

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173939

Admit Date : 17-May-2026

Admit Time : 04:57 PM UHID : FDH-00003949

Patient Details :

Patient Name : Baby SANGALA JIYANSHI REDDY

Age : 2 Y 10 M 13 D

Guardian : Mr SANGALA PRATHAP REDDY

DOB : 04-07-2023

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : FLAT NO 2009, TOWER 8 , MY HOME TRIDASA
Ramachandra puram Sangareddy Telangana
INDIA 502032

Phone No : 9885057320/ 8309057545

E-mail : SPPRATHAP2003@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PVT 321

Ward Name : 3F-ZONE B

Room No : PVT 321

Admission Type : First Visit

Contact Details :

Name : Mr SANGALA PRATHAP REDDY

Relationship : Father

Contact Address : FLAT NO 2009, TOWER 8 , MY HOME
TRIDASA Ramachandra puram Sangareddy
Telangana INDIA 502032

Phone No : 9885057320 / 8309057545

S. Prathap Reddy
Signature

Doctor Details :

Doctor Name : Dr. Prashant Bachina

Specialisation : PEDIATRIC GASTROENTEROLOGY AND
HEPATGLOGY

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE/ Dr.
METTU SRINIVAS REDDY/ Dr. M N V Poushya
SAI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : Paramount Health
Services Insurance TPA Pvt Ltd



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00003949 IP5-00173939
Baby SANGALA JYANSHI REDDY
04-07-2023 2 Y 10 M 13 D (F)
Dr. Prashant Bachina



Patient Name:

Jyanshi Reddy

UHID ID:

Department:

Consultant:

FDH-00003949

IP5-00173939

Baby SANGALA JIYANSHI REDDY

04-07-2023 2 Y 10 M 13 D (F)

Dr. Prashant Sachina



paediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: Mother Relationship Mother

Chief Presenting Complaints & Duration (Chronologically)

Admitted for Living donor liver transplant

History of present illness :

qo ERBA w/p Kasai portoenterostomy

i decompensated CLD.

now admitted for OLT.

H/O passing pale stools & High coloured urine - neonatal period.

L. Kasai @ 2ADOL.

H/O admission in v/o fever/ abdominal distension
acute.
in past.

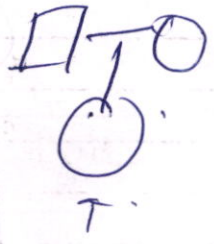


Pediatric Multiorgan History & Physical Examination

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

⊖

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

Ⓜ

Immunization History :

full date



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 87.50cm (Centile _____)
Weight (kgs) : 13kg (Centile _____)

On Examination :

Temperature : 98.4°F Pulse Rate : 110/min B.P. 96/56 SPO2 100% on RA
Resp. rate and type of breathing : NRBC / 30/min

Rash _____
Lymphadenopathy ⊖ Icterus ⊕ / clubbing ⊕
Oedema : _____
Allergies (if any): _____ / Pallor ⊕

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____ BAE ⊕, Clear
Any added sounds : _____ ⊖
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : _____ ⊖ CIS ⊕, No murmur
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Inspection _____
Palpation : _____
Auscultation : _____ HBM ⊕, No tenderness
Spine : _____ External Genitalia : _____
Relevant data from outside (CT, USG etc.,) _____

Patient St



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

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

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____

Sensory System : (N)

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

SHBA c/p Kasai - Decompensated CLD.
Now admitted
for living donor
liver transplant.



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Bleeding / Rejection / Post transplant complications

Desired goals of the treatment: Hemodynamic stability

Planned Labs:

RPi / INR / Mg
fibrynogen level.
CPK
crossmatch
ABG / U/C
Survivance
swabs

Planned Management

Piplos / Furo / pantoprazole
HPO flow 2AM
HIV fluids - DNL
Receive Blood at
per PAE.
Trace labs / inform

Signature of the Doctor: [Signature]
Name of the Doctor: Dr. Kewal
Date & Time: 17/5/26 at 6pm

Signature of the Consultant: [Signature]
Name of the Consultant: Dr. Prashant
Date & Time: 17/5/26 at 11am

Dr. Prashant Bachina
Reg. No: 89808

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 14 D (F)
Dr. Prashant Bachina



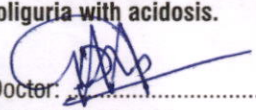
ADMISSION CRITERIA – PICU

Admission / Transfer from:

- Emergency Outpatient (OPD) Ward Operation Theater Others:

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: 

Name of the Doctor: Dr. Vikas

Date & Time: 19/5/2020

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 16 D (F)
Dr. Prashant Bachina



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:

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	<u>NUTRITION REVIEW</u>	
8:20am	POD-16	Drain = 130 ml
	PBW : 13kg (25th centile)	STOOL PASSED = 2/Bristol-5
	Rec : 742 kcal/d	
	RDA : 930 kcal/d	Hb: 8.3 NBC: 19890
		Plt: 4.5L Na: 134
	Soft High protein	K: 5 Cl: 111 U: 39
	Low Fat diet	SAT: 95 SATP: 41 Alb: 2.9
		Amy: 69
	<u>MACROS (CRECAU)</u>	
		E P C F
	Idli 1 1/2	60 4.5 15 0.15
	Egg whites 6	108 21.6 0 0
	Fruits 1/4 Bowl	18.5 0.13 3.9 0.08
	Meal (Rice, Dal) 1 plate	188 12.6 42 0.98
	Cerelac 7 scoops	249.9 8.68 2.45 7
	Khichdi 1 plate	205 7.3 41 0.38
	Coanberries 8	12.8 0.11 3.41 0.02
	Total	842.2 54.9 107.7 8.61
	per kg/d	64.7 4.2 8.2 0.6

Diagnosis
Malnutrition



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	S/B Dr. Prashant B	Plan:
10 am	of Biliary Atresia	1) Chest physiotherapy
	S/P OUT (POD: 15)	Ambulation
	• no fever spikes	2) Doppler today
	• oral intake - good	+ screening of
	• stool: passed	chest - + doppler of lt
	• urine: 2.7 cc/kg/hr	3) watch for: sig. area.
	• I/O: - 220 ml	- respiratory distress
	• Drain: 130 ml (serous)	- tachycardia
	O/E: Alert	4) watch for
	chest: clear	hypertension
	P/A: soft	check NIBP - 4th hourly
	AG: 59 cm.	5) Infam if BP > 110/60
	Vitals:	(NIBP)
	HR: 135/min	6) Immunosuppression:
	spo ₂ : 100%	• Steroid: 5mg o.p.
	↑ BP: 115/72 mmHg	• Tacrolimus: Evening
	RR: 35-45/min	dose based on
		lac level
		• continue mmP.
		7) Send drain fluid
		for triglyceride
		Dr. Hemu
		M.B. Mansingh
		3/6/26
		1000m

DR. PRASHANT BACHINA
 Reg. No: 11816

DR. PRASHANT BACHINA
 Reg. No: 11816



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26		
2:20 PM	4SIB has his team	
	No fevers.	<u>Plan</u>
	anal sut good	1) cont chest physio
	Liquids accepted only sips of water.	Ambulation.
	Stools ✓	2) Trace drain for TAG.
	UPD clear.	3) Live Monitoring
	Drain send review	4) In evening,
	→ chylous since evening.	a) discontinue leg stripping DF
	O/E vitals stable	b) Tac dex → stop.
	HR - 112/min	c) evening ABA @ 7pm.
	BR 100/61 (87)	
	Urea clear.	5) Rem to vent same.
	Pln sep	6) Live mfgt OD.
	RR - 35/min.	7) If repeat drain chylous
		is chylous, send repeat drain for triglycerides
	Drain send for TAG cont.	
	Doppler - (N) → 29ml	atashanjiya
	Tac level 6.85.	N.B. memo sent 3/6/26 2:13 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
A/C/26 10am	S/B Dr. Prashant B	Plan:
	No Biliary Stenosis S/P OLT (POD: 17)	1) Chest physiotherapy Ambulation
	<ul style="list-style-type: none"> no fever Drain: 47ml (turbid) 	2) Check weight today 3) Low fat diet (fruits, ^{egg} white)
	<ul style="list-style-type: none"> U/O: 3-3 cc/kg/hr Stools: 3 times (normal) 	4) Immunosuppression: Steroid: 2.5mg OD to continue Tacrolimus: evening dose based on tac level
	I/O: -185ml	Continue mmf.
	O/E: Active Chest: clear P/A: soft.	5) Discharge today
	Vitals:	M.B. Mung u/6/24 10am
	HR: 130/min	
	SpO2: 100%	
	BP: 103/62 mmHg	
	RR: 30/min	
	<p>Dr. Prashant Bachina Reg. No: 11816</p> <p>Meropenem Pulse chyle leak Drain Med/latm No tolerance Octreotide</p>	<p>Dr. Hema</p>



