.
	vitals – stable	
		DR. ANUPAMA Y Registration No: 50853 21/7/26
	Bedside Counselling notes	
	child is Hemodynamically stable, off oxygen so shifting to ward and plan to discharge the child tomorrow if stable.	Dr. Himaja.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/24	Shifting notes	
11AM	Adv – Influenza A Pneumonia.	
	On room air	
	Hemodynamically stable	Plan
	Shifting vitals —	1) cont. Antibiotics
	T – 98.4°F	2. cont. Nebulisation
	SpO2 – 98% @ RA	3. Trace Blood cls.
	HR – 110/min	4. Oral Esomeprazole
	RR – 23/min.	5. Inform SOS if distress (+).

Dr. Himaja.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	d/s/b PICU fellow	
21/07/2026		
6pm	D Influenza A pneumonia	
	O/E	Plan
	Afebrile	1) check SpO_2 now
	Hemodynamically stable	2) Continue nebulization
	chest - clear	3) Inform
	on room air	< SpO_2 < 94%
	Blood C/s - sterile till now	Tachypnea
		Tachycardia
		4) monitor vitals
		[signature]
		Dr. Prabanda

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24 8Am	c/s/B PICU fellow D: Influenza A pneumonia. - Child is Afebrile - No cough - no new complaints O/E: - Resp: B/L AE ⊕ Conducted sounds ⊕ no wheeze/crepitations P/A - soft CNS - S_1S_2 ⊕	Plan:- - Taper nebulisation - Discharge after rounds - monitor vitals - Inform { SpO_2 < 94% Tachypnea Tachycardia
	S/B Dr. Anupama	
22/7/24 10am	Influenza A pneumonia Off O_2. Oral acceptance better (Appropriate)	Plan Discharge. Oseltamivir (total 7 days) [illegible] x total 4 days Levolin BD Budecort BD } 4-5 days. Multivit. Lanzo PN saline drops

No. : RCHBH /FRM / CLINICAL / 088

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Baby ARVAPALLY VAISHNAVI
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Dr. ANUPAMA Y

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : Dr Jonaki pal . Date : 20/1/26 Time : 4'30 pm .

Diagnosis : Influenza A pneumonia

Hospital : RCH

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

Type of Referral :
☐ Emergency
☑ Urgent
☐ Non Urgent

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

pneumonia .

Signature:

Findings and Recommendations :

Influenza A pneumonia
On tapering HFNC

HR - 147/min
SpO_2 - 97%.
BP - 100/75/88.

ECHO
- Clinically (N) heart — CVS - $S_1 S_2$ (N)
- Mild TR NO MR — No murmur.
- NO LVOTO / RVOTO / AR
- (L) arch NO COA / NO ADA
- Intact IAS / IVS
- GBVF
- IVC collapsible
- NO vegetation / clots / thrombus.
- NO PAH.

Adv
Review SOS

Consultant :

Name : JONAKI PAL Signature : Jonaki Date & Time : 20/01/2026, 5.00PM.

CARDIOLOGY REQUISATION FORM

Name: Vaishnavi Age: 1y 7m

Sex: f Date: 20/7/26

UHID No: BAH - 0066230 Weight: 10 kg

DIAGNOSIS: Influenza A pneumonia

SILENT CLINICAL FINDINGS:

B/L AE ⊕, B/L crepitations ⊕

IMPORTANT LAB PARAMETERS:

CBP - Hb - 11.2,
WBC - 10,200
PLT - 7.7L

INDICATION FOR ECHO & REQUIRED INFORMATION:

to look for cardiac function

CONSULTANT NAME:

Dr. Anupama Y

RESIDENT SIGNITURE:

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RESULT SHEET

Date	19/7/26					
Time	7pm					
Hb	11.7					
PCV	36.4					
RBC	5.07					
WBC	10,200					
N/L	59/35					
Platelets	7.72 Lakh.					
CRP						
ESR						
PCT	0.048					
RBS						
Na	140					
K	3.9					
Cl	107					
Ca/Mg						
Phosphate						
Urea	6					
Creatinine	0.2					
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 - 15					

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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Outside labs