①

Recipient

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/26 8 PM	CIC/B-Gastro Team	
	Biliary Atresia s/p Kasai Decompensated CLD now admitted for OLT	<p><u>iPlan</u></p> <p>To send RP, INR, Mg Fibrinogen level cross matching CRP test - (ABG, U/C/S)</p>
	o/c - vitals stable chest - clear P/A - soft CNS - NAD $SPO_2 = 100\%$ RA	<p>NPO from Midnight 2 AM + IV fluids - DMC</p> <p>3x inj pirotag / Fluconazole / Pantoprazole, folic acid</p>
	Repeat CXR - (u)	4x Receive Blood as per PAC.
	Today's oral antibiotic given	5x Review PAC.
		6x check SPO_2 & document if $< 95\%$ on Room air to inform
		7x Traceable & inform 8x Surveillance swab for culture from nose / ampit / groin / anus. (P.T.O)

Dr. King
17/05/26

By
Kavitha
17-6-26
6:20 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/26 9:50 AM	c/s/B. Gastro Team	
	EHBA EHBA	Plan
	SP Post-Kasai,	1x Drugs as per chart
	decompensated CLD	2x NPO till further order
	No fever.	iv fluids
	Hemodynamically	3x Monitor vitals
	stable.	4x Inform while shifting the child
	Chest clear	
	P/A soft.	
	Dr. Prashant Bachina Reg. No: 89808	Dr. Kump 18/5/26
	Aborted by Dr. Prashant Bachina Reg. No: 89808	



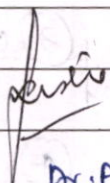
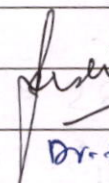
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026 1:30 AM	c/c B Dr. Sandeep / Dr. Alisha	
	Biliary Atresia / c/p Kasai Postoperative / CLD / s/p OLT POD-0	Plan
	<u>Issue</u>	① continue Ventilation in AC/PC mode Target EtCO ₂ - 35-40 PaO ₂ > 100.
	1) Had PVC's for 20 min after Reperfusion 2) Hypotension - Requiring inotropes.	② Target Blood pressure > 50 mmHg Mean inotropes based on Blood pressure
	Ints on - Balance 1915 / 2325 = -410ml	③ continue Fentanyl and atracurium
	Blood loss = 800ml	④ fluids → 2/3 rd maintenance
	Received 30ml/kg PRBC	⑤ fluids - 1/2 D10S + 5ml/kg
	15ml/kg FFP	⑥ Antibiotics → PipTaz and Fluconazole.
	5ml/kg cryo	
	10ml/kg platelets	
	currently on	⑦ <u>Targets</u>
	Adrenaline - 0.12 mcg/kg/min	U.O > 1ml/kg/hour
	Nor-Adrenaline - 0.25 mcg/kg/min	Hb - 7-9 g/dl
	AR - 118/min	platelets > 30,000
	SpO ₂ - 100%	⑧ st Albumin - 13ml/hour
	BP - 102/38 mmHg	⑨ ml to ml drain Replacment st-Albumin.
	RR - 30/min	Noted by Samartha 19/5/26
	pupls - B/L 9mm and React to light	Dr. Vikar @ 1:30 AM (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 2 AM	Case discussed with	Plan:
	Dr. Prashant B	① Antibiotics / Antifungals
		i-v piptaz
		i-v metronidazole
		i-v Anidulafungin
		② send blood qs.
		③ labs Q6H
		④ potassium correction
		⑤ treat insotropes.
		⑥ fluids: 2/3 rd maint.
		(1/2 DNS + kcl).
	 Dr. Alisha	N.B Samartha 19/5/2026 @ 2 AM  Dr. Alisha
	19/5/26 1 AM	19/5/26 2 AM Dr. Alisha 19/5/26 2 AM



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 18/5/2026 Day of Admission : 2 Today's Date & Time : 19/5/2026
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 3 @ 8:00AM

OVERVIEW
 Diagnosis : ETBA / Ep Kasai / CLD
 Post OLT-POD-1
 Current Issues : POD-1
 - one fever spike
 - inotropic Requirement

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

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE @ No added sounds
 CXR : @ ETT tube in situ
 SPO₂ : 100% O₂ by NC / FM / NRB mask / Oxyhood, at L / min
 Ventilatory Support : Yes No - Day # of Vent : ACP - FiO₂ - 40% PIP/PEEP - 14/5 Rate - 30 RR - 0.6A
 Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : Delivered Vt : 100ml (8ml/kg)
 ABG : 7.3/PO₂ - 40 EtCO₂ : 39 P/F ratio : 346 O.I. : 2.3
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Neb : ICD ? Yes No, if Yes, details :
 Plan of care : no wean evaluate

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 100/min
 Quality of Pulses : good cap refill Time : 2.3sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 100/42 CVP :
 Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine 0.05 mcg / kg / min - Nor Epinephrine 0.05 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 : DAY 2 @ Radial
 Central line in situ : Yes No Place of central line & its condition : DAY 2 @ RSV
 Day of arterial line : 2 Day of Central line : 2
 Plan of Care :

CNS
 Neuro Exam : Abated
 Pupils : 2+ Sedation Used Yes No Any paralysis Yes No
 Types of Sedation : Fentanyl 1.5 mcg/kg Types of Paralysis : Atrocurium @ 5mg/kg
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care :
 Ramsay Sedation Score : 6

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : <u>+150</u> / (+/-) Input : ml/k/d UO : <u>18</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>142</u> K <u>4.0</u> Cl <u>108</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input checked="" type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : <u>1.05</u> Bld. Urea : <u>28</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :
	FINAL COMMENTS	

Doctor's Name (Handover given) : Dr. [Signature]
 Signature :
 Date & Time : 19/5/2020 @ 8:00 AM

Doctor's Name (Handover taken) : [Signature]
 Signature :
 Date & Time : 19/5/2020 @ 8:10 AM



(4)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26
8am	...	Add Targoid
	...	Tacrolimus 0.28mg
	...	Wean off Ionotropes
	...	Plan extubation afternoon if vitals improving
Dopplers - ok	...	MPO
	...	Noted by Sr. Sneha
	...	19.5.26 e 8:10am
	...	Dr. Karthik
	...	
	...	
	...	
	...	
	...	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026	SIB Dr Prashant / Dr. Ganji	Plan
@ 10:30 am	D:- EABA / Post Kasai Postoperative	
	elp OLT - POD-1	① Ventilation
	<u>Issues</u>	→ wear up plan
	① High Blood loss intraoperatively	② Wear inotropes as tolerated
	② PVC's during Reperfusion	③ Atacurium stop and curus
	③ currently inotropic Requirement	④ fentanyl
	④ one juxta spikes	⑤ AABS - direct pressure stn have
	on Actpc mode	⑥ methylpred → 15mg q8h
	Fio2-40% PIP/PEEP-15/5	Tazobidam → 0.5mg BP
	Rate-30/min cm g tbo	⑦ Drain = ml to ml
	-on-Adrenaline-0.07mcg/kg/min	✓ Replacement - 5% AAB - stop background
	Nor Adrenaline-0.05mcg/kg/min	⑧ Antibiotics → Add Teicoplanin
	VO - 1.8ml/kg/hour	⑨ fluids → Nil DNS + Kcl
	Drain = 85 + 180ml = 265ml	⑩ look for perforation
	Balance = +159ml	⑪ Remove 1 central line
	on Pantan-1mcg/kg/hour	⑫ chest x-ray now
	Atacurium-5mcg/kg/min	Dr. Mounish Joted by Suresh
	HR-100/min	19.5.2026 10:50am
	SpO2-100%	
	BP-100/42mmHg	
	FR-30/min	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/26 10:20 AM	Counselling Notes	(Dr. Prashant: B) De-Case 1
	<p>As counselled by surgeons, child had elbowing in troop course. currently child is on minimal ventilatory support, we are planning to extubate the child. currently morning dopplers are good. labs are holding good. As there was lot of bowel handling & adhesions, we would want to start on low fat formula & diet & TPN accordingly if necessary. Child had episode of low grade fever, probably due to blood product or sepsis, we have sent B/Us. any change in condition will be informed to you.</p>	
	<p><i>(Signature)</i> Dr. Kumar</p>	<p>S. Anand Kumar (Father)</p>
19/5/26 10:35am		19/5/26 10:35am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/05/2023	Sadhurakshan note	
@ 2:30pm	After adequate SBT trial and awakening trial, child exhibited to HFNC flow-20L/min P/A not	Adv ① ABR @ 3:30pm ② CAP @ 6:30pm Noted by [Signature] 19.5.2023 @ 3:00pm [Signature]
19/05/2023	Dr. Dr. Kapil	
@ 3:30pm	On S/B P/O-1 / CAP- Post Kapil. P/ Return Ongoing fever spiked on HFNC flow-20L/min for... ADV hemodynamically stable RR 12-14/min chest clear and MB	Adv ① 2L Naloxone 0.5mg/kg ② ML to ML explanation ③ ABR and CAP as per plan ④ watch for Electrolytes Noted by [Signature] 19.5.2023 @ 3:30pm [Signature]
		19/05/23 3:30 PM



6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>19/5/23 2:4 PM</p>	<p>S/B Dr. Bachina / Prashant Adv CLO - post Kawai / Pp PDD-1. Bx ①. Bradycardia ② few spikes on HRM flow - 20ml/min for 40s hemodynamically stable chest 21x50 cm MRS PA Spl RAO refer Dr. Prashant</p>	<p>Adv - ROTEM now - Continue H for anal wean - you discuss and decide on antibiotic & other - drain replacement ml to ml - Blood products band on ROTEM - Habs & ASA stay high - Input/output charting Noted by Sachin 19.5.23 @ 4:07 PM</p>
<p>19/5/23 6 PM</p>	<p>Dr. Prashant Adv Dr. Prashant</p>	<p>Adv ① Adv oxygen supply CRP RT Dr. Prashant</p>
<p>19/5/23 7 PM</p>	<p>Dr. Prashant Adv Dr. Prashant</p>	<p>Adv ① wait for cryostat ② Pp lab at 10 PM if will decide Noted by Sachin 19.5.23 @ 7:07 PM</p>



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 18/07/23 Day of Admission : 6 Today's Date & Time : 20/07/23
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 1

OVERVIEW
 Diagnosis : Extra/1st stage / CAP / P00-2 - 001
 Current Issues : - P00-2
 - 2 fever spikes at night

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

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
 BLA000 Sp. MRB
 CXR : @ 22/07/23 @ 2:30 PM
 SPO₂ : 99% on nasal prongs at 2 L/min O₂ by NC / FM / NRB mask / Oxyhood, at L / min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 On nasal prongs at 2 L/min
 Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : 7.44 pH 7.33 pCO₂ 33.3 EtCO₂ P/F ratio : 372 O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebs : ICD ? Yes No, if Yes, details :
 Plan of care : ID with oxygen

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : SMO HR 80/min
 Quality of Pulses : good cap refill Time : 2 sec Liver Edge : 2 cm cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 95/60 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 : 2D echo of heart
 Size of the heart and lung fields in latest CXR :
 Arterial line in situ : Yes No Place of art, line & its condition : @ 1.5 cm femoral
 Central line in situ : Yes No Place of central line & its condition : @ 2.5 cm
 Day of arterial line : 18/07 Day of Central line : 18/07
 Plan of Care : - Plan to place peripheral arterial line

CNS
 Neuro Exam : Eye VOM, Blurred vision
 Pupils : 4mm Bilateral 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 :

NPO PO feeds NG Feeds NJ Feeds GT Feeds

I/O / Balance: +137 / (+/-) Input: ml/k/d UO: 3.6 ml/kg/hr Stools:

NG output: PO intake:

Feed Formula: 1/2 PN 1/2 milk Feed Schedule:

IV Fluids - Type of IVF: PN 1/2 milk @ 30 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 4.3 Cl 113 Ca 8.8 Mg 1.5 P HCO3 Sr. Amylase: Sr. Lipase:

Latest LFT: 301 SEP 18 - 200 IVF - 480 ml.

Abd Exam: amp - 225 ml

Any organomegaly? Yes No - If yes, describe: Tumors 0.5 cm

Plan (G.I. & Liver): Brain - 890 ml metaph - 200 ml infusion - 48 ml

..... (colous) 753 ml

..... (65% maintenance)

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

Cultures Sent? Yes No - If yes, details: Blood clt (18%)

Describe c/s Reports: Dr. Manjaram, Dr. Mitha

Other Labs (Latex, Serology, etc): Dr. Tulapurkar, Dr. Anil Kumar

Ongoing Antibiotics:

Sr. Creat: Bld. Urea: Other Relevant Labs:

P.D. Yes No - If yes, details: amp 890ml

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): 7.0 10000

Any Coagulopathy: PT - 20.1 APTT - 45.0

Relevant Transfusion History:

Plan of Care: PT - 20.1 APTT - 45.0

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:

Pending Consultations: Yes No

If yes, then details:

FINAL COMMENTS: to continue NPO changing arterial line - 100

med pres kept open

labs as planned 2x mgsoy.

Doctor's Name (Handover given): Shahul

Signature: [Signature]

Date & Time: 20/09/20 @ 8AM

Doctor's Name (Handover taken): [Signature]

Signature: [Signature]

Date & Time: 20/09/20 @ 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/23	SIB Dr. Prashant - B / Kapt-B	
10:20 am	By SIB Dr Prashant / SIB Kapt-B	A/c
	C/D / SIB OUT - PDD-2.	① Continue Nasal Prongs Oxygen - O ₂ @ 2l/min
	Jem	② Labs: TTD kumpale ASA JTD.
	① High drain output	③ Drain replacement ml to ml
	② low grade fever spikes	④ methylpred - 15mg BID Dexam - 0.5mg PO qd
	③ coagulopathy	⑤ feeds: - not to start.
	- On low flow oxygen at 2l/min	⑥ Coarse crackles - 80% moist admit to 80%.
	- Hemodynamically stable	⑦ Antibiotic:
	- Chest: B/D/O Equal N/A	Meropenem, Ticlopidin, Metronidazole, Amikacin
	- RA SIB	⑧ Tissue Culture
	- CV SIB Eg Comp. alert active	⑨ Doppler - BD
	HR: 80/min SpO ₂ 100%	⑩ Balance - Target
	Pr. 97/50(71)	⑪ 80% maintenance.
	RR: 20/min	⑫ Zn - MgSO ₄
	Drain 890ml	⑬ send drain for TG
	S/O: +137ml	⑭ Labs / TTD
	Dr. Prashant Bachina Reg. No: 89808	⑮ culture chest
	Dr. Prashant Bachina Reg. No: 89808	⑯ N/A DNS + 5ml KCl @ 28 ml/hr



Jeyanshi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:40 AM	<p>conducted. that both mother and child both are speaking fine now. For now, we have upquashed antibiotics and send in lab for finding the cause. For Jeyanshi, fine are still there, Blood cultures sent at the time of next nextplant will be released today & Antibiotic optimized. Liver parameters are being stable. After a day or two, feeds will be started. Now water is being allowed. Other seems stable.</p>	<p>Intravenous</p>

Seechariya
 20/5/26
 10:45 am

father
 S. Prashant Bachina
 20/5/26
 10:45 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 4pm	c/s/B Picu fellow (Cor. pratyush) Plan	
	AS:- E/HBA/ s/p Kasai c/s/B s/p OLT POD-2 on O ₂ \bar{c} NP @ 1L/min RR-18/min SpO ₂ -100% BP-103/45 (21) HR-90/min RS-BAE (P) clear. Drain - 20 ml to fal No fever \therefore today morning	1) O ₂ \bar{c} NP @ 1L/min 2) position change / Q4H 3) labs / TID 4) Dopplers / BD 5) w/t hypertension 6) Trace drain for triglycerides 7) drain - ml to ml replacement \bar{c} 5% albumin 8) w/t fever spikes 9) Send blood for c/s if any fever spike 10) Tac level - tomorrow morning to send
		Noted by <i>Prashant</i> 20.5.26 4:10pm

Prashant
 20/5/26
 4:10 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26 4 pm	S/B Dr. Disha	Plan:
	no fever	1) chest physiotherapy
	drains : 200ml	2) position change
	u/o : 1.4 cc/kg/hr	3) monitor for hypotension
	i/o : +131 ml	Inform if BP > 100/60
	on low flow O ₂ .	4) drain replacement
	HR : 91/min	ml to ml with 5% Albumin
	SpO ₂ : 100%	5) labs - 8th hourly
	BP : 102/47 mmHg	To send tacrolimus level 11m morning.
	RR : 18/min	
	Chest : clear	
	P/A : soft	
		Noted by Sneha 20.5.26 4:20 pm
		Dr. Disha
		20/5/26
		4:20 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/05/26	C/S/B - Dr. Prashant B / Dr. Kapil	
@ 10:30 AM	EHBA s/p Kalai	Adv
	s/p OLT - POD-3	① continue low flow
	Pikem	② central line - to keep central/arterial line - Remove splan peripheral arterial line
	① High drain output	③ Chest physio + postures change
	② Supratentorial Spis	
	On low flow oxygen at 2l/min	④ feeds - Monogram to start full feeds
	Hemodynamically stable	⑤ Drain replacement + 2 ppt + 5% Albumin
	Chest: ALCARD Equal	
	MBS.	
	RA s/p BIP	⑥ Steroid:
	cm NO fluid deficit	- Methylpred 15mg qd
	HR - 83/min	- Tacrolimus based on levels
	SpO ₂ - 100%	
	RR - 22/min	⑦ IV fluids - 1/2 NS + KCl @ 70%
	B _i 94/60 mmHg	
	U/O = 1.7ml/kg/hr	⑧ Antibiotic - Moxifloxacin
	Dr. Prashant Bachina Reg. No: 89808	Teri, Atriduloxyni, Metronidazole
	Dr. Prashant Bachina Reg. No: 89808	⑨ pleij remove Noted by chub 21.5.26 @ 10:45am

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 16 D (F)
 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 21/5/26 Day of Admission : day 5 Today's Date & Time : 21/5/26, 8am
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 1

OVERVIEW	Diagnosis : <u>EHBA/s/p renal CID</u>	Current Issues :
	<u>Op OUT POD-3</u>	

VITAL SIGNS Today's Wt. (kg) : 13 kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>RAE (+) clear</u>
	CXR :
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>1</u> L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : <u>7.390</u> 38.8/124/23.6 EtCO ₂ : P/F ratio : O.I. :
	Chest Physiotherapy Plan : <u>IAC-D-G</u> Suctioning Needs :
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : <u>gentle chest physiotherapy</u> <u>position change</u>

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : <u>HR - 94/min. GSC (+)</u>
	Quality of Pulses : <u>good vol. regular</u> cap refill Time : <u>2</u> Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : <u>104/60</u> CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min
	<input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings : <u>(+) biventricular function</u>
	Size of the heart and lung fields in latest CXR :
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <u>left femoral arterial line</u>

CNS	Neuro Exam : <u>EyV, Mc</u>
	Pupils : <u>2+</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :
	Plan of Care :

Ramsay Sedation Score :

cup of water orally

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+350</u> / (+/-) Input: ml/k/d UO: <u>1.7</u> ml/kg/hr Stools: <u>not passed</u> NG output: PO intake: Feed Formula: Feed Schedule: IV Fluids - Type of IVF: <u>1/2 DNI + 5ml @ 20</u> ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na <u>138</u> K <u>4</u> Cl <u>108</u> Ca <u>9</u> Mg <u>2</u> P <u>2.9</u> HCO3 Sr. Amylase: <u>30</u> Sr. Lipase: Latest LFT: Abd Exam: <u>flatus passed</u> Any organomegaly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver): <u>drain output - 390 ml</u> <div style="text-align: right; margin-top: 10px;"><u>IVF - 480 ml</u> <u>omel - 220 ml</u> <u>infusion - 48 ml</u> <u>700 ml</u> (for maintenance)</div>
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): <u>2x Metronidazole D4</u> Cultures Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>2x Acidulaburpin D4</u> Describe c/s Reports: <u>2x teicoplanin D4</u> Other Labs (Latex, Serology, etc): <u>2x Meropenem D3</u> Ongoing Antibiotics:
NEPHROLOGY ISSUES	Sr. Creat: <u>0.3</u> Bld. Urea: <u>24</u> Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Catheterized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: <u>day 3</u> Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:
	Relevant Labs (CBP etc): <u>7.4 / 4840 (73/21) / 1.05 lakhe</u> Any Coagulopathy: <u>INR - 2.3</u> Relevant Transfusion History: Plan of Care:
CARE PROTOCOLS	VAP Bundle Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details:
	Pending Lab Results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: <u>Blood clt</u> Pending Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:
FINAL COMMENTS	

Doctor's Name (Handover given): Dr. Pratyusha
 Signature: [Signature]
 Date & Time: 21/5/16, 8am

Doctor's Name (Handover taken): [Signature]
 Signature: [Signature]
 Date & Time: 21/5/16 8:10am

Patient Sticker

FDH-00003949 IP5-00173939
Baby SANGALA JYANSHI REDDY
04-07-2023 2 Y 10 M 13 D (F)
Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s 13 liver transplant surgeon	
21/5/26 4PM	Imp brgs / HJ	Ado POD 3
		Oral Liquor as to be on
	Droci - 200ml / day	
		Stom Ij. Cloxone 7mg s.c BID
		Noted by Dr. K. H. K. 21.5.26 @ 9:10 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/26 @ 3:20 PM	SIB Ruo team/Gastro team	
	by EHBA / report AD-3.	ALV ① watch for hypernatraemia
	On low flow oxygen at 2l/min hemodynamically stable	② continue full feeds
	Chest XRAY @ End MRI	③ taper all other drugs after next feed
	No soft stools free fluid No focal deficit	④ continue drain replacement 2x daily c of Albumin
	HR: 140/min RR: 25/min SpO2 100% CD20mg Br: 115/6 mm	⑤ continue drug as per chart ⑥ Continue Trentinone at 0.75mg/kg
	Alisha Dr. Alisha 21/7/26 3:40 PM	Noted by Shweta at 5:26 @ 3:40 PM Chanel 21/7/26 3:40 PM



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 27/5/23 Day of Admission : 6 Today's Date & Time : 22:50
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 2

OVERVIEW	Diagnosis : <u>EMPHASED LUNG / CHD</u> <u>Sp on / Body.</u>	Current Issues : <u>1) Key patient</u> <u>2) Admin - High output</u>
	VITAL SIGNS Today's Wt. (kg) : _____ Temp.: _____ Blood sugar issues : _____	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Clear Equal. No</u>	
	CXR : <u>997-102 cm</u>	
	SPO ₂ : <u>99</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : <u>7.40</u> EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
CARDIO VASCULAR SYSTEM	Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
	Plan of care : <u>to wean oxygen at 24 min</u>	
	Cardio Vascular System Clinical Exam . (Heart sounds, murmur etc.) : <u>1/2 @ 110/60</u>	
	Quality of Pulses : <u>good</u> cap refill Time : _____ Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : _____ IBP : <u>110/60</u> CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min <input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min <input type="checkbox"/> Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : _____	
CNS	Size of the heart and lung fields in latest CXR : <u>good ventricle funk</u>	
	Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : <u>(P1) Radial</u>	
	Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : <u>(P2) 15</u>	
	Day of arterial line : _____ Day of Central line : <u>(P1) 23/5 (P2)</u>	
	Plan of Care : _____	
Neuro Exam : <u>Ex. Vom</u>		
Pupils : <u>2mm</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Types of Sedation : _____ Types of Paralysis : _____		
Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____		
Plan of Care : _____		
Ramsay Sedation Score : _____		

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : 5291 / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : 0.9% NaCl <u>0.9% NaCl</u> ml/hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na 136 R 7 Cl 107 Ca 8.2 Mg 1.2 P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : <u>Sept 18</u> <u>Aug 18</u> Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : <u>on tandem times - 0.7cm in</u> Plan (G.I. & Liver) : <u>metf 1g - 1mg po</u>	
	<input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : <u>Microbiological</u> <u>Antibiotics</u> Ongoing Antibiotics : <u>Dr. Penicillin</u>	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : <u>Don. 600ml</u> Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : <u>2 fol uptake</u> Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : <u>8.4 INR</u> <u>1.22</u> Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :
	FINAL COMMENTS : <u>plan to start prep work</u> <u>continue full ns / oral feeds</u>	

Doctor's Name (Handover given) : Dr. Chahal
 Signature :
 Date & Time : 22/8/18, 8am

Doctor's Name (Handover taken) : Suby
 Signature :
 Date & Time : 22/8/18, 8am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 8am	<u>NUTRITION REVIEW</u>	Drain = 599 ml
	POD-4 PBW: 13kg (25th Centile) REE: 742 kcal/d	STOOL PASSED = 2/Bristol-5 Hb: 8.4 WBC: 5370 P/E: 1.22L Na: 136 K: 3.7 Cl: 105 SGPT: 118
	NA Feeds Monogen (1:30 ml) dilution 60 ml @ 3rd haly	SGOT: 58 Alb: 2.7
	30 scoops for REE Vol = 900 ml/d for REE 110 ml @ 3rd haly for REE	Recall vol = 420 ml/d 14 scoops for recall
	<u>MACROS (REE)</u> Cal : 738 ; 56.7 kcal/kg/d Prot : 21.3 ; 1.63 g/kg/d Carbs : 114 ; 8.7 g/kg/d Fat : 21.6 ; 1.6 g/kg/d	<u>MACROS (RECALL)</u> Cal : 344.4 ; 26.4 kcal/kg/d Prot : 9.94 ; 0.76 g/kg/d Carbs : 53.2 ; 4 g/kg/d Fat : 10 ; 0.77 g/kg/d
	Bachina 22/5/26 9:52am	<u>Present Feed: 60 ml/3rd haly</u> Diabetes Maurice

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 16 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 10am	S/B Dr. Prashant / Dr. Kapil	Plan:
	no Biliary stasis	1) chest physiotherapy
	S/P OLT (POP:4)	Position change.
	• no fever	2) watch for
	• Drain: 599 ml (serous)	tachypnea, tachycardia
	• UO: 1.6cc/kg/hr	3) feeds: 90 ml @ 3H
	• I/O: +291 ml	→ 120 ml @ 3H.
	on low flow O ₂	4) IV fluid: Tapeu and stop.
	chest: B/L equal and clear	5) Drain replacement: 2/3rd volume.
	P/A: soft.	6) steroid: 12.5 mg BD
	HR: 97/min	Tac evening dose based on level
	SpO ₂ : 100%	7) labs: BD
	BP: 115/69 mmHg	8) daily doppler.
	RR: 22/min	9) watch for abdominal distension
	Stools: passed	Drain replacement 2/3rd volume
	① IJV day 5	1/2 milk
	② Radial day 2	1/2 milk + Hema. NS.
	Dr. Prashant Bachina Reg. No: 89808	5% Albumin
		22/5/26 10:10 AM
		SgdP 22/5/26 e10-10am



Jiyanshi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		D. Tharavathi
21/5/26 11 AM	Continuing notes	
	<p>Continued regarding the condition of the child that lungs wise she is requiring only low flow support. Blood pressures are requiring only low dose medication. Drain output has been put on higher side. Labs wise, liver parameters are stable, ultrasound connections are fine. Aim is to get better on feeds with special milk along with food she likes. Rest parameters are stable.</p>	
		S. Prathap Reddy (Nurse)
21/5/26 11:15 am		21/5/26 11:15 am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 3pm	S/B Gastew team no fever	Plan: - chest physiotherapy position change
	Drain: 420ml u/o: 3cc/kg/hr	- watch for respiratory distress
	poor oral intake	watch for abdominal distension
	on room air	- NG feeds with monogen 120ml / q 3H
	chest: B/C clear, equal air entry	- Drain replacement
	P/A: soft	2/3 rd volume
	HR: 126/min	1/2 with NS.
	SpO2: 100%	5% albumin
	BP: 106/61mmHg	- labs: BD
	RR: 38/min	- withhold tacrolimus.
	Tac level: 15.52	
		NSR Sudip 22.5.26 Dr. Henna 22/5/26 3:30PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26		C/S/B Liver transplant surgeon
4 PM		Add <u>POD 4</u>
		Add
		Mobic as of beg
		Add Cleare
		Aspirin
		Valien
		Add Propranolol
		Lactofor
		Add
		Add
		Add
		Add
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		Add
		Add

Add
 noted by Sushop
 22-5-26
 ekt-asp-205
 Dr. Karthik
 22/5/26
 4 PM

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 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 7 Today's Date & Time : 23/5/26 82

PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 1

OVERVIEW
 Diagnosis : EXTRA/SIP KASE/SIPOUT POD-5
 Current Issues : High FiO2
 High drain
 Hypoxemia & lactate

VITAL SIGNS Today's Wt. (kg) : 13kg Temp.: Blood sugar issues : 210mg - 125mg/dl

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
 B/L clear
 CXR :
 SPO₂ : 99% (PPA) O₂ 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 7.5 / 37.5 / 261 lactate 2.7 EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Chest physiotherapy Suctioning Needs :
 Any Neb : 2 puffs chest ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Sinus HR = 120/min
 Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 106/64 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 : Amlodipine
 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 : Rt radial
 Central line in situ : Yes No Place of central line & its condition : Rt IJV
 Day of arterial line : 5 days Day of Central line : 5 days
 Plan of Care :

CNS
 Neuro Exam : E4V5M6
 Pupils : 2e 2+ 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 :

Drain = 860ml \rightarrow $\frac{2}{3}$ $<$ $\frac{1}{2}$ \rightarrow NS
 $\frac{1}{2}$ \rightarrow S-I. Alb.

FLUIDS STATUS NUTRITION AND G.I.

NPO PO feeds NG Feeds NJ Feeds GT Feeds

I/O/Balance: $+234$ / (+/-) Input: ml/k/d UO: 3 ml/kg/hr Stools:

NG output: PO intake:

Feed Formula: Momogen Feed Schedule: 120ml q 3hrly (80%)

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: Soft NT (distended) BCT

Any organomegaly? Yes No - If yes, describe:

Plan (G.I. & Liver): MPS 1mg/kg BD
Pac - hold

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: Metronidazole (D5)
Amoxicillin (D5)
Ticoplanin (D4)
Melagolone (D4)

NEPHROLOGY ISSUES

Sr. Creat: 0.4 Bld. Urea: 5 Other Relevant Labs:

P.D. Yes No - If yes, details:

Diuretics: Yes No - If yes, details: Acetone 12.5mg BD

Catheterized: Yes No - If yes, then day of Catheter:

Relevant Radiology (USC, MCUG radioisotope scan etc):

Plan of Care:

HEMATOLOGY

Relevant Labs (CBP etc): 9.6 8240 1.826

Any Coagulopathy: 66/27

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:

Pending Consultations: Yes No

If yes, then details:

FINAL COMMENTS

Doctor's Name (Handover given): Suhayc

Signature: [Signature]

Date & Time: 23/5/16, 10am

Doctor's Name (Handover taken): [Signature]

Signature: [Signature]

Date & Time: 23/5/16, 10am

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 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 9am	<u>NUTRITION REVIEW</u>	Drain = 860 ml/d STOOL PASSED = 2 Bristol = 5
	POD - 5 PBW: 13kgs (25 th centile) REE: 742 kcal/d	Hb: 9.6, WBC: 8240, Plt: 1.52 NR: 136, K: 3.6, Cl: 107
	NG feeds Monogen (1:30ml) dilution ✓	U: 5, Cr: 0.4, SGPT: 78 SGOT: 42, Alb: 2.6, Amyl: 32
	120 ml of 3 rd hely ✓	Recall vol = 840 ml/d
	20 scoops for REE vol = 900ml/d for REE	28 scoops for Recall
	110ml of 3 rd hely for REE ✓	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	cal : 738 ; 56.7 kcal/kg/d	cal : 688.8 ; 52.9 kcal/kg/d
	Prot : 21.3 ; 1.63 g/kg/d	Prot : 19.88 ; 1.52 g/kg/d
	Carbs : 114 ; 8.7 g/kg/d	Carbs : 103.6 ; 7.96 g/kg/d
	fat : 21.6 ; 1.6 g/kg/d ✓	fat : 20.16 ; 1.55 g/kg/d ✓
	BMV ^{ms} 23/5/26 10m	Present feed: 120ml of 3 rd hely
		Nishi Diet

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 16:00	C/S/B Dr. Prashant/Dr. Kapil.	
	A: EHBA/SIP Kasai S/P OLT - POD-5.	Plan:-
	Isu:- Rising Lactate. HTN.	Gentle chest physiotherapy & position change.
	High drain output. Tachypnea.	Antihypertensives to target BP 90-95 mmHg.
	Child on 1L/min oxygen SpO ₂ = 99%. PR: 140/min. RR: 98/min. BP: 114/68.	Antibiotics: Meto: D5 Amidulefugin D5. Picolam: D4. Mecopen D4.
	Chest: B/L clear. CVS: S1S2 ⊕. CNS: GU 15/15. Pupil: 2+ 2+. PA: soft, NT. distended. AG: 60cm.	Labs: BD. Dopples: BD. D. Drain replacement - 2/3 rd ① 1/2 vol - 5% Alb, 1/2 vol - NS D. Diet: Monogen 120ml q 3hr.
	Drain: 860ml. Balance: +234ml. U.O: 3ml/kg/hr.	Steroids: 10 mg BD Tae: Hold morning dose.
		Aspirin - Hold Valganciclovir - start NAC: stop after refill ends. - send PCT, Blood c/s



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- Remove central line place PICC line <u>Hold</u>
		- New cannula Noted by <u>Shel</u> 23-5-26 @ 10:20am 23/5/26 10:20am
		Dr. Kump (Signature)
23/5/26		c/s/B Dr. Poushya Sai.
3: 75pm	- No Further fever spikes PCT - ve. - BP = 95th centile. on Amlodipine. - on 1L/min O ₂ . - on Full oral feeds 120ml 3rd hourly monogen - Potphos → correction ongoing. - u/o = 5.6me/kg/hr. - Drain = 125ml cerous. - I + 11.7ml 0 - passed stool.	Adv: - chest physio & position change. - PICC line T/m SOS. - Labs BD. Doppler BD. drain replacement 2/3 1/2 NS 1/2 5% A/CB. - steroid 10mg BD. - valgan continue.
		Noted by <u>Shel</u> 23-5-26 @ 3:20pm
		Dr. Poushya 23/5/26 3:30pm

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Tyusha

...GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Dr. Anandh.
	<u>Clinical Notes</u>	
23/7/23 11 AM	<p>Assessed regarding the condition of the child that current concerns are poor oral intake and she looks dull. She had a low grade spike yesterday. Last three parameters are stable. Other vitals are in stable range. For the fever, some infective markers are being sent. Central line will be removed. PICC line will be placed tomorrow.</p>	S. Anandh (Father)
	<p>See findings 23/7/23 11:15 AM</p>	

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 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 8 Today's Date & Time : 24/5/26 8AM
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 1

OVERVIEW	Diagnosis : EHBA / s/p KASAI / s/p OLT / POD-6	Current Issues :
	VITAL SIGNS Today's Wt. (kg) : 13 kg Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/c clear	
	CXR :	
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at 1 L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : 7.44 / 146 / 20.1 / 10.8 EtCO ₂ : 40 / 28 P/F ratio : O.I. :	
	Chest Physiotherapy Plan : chest physiotherapy Suctioning Needs :	
	Any Nebs : position change ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : HR - 115	
	Quality of Pulses : good cap refill Time : < 2sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 110/60 (83) CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min	
	<input type="checkbox"/> Milirone mcg / kg / min	
	Any Other Infusions : amlodipine	
	Last 2D Echo Findings : Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Rt subcl Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : 5 Day of Central line : Plan of Care :	
CNS	Neuro Exam : E, V, M, C	
	Pupils : 2+ 2+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

Drain - 490ml → 2/3rd replacement ← 1/2 NS
1/2 5% albumin

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+267</u> / (+/-) Input: ml/k/d UO: <u>3.3</u> ml/kg/hr Stools: <u>(1)</u> NG output: PO intake: Feed Formula: <u>Monasen</u> Feed Schedule: <u>120ml 3hrly</u> IV Fluids - Type of IVF: @ ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>soft, NT, non-distended</u> Any organomegaly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver):
	<input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>metronidazole - D6</u> Describe c/s Reports: <u>Anidulicillin - D6</u> Other Labs (Latex, Serology, etc): <u>Teicoplanin - D6</u> Ongoing Antibiotics: <u>Meropenem - D6</u> <u>Valganciclovir</u>
	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Diuretics: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>T. Aldactone 1/2 tab po BD</u> Catheterized: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: <u>Clexane 6mg sc BD</u> Relevant Radiology (USC, MCUG radioisotope scan etc): <u>MPS 10m BD</u> Plan of Care: <u>Tecrolimus 0.25m BD</u>
HEMATOLOGY	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:
CARE PROTOCOLS	VAP Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: Pending Lab Results: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:
FINAL COMMENTS	<u>Review paracetamol / tramadol</u> <u>Trace the levels</u>

Doctor's Name (Handover given): Kyeh
 Signature: [Signature]
 Date & Time: 24/5/20 8AM

Doctor's Name (Handover taken): [Signature]
 Signature: [Signature]
 Date & Time: 24/5/20 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26	<u>NUTRITION REVIEW</u>	
7:45am	POD - 6	Drain = 490 ml
	PBW: 131g (25th Centile)	STOOL PASSED = 1 Bristol-5
	REE: 742 kcal/d	
		Hb: 9.8 WBC: 12020 PLT: 1.38L
	NG Feeds	Na: 134 K: 4.4 Cl: 108
	Monogen	SaPT: 180 SaOT: 206 Alb: 2.5
	C1: 30 ml dilution	Amy: 46
	120 ml @ 3rd hly,	
	Soft high protein low fat diet	
	30 scoops for REE	Recall vol = 960 ml/d
	Vol = 900 ml/d for REE	[74 cal/g]
	115 ml @ 3rd hly for REE	
	<u>MACROS (RECALL)</u>	
		e f c F
	Monogen 32 scoops/d	787.2 22.7 121.6 23
	Egg whites (2)	36 7.2 0 0
	Total	823.2 29.9 121.6 23
	per/g/d	63.3 2.3 9.3 1.76
		Present feed: 120 ml/3rd hly
		Encourage orally
		Dietsion Mounce

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26		c/s/B Dr. Poushya
10:30 AM	Δ EHBA / s/p Kasai	Plan.
	s/p OLT POD-6	
	Issue:-	→ CT abdomen
	High drain output	↳ Trphasic
	Hypertension (controlled)	→ pulse - 50mg / VMP
		after CT Abdomen - only if (N)
	child on 2 lit/min Oxygen	→ Chest & limb physio.
	HR - 110/min RR - 28/min	→ continue Abx's
	SpO ₂ - 100% BP - 110/60 mmHg	Antifungals.
	chest - Blc clear	✓ udiliv to add
	CVS - S ₁ S ₂ ⊕	→ Mg correction soe.
	CNS - ACS - 15/15	→ PICC line T/m
	pupils 2+ 2+	→ Trace Blood c/s sent
	P/A - soft, NT	yesterday.
	non-distended	
	A&E	- Labs - Liver profile - OD
	Drain - 490ml.	LAT-BD.
	Balance +267	
	U/O 3.3 ml/kg/hr	→ Diet - Monogen to continue
replan	Dr. Poushya	Noted by [Signature]
24/5/26	10:45 am	24/5/26
	10:45 am	10:45 am
	Dr. Poushya	Dr. Kumar
	24/5/26	24/5/26
	10:45 am	10:45 am

Dr. M. Naga Venkata Poushya Sai
 Registration No: TSMC/FMR/34701

Noted by [Signature]
 24-5-26
 e1024009

[Signature]
 Dr. Kumar

24/5/26
 10:45 am
 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/26 10:40am	c/d/w - Dr. M. Innival (LTx Surgeon)	
	<u>Issue:-</u> → Significant rise in liver enzymes.	<u>Plan</u> ix Contrast CT Abdomen ↓ if normal.. To give 100mg - IVMP pulse - To repeat evening LFT ↓ To decide on evening dose of steroids accordingly
	<u>Hold</u>	Noted by <u>Dr. K</u> 24.5.26 10:40am c <u>PLA</u>
24/5/26 1:30pm	c/d/w Dr. Poushya	Dr. Kund 24/5/26 11a
	EHBA/ s/p KASAT s/p OLT POP-6	<u>Plan</u> - Inj- methylprednisolone 50mg IV stat - Repeat evening LFT ↓ To decide on evening dose of steroids
		Noted by <u>Dr. Kund</u> 24.5.26 1:30pm 14/5/26 24/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/26 11:07	Counselling Note. (Dr. Poukya :M)	
	<p>Child clinically is doing good. v/o, Blood pressure are good. There is increase in liver enzymes from tomorrow. we would want to do. Biphasic CT Abdomen. Blood culture and PCT done. So far. are negative for infection. if CT Abdomen is normal, should consider. Enzyme rise at rejection we will have to give pulse dose of steroids to manage rejection. otherwise. child is doing hemodynamically stable, renal output is comparatively holding, we are giving monogen feeds to the child. Any change in treatment plan or condition will be informed to you.</p>	
	<p><u>Dr. Kunal</u> 24/5/26 11:15 am</p>	<p>S. Prashant Bachina <u>Prashant</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/d/w Dr. Prashant
24/5/24 7:30 AM	LFT and TAC levels informed.	Plan
		- Increase tacrolimus to 0.5mg BD
		- 5mg/kg methylprednisolone stat
		- Add MMF
		- Liver transplant profile TAC levels (Tm)
		- wld hypertension
		Noted by S. S. S. S. 24.5.24 @ 7:10 PM
		S. S. S. S.
		24/5/24 7:30 AM

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 9 Today's Date & Time : 25/5/26
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW
 Diagnosis : EHA / s/p KASAI / s/p OLT
 POD-7
 Current Issues :
 - High drain output
 - poor oral intake.

VITAL SIGNS Today's Wt. (kg) : 13kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
 B/L clear
 CXR :
 SPO₂ : 100% O₂ by NC / FM / NRB mask / Oxyhood, at 1 L/min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : 7.423 / 63 / 25.0 EtCO₂ : 38.1 / 25.0 P/F ratio : O.I. :
 Chest Physiotherapy Plan : chest physio Suctioning Needs :
 Any Neb : positive charge ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : 1.16/min
 Quality of Pulses : good cap refill Time : < 3sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 108/68 (82) 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 : amlodipine
 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 : Rt radial
 Central line in situ : Yes No Place of central line & its condition :
 Day of arterial line : 5 Day of Central line :
 Plan of Care : 2 peripheral canule

CNS
 Neuro Exam : E4 V, M6
 Pupils : 3+ 3+ 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 :

Down - 175ml. - 23/3 replacement - 1/2 c NS
 1/2 c 5% albumin

FLUIDS STATUS NUTRITION AND G.I.

NPO PO feeds NG Feeds NJ Feeds GT Feeds

I/O/Balance: +189 / (+/-) Input: ml/k/d UO: 200 ml/kg/hr Stools:

NG output: PO intake:

Feed Formula: monogen Feed Schedule: 120ml 3hrly

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: soft, NT, non-distended

Any organomegaly? Yes No - If yes, describe:

Plan (G.I. & Liver):

INFECTION

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

Cultures Sent? Yes No - If yes, details: metronidazole

Describe c/s Reports: meropenem - D7

Other Labs (Latex, Serology, etc): telicoplanin - D7

Ongoing Antibiotics: amikacin - D7
metronidazole - D7

NEPHROLOGY ISSUES

Sr. Creat: Bld. Urea: Other Relevant Labs:

P.D. Yes No - If yes, details:

Diuretics: Yes No - If yes, details: T. acetone MPS 5mlty BD

Catheterized: Yes No - If yes, then day of Catheter: clear 6mg SC BD

Relevant Radiology (USC, MCUG radioisotope scan etc): technetium 0.5m BD

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:

Pending Consultations: Yes No

If yes, then details:

FINAL COMMENTS

Trace tee levels.

To give MPS 5mlty BD.

Trau Blood qd.

Doctor's Name (Handover given): AS-177

Signature: [Signature]

Date & Time: 25/5/26 8AM

Doctor's Name (Handover taken): [Signature]

Signature: [Signature]

Date & Time: 25/5/26 8:10

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 17 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	<u>NUTRITION REVIEW</u>	Drain = 175 ml
7:40 AM	POD-7	STOOL PASSED = 2 Bristol-5
	PBW: 13 kg (25th centile)	
	REE: 742 kcal/d	Hb: 9.5 WBC: 10930
		Plt: 1.30L Na: 133 K: 4.2
	NG Feeds	Cl: 105 SGPT: 193 SBOT: 150
	Monogen (1:30M) dilution	Alb: 2.5 Amy: 52
	120 ml @ 3rd hly,	
	Soft high protein low fat diet	
	30 scoops for REE	Recall vol = 720 ml/d
	Vol = 900 ml/d for REE	24 scoops for recall
	115 ml @ 3rd hly for REE	(55 cal/kg/d)
	<u>MACROS (RECALL)</u>	
		E P C F
	Monogen 24 scoops/d	590.4 17 91.2 17.2
	Egg whites 4	72 14.4 0 0
	Total	662.4 31.4 91.2 17.2
	per/kg/d	50.9 2.41 7 1.3
		Present feed: 120ml/3rd hly
		Encourage orally
		Diets/Monogen

BW/M
 25/5/26
 9:45 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 8am	c/s/B Dr. Prashant/Dr. Kapil	
	A: EHRBA/ sip Kasai sip OUT POD -7.	Plan:
	Issue: Poor oral intake.	① Gentle chest physiotherapy & position change
	Child on 14l/min oxygen. spos: 99% BP: 110/60 RR: 30/min PR: 124/min	② Antihypertensive ③ Antibiotics
	Chest: B/L clear.	④ Labs: OD
	lvs: hsr.	⑤ Doppler: OD
	CNS: GU15/15.	⑥ Drain replacement:
	Pupil: 2+ 2+.	⑦ Diet:
	SA: soft, NT.	⑧ Steroid:
	Drain: 175ml (serous).	Tac:
	Balance: +189.	⑨ Aspirin:
	U.O: 2 ml/h/h.	⑩ Trace Blood c/s
		<p style="text-align: right;">Subst. 25/5/26 10am</p>

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 17 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		<u>cls/B liver transplant surgeon</u>
9am		<u>Top -></u>
PTFE	Jumbo Gages	Tab: Aspirin 30mg BID
old Pours	MULTIPLE sensor rehr	Enoxone Orally
		Mobilization
	Dexam - 175mg (S)	Continue morphine feed
		TO continue Dose
	<u>Chest physiotherapy</u>	<u>Acc</u>
		Oral Care
	TAC - 0.5 - 0.75 due	
	stop Meds Am time	
		Dr. Kaushik
	alotted by <u>sheli</u>	
		25.5.26 @ 9:05am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/26	c/c/B - Dr. Prashant B / Dr. Kapil	
10 AM	EHBA s/p OLT - POD-7	Plan
		1x continue low flow @ 1L/min
	Issue:- 1x High drain output.	2x labs - Liver profile - OD
	2x poor oral intake.	LFT - BD (100ml/kg/day)
	3x Transaminite	3x Doppler's - OD (160ml 3hrly)
	4x No/once.	4x Feed - Monogen @ 80ml/kg/day
	Drain = 175ml, serous.	+ Allow orally Mot fat, high protein diet.
	U/O = 2.5ml/kg/hr.	5x Drain replacement -
	I/O = + 190ml	2/3rd c → 50% - NK
	Passed stool - twice.	50% - 5% Albumin
	6x On low flow 1L/min,	6x Steroid - @ 5mg/kg/stat,
	Hemodynamically	evening dose based on LFT.
	stable, No tachypnea,	7x Tacrolimus - 0.5mg evening
	No Tachycardia.	dose based on Tac levels.
	No Tachypnea.	8x continue MMF.
	Chest - BAE ⊕, clear.	9x PICC line - Hold
	P/A - soft; Mild distention	
	BC ⊕.	10x Udiliv - to add (on going)
		11x Tramadol - stop.
		12x Alpinn - Add.
		30mg/OD
		metronidazole
		Tercepterin.

Dr. Prashant Bachina
 Reg. No. 89308

Dr. Prashant Bachina
 Reg. No. 89308

Noted by *[Signature]*
 25.05.26 @ 10:15 AM

[Signature]
 Dr. Kumar
 (P.T.O)

FDH-00003949 IP5-00173939
 Baby SANGALA VIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



Viyanshi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<i>D. Prashanth</i>
<i>25/5/22 11:15 AM</i>	<i>concluding notes</i>	
	<p>Commented that she had some level of rejection yesterday which is an expected sequelae. Yesterday US scan was fine apart from a small vessel showing block. Lab parameters are mildly better after steroids pulse given yesterday. Today her activity is better. She is more interactive. Mom can come down and spend time with her. Rest parameters are fine. Had low grade shunt of 9 mm for which central line removed and Antibiotics stopped.</p>	
	<p><i>Prashant Bachina</i> 25/5/22 11:15 AM</p>	<p><i>S. Prashant Bachina</i> (uncle) 25/5/22 11:15 AM</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		
4:30pm	CSIB <u>Trisho</u> team / Dr. Alisha	
	No fever.	<u>Plan</u>
	on monogen + oral feeds	
	upv (taken well)	1) Fine profile OD
	Cooks passed.	LFT, BD.
	Brain - sound.	2) cont dialysis replacement
	No fresh urine.	2/3rd ← 1/2 with NS 1/2 with 5% Albumin
	O/E HR 113/min	3) monogen.
	BN-106 (60 L/min) @ 90th centile.	plus addl feeds
	RR-20/min	→ No fat diet
	SpO2 100% ↓ 100%.	4) Evening dex steroid
	clearexant	based on LFT.
	3u(6)	5) Tac-↑ to 1mg BD
	D/Acep	6) To change amiodip to
	distended.	fluconazole.
	No - +204mp	7) Stop low flow O2.
	Admin started	Noted by Sush 25.5.26 @ 4:40pm
	Antimicrobials optimized	Keenanfyg
	Dr. Alisha	Dr. Alisha
	25/5/26, 5pm	25/5/26, 5pm

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 9 Today's Date & Time : 26/5/26 7:55a
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW
 Diagnosis : EHBA / SIP KASAI / s/POLT POD - 8
 Current Issues : Poor oral intake.

VITAL SIGNS Today's Wt. (kg) : 13.4 Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L clear
 CXR :
 SPO₂ : 100% O₂ 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 : 7.46 / 103 / 23.7 / 31 EtCO₂ : P/F ratio : O.I. :
 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.) : S. new HR - 110/min
 Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 102/52 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 : Rt hand
 Central line in situ : Yes No Place of central line & its condition :
 Day of arterial line : 7 Day of Central line :
 Plan of Care :

CNS
 Neuro Exam : Euvolemic
 Pupils : 2+ 2+ 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 :

Drain = 60ml

+147ml

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+147</u> / (+/-) Input: ml/k/d UO: <u>5</u> ml/kg/hr Stools: <u>4</u> NG output: PO intake: Feed Formula: <u>Momogen</u> Feed Schedule: <u>160ml q 9h</u> IV Fluids - Type of IVF: @ ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>Soft, distended</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver): <p style="text-align: right;"><u>AG: 52a</u></p>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: <u>Mycoplasma D8</u> <u>Ardelefyg D8</u> Describe c/s Reports: Other Labs (Latex, Serology, etc): Ongoing Antibiotics: <u>Valganciclovir</u>	
	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: <u>Aldebrane</u> <u>Dacotimus 1mg BID</u> <u>Mefenone < 60mg (5mg/kg)</u> <u>60mg (5mg/kg)</u> Catheterized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:	
VAP Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: Pending Lab Results: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details:		
FINAL COMMENTS		

Doctor's Name (Handover given): Sethy,

Signature: [Signature]

Date & Time: 26/5/26 8am

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

Signature: [Signature]

Date & Time: 26/5/26 8AM

FDH-00003949
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/23	<u>NUTRITION REVIEW</u>	
9:40am	POD - 8	STOOL PASSED = 4 / Bristol-5
	PBW: 13kg (25th Centile)	Drain = 60ml
	REE: 742 kcal/d	
	RDA: 930 kcal/d	Hb: 8.9 WBC: 12130 Ptt: 1.53L
		Na: 134 K: 4.2 Cl: 108
	NG Feeds	SGPT: 199 SGOT: 125 Alb: 2.6
	Monogen (1): 30ml dilution	Amy: 56
	160 ml @ 3rd haly,	
	Soft high protein low fat diet	Recall vol = 1200ml/d
		(92 cal/d)
	30 scoops for REE	40 scoops for recall
	Vol = 900 ml/d for REE	
	115ml @ 3rd haly for REE	
	<u>MACROS (RECALL)</u>	
		<u>E</u> <u>P</u> <u>C</u> <u>F</u>
	Monogen 40 scoops/d	984 28.4 152 28.8
	Egg whites 4 1/2	81 16.2 0 0
	Cerelac (Ragi, apple) 3 1/2 scoops	124.9 4.34 18.7 3.5
	Total	1189.9 48.9 190.7 32.3
	per kg/d	91.5 3.76 13.1 2.48
		Present Feed: 160ml/3rd haly
		Encourage orally
		Dietitian Mounica



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9:40 AM	C/S/B Dr. Prashant / Dr. Kapil	
	A: EHBA/SIPOLT POD-8	Plan
	Issue: Poor oral intake	1) Plantapee low flow and stop
	Afebrile Stable on room air.	2) chest physio. gently + Position change + Mobilization
	SpO ₂ : 98% PR: 120/min RR: 32/min BP: 102/59	3) labs - Liver profile + ABG - OD
	Chest: B/L clear	4) steroids - 5mg/kg / BD dose
	CNS: S/S ⁺ CNS: GCS 15/15	5) Tazolinac - 1mg, evening dose based on tac levels
	Pupil: 2+ 2+ PA: distended.	6) Drain replacement - No replacement -
	Drain: 60ml (serous)	7) Trace B/Ls report - L4/L5 No growth
	U.O: 5ml/kg/hr. Balance: + 147ml	8) Stop Anidulofungin to add fluconazole based on Tac levels.
		9) stop IV paracetamol
		10) orally - Allow high protein diet low fat.
	12) Monitor BP, antihypertensive	Continue Mungers. doppler's - OD

Dr. PRASHANT BACHINA
 Reg. No. 11816

Noted by [Signature]
 26/5/26 @ 9:50 AM

[Signature]
 9:40 AM

[Signature]
 T.O
 9:55 AM

FDH-0003949
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 1 PM	EHBA / sp OCT / POI-3	c/d/w Dr. Prashant Bachina Plan
	TAC levels informed.	- stop candidosis - STA ^{oral} STAT FLUCONAZOLE. Noted by <u>Sneha</u> 26.5.26 @ 1:05 PM
26/5/26 3:50 PM	S/B Dr. Poushya • no fever • on NG feeds + low fat oral diet. • Drains: 65ml (urine)	Plan: 1) chest physiotherapy 2) Monitor for respiratory distress and abdominal distension 3) continue NG feeds