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RESULT SHEET

Date	13/7/26	15/7/26					
Time							
Hb	13.6	13.2					
PCV	46.0	44.2					
RBC	6.49	6.38					
WBC	5080	8230					
N/L	18/68.4	67.4/26.4					
Platelets	3.57	4.17					
CRP		3.37					
ESR							
PCT							
RBS							
Na		137					
K		4.2					
Cl		105					
Ca/Mg		9.3					
Phosphate							
Urea							
Creatinine		0.2					
ALP							
SGPT							
SGOT							
T.Bill/Conj							
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							

(P.T.O)

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 15/7 Influenza 'A' – positive .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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MEDICATION RECONCILIATION FORM

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

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.
(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: PICU 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. CEFTRIAXONE	500mg	i.v.	BD	21/7/26	☑C ☐DC
2	Syp. AZITHROMYCIN	5ml	PO	OD	20/7/26	☑C ☐DC
3	Syp. FLUVIR	2.5ml	PO	BD	21/7/26	☑C ☐DC
4	T. LANZOL JR	15mg	PO	OD	21/7/26	☑C ☐DC
5	Neb. LEVOLIN	0.63mg	Neb	TID	21/7/26	☑C ☐DC
6	Neb. BUDECORT	0.5mg	Neb	BD	21/7/26	☑C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Hwaja

Date & Time : 21/7/26 11 AM

Nurse Name & Signature: Manjusha D

Time : 21/7/26 @ 11Am

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Dr. ANUPAMA Y

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DRUG CHART

Date of Admission: 19/7/26 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 :				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:				

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

VERIFIED BY : Name ..... Sign ..... Date ..... Time .....

BAH-00662130
Baby ARVAPALLY VAISHNAVI (F)
03-12-2024 1 Y 7 M 16 D
Dr. ANUPAMA Y

REGULAR PRESCRIPTIONS

Weight. 10 kg Ward. PW

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date	Date/Time	19/7	20/7	21/7
500mg	iv	BD	19/7	10 am	X	[illegible]	[illegible]
				10 pm	[illegible]	[illegible]	[illegible]

Name & Signature of the Doctor Starting the Drugs: Suhay

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : SYP AZITHROMYCIN

Dose	Route	Frequency	Start Date	Date/Time	19/7	20/7	21/7
5ml	PO	OD	19/7	10 pm	[illegible]	[illegible]	[illegible]

Name & Signature of the Doctor Starting the Drugs: Suhaya.

Additional Instructions: 100mg/5ml

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : SYP FLUVIR

Dose	Route	Frequency	Start Date	Date/Time	19/7	20/7	21/7
2.5ml	PO	BD	19/7	10 am	X	[illegible]	[illegible]
				10 pm	[illegible]	[illegible]	[illegible]

Name & Signature of the Doctor Starting the Drugs: Suhaya.

Additional Instructions: 60mg/5ml.

Daily Doctor's Endorsement by a Sign

VERIFIED

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time	19/7	20/7	21/7
10mg	iv	OD	19/7	6 am	[illegible]	[illegible]	[illegible]

STOP

Name & Signature of the Doctor Starting the Drugs: Suhaya.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED

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Baby ARVAPALLY VAISHNAVI
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Dr. ANUPAMA Y

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VERIFIED

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight ....10 Kg.... Ward ....PW....

DRUG : NEB LEVOLIN.

Dose	Route	Frequency	Start Dt.
0.63 mg	Neb	TID	19/7

Name & Signature of the Doctor Starting the Drugs: Suhay.

Additional Instructions:

Date/Time	19/7	20/7	21/7	22/7
6 am	X	BU, sec	[illegible]	Dipu, Swathi
2 pm	X	mayu, Dheshu	Banla, Roose	
10 pm	Bu, sec	[illegible]	Dip	

Daily Doctor's Endorsement by a Sign

DRUG : NEB BUDECORT

Dose	Route	Frequency	Start Dt.
0.5 mg	Neb	TID	19/7

Name & Signature of the Doctor Starting the Drugs: Suhay.

Additional Instructions:

Date/Time	19/7	20/7	21/7
6 am	X	BU, sec	
2 pm	X	Mayu, Dheshu	
10 pm	Bu, sec	[illegible]	

changed

Daily Doctor's Endorsement by a Sign

VERIFIED

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

[redacted]

[redacted]

DRUG : Neb c̄ BUDECORT

Dose	Route	Frequency	Start Dt.
0.5 mg	Neb	BD	21/7

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date/Time	21/7	22/7
6 AM	mayu, Dheshu	Dipu, Swathi
6 PM	Roose, Kalu	

Daily Doctor's Endorsement by a Sign

DRUG : T. LANZOL JR

Dose	Route	Frequency	Start Dt.
15 mg (3/4)	OD	PO	21/7

Name & Signature of the Doctor Starting the Drugs: [illegible]

Additional Instructions:

Date/Time	21/7	22/7
6 AM	✓	Dipu, Swathi

Daily Doctor's Endorsement by a Sign

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ Time ▾

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

BAH-00662130 IP5-00176612
Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

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

VAI

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

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

Signature .....

VERIFIED BY : N

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/24	10:30 AM	Inj. FUROSEMIDE	5mg	IV		Meghana Shanthan 10.35 AM

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Baby ARVAPALLY VAISHNAVI
03-12-2024 1 Y 7 M 16 D (F)
Dr. ANUPAMA Y

I.V. FLUIDS CHART

Weight. 10 kg Ward. PICU

Date	Time	Composition of I.V. Fluid (In ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/7/26	6:30pm	DNS	iv	20ml/hr			20/7		
20/7/26	11 AM	DNS	iv	10ml/hr					

Signature

VERIFIED BY : Name

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I,

Patient's / Learner Language : .....Patient / Learner Literacy : ☐ Read ☐ Write ☐ Speak Willingness to Learn : ☐ Yes ☐ No Healthcare Literacy : ☐ Yes ☐ No

Identified Education Needs :

1. Diagnosis
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Trerapy (safety, effects/side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's Family Rights
13. Risk / Safety
14. Activity / Exercise
15. Social Rehabilitation Needs
16. Special Discharge / Follow-up Education / Coping Skills
17. Others.....

Part - II

Date	Time	Need Indentified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
19/7	7pm		treatment of cacre	M	1	0	1	1	-	
20/9/26	8am	9	Soft high protein diet	M	1	0	1	1	-	Monica

Part - III : CODES

Who was taught : **PT** : Patient **F** : Father **M** : Mother **S** : Spouse **Sn** : Son **D** : Daughter **C** : Caregiver **O** : Other (Specify).....

Learning Barriers :

1. No Learning Barries
2. Physical Impairment
3. Emotional Barries
4. Language Barrier
5. Educational Level
6. Desire / Motivate to Learn
7. Impaired Thought Process / Cognitive limitations
8. Responsibilities at Home
9. Cultural Difference
10. Financial Difficulties
11. Beliefs and Values
12. Impaired Vision / or Hearing
13. Cultural / Religion Practice
14. Others (Specify) .....

Teaching Tools Used : **A** : Audio **D** : Demonstration **V** : Video **O** : Oral **P** : Printed

Mechanism/s to overcome barrier/s :

1. None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify.....

Understanding : 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

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Baby ARVAPALLY VAISHNAVI
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Dr. ANUPAMA Y

MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
19/7 @ 8AM	☐ Medical ☑ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op	HFNC pneumonia	HFNC corrected	I.v antibiotics HFNC corrected		☐ Nursing ☐ Others:
	☐ Medical ☑ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
20/7/26 sam	☐ Medical ☐ Nursing ☐ Others: Dietitian	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	pneumonia	Encourage orally	soft high protein diet	Monica	☐ Medical ☐ Nursing ☑ Others:
21/7/26	☐ Medical ☑ Nursing ☐ Others:	☑ Initial ☐ Modified ☐ Per-Op ☐ Post Op	pneumonia.	Happening Oxygenation.	IV. Antibiotics		☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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MULTI-DISCIPLINARY PLAN OF CARE FORM

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Diagnosis: _____

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:
	☐ Medical ☐ Nursing ☐ Others:	☐ Initial ☐ Modified ☐ Per-Op ☐ Post Op					☐ Medical ☐ Nursing ☐ Others:

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NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 19/7/ 6:45pm

Source of Admission: ☐ OPD ☐ Ward ☑ Other: Transport

Reason for Admission: fever

Admission Diagnosis: pneumonia

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name:

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify

Do you require an interpreter? ☐ Yes ☐ No

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

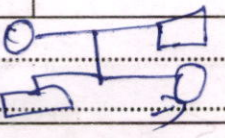
If yes, identify

Source of Information : ☑ Family ☐ Patient ☐ Others, Specify

SIGNIFICANT HISTORY

Past Medical History	Past Surgical History	Last Hospital Admission
NO medical History	NO surgical History	closed nine hospital. 19/7/26

Family History:



Has the child or close family member had recent contact with a communicable disease? ☐ Yes ☐ No

If yes please list,

Was the child's birth normal? ☑ Yes ☐ No If No, please describe problems:

Are the child's immunization up to date? ☑ Yes ☐ No

CURRENT MEDICATIONS

Taking Medications? ☑ Yes ☐ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☐ No

Observations: Weight: 10kg Length: — Head Circumference (< 2 years):

Temp.: 98.6°F HR: 108 RR: 30 BP: 118/76

Pain Score: 0 Specify Site: — (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: ☑ Yes ☐ No Score: 4 (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score 4) (Document in the Braden Q Assessment Sheet)

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Behavioural Status on Admission :

☐ Sleeping ☑ Crying ☐ Calm ☐ Distressed/Consolate ☐ Drowsy

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

☐ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special diet ☑ No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: ☐ No Significant Findings

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

If Yes Consultant Notified: ..... (Date/Time): .....

Soc al History: Lives With .....

Sibiings in household ☐ Yes ☐ No (if yes How Many?) .....

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ PICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☐ Family ☐ Others specify .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Name: pranavilaq Nurse Signature : .....

Date & Time: 14/2/2026 1:35

DISCHARGE PLAN

Source of Information: ☑ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☑ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☑ Yes ☐ No

Are dressing needs at home anticipated: ☑ Yes ☐ No

Any other needs anticipated: ☐ Yes ☑ No If Yes Specify .....

Discharge Medications: ☑ Yes ☐ No

Details: .....

Final Diagnosis: pneumonia

Nurse Name: pranavilaq Nurse Signature : .....

Date & Time: 19/2/26 6:35 PM

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No. : RCH/ FRM / CLINICAL / 125

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

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date : ..... Time:		2PM	6PM	10PM	2AM	6AM
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)			101 (79) 58 / 118 B/m	100 (78) 60 / 120	100 (66) 59 / 116 b/m	96 (71) 60 / 110
Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
Resp Rate (Number)			26B/m	20	26b/m	27B
Resp Distress: Mod/ Severe / None / Mild						
Receiving O_2(l/min) O_2Saturations (%)			RA 99%	RA 99%	RA 99%	RA 98%
Conscious Level: Normal / Altered						
GCS *			15/15	RW	15/15	15/15
TOTAL SCORE Number of shaded boxes			0	0	0	0
Pain Score			0	0	0	0
Observer's Initials						

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

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

Patient Sticker

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CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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FLUID CHART

Sheet No. : 21/7/24

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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 :**						
21/7	02:00 pm	↓	Rice water	—							0	Ray
	03:00 pm	↓		—							0	R
	04:00 pm	DNS		—						✓	0	Ray
	05:00 pm			—							0	Ray
	06:00 pm	↑					NP				0	Ray
	07:00 pm			✓						✓	0	Ray
Total Intake :						**Total Output :** M-0 U-2						
	08:00 pm			—							0	Swathi
	09:00 pm		Rice water	—						✓	0	Swathi
	10:00 pm			—							0	Swathi
22/7	11:00 pm	D/NS IVF		—			PP			✓	0	Swathi
	12:00 am			—							0	Swathi
	01:00 am			—							0	Swathi
Total Intake :						**Total Output :** M-0 U-2						
	02:00 am			—							0	Swathi
	03:00 am	↓		—							0	Swathi
22/7	04:00 am	NS IVF		—			PP			.	0	Swathi
	05:00 am			—							0	Swathi
	06:00 am	↑		—						✓	0	Swathi
	07:00 am			✓							>	Swathi
Total Intake :		400cl				**Total Output :** M-0 U-1						

Total 24 hrs. Intake	~~400cl~~	Total 24 hrs. Output	M-0 U-5

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FLUID CHART

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Sheet No. : .....

22/4/26

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	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											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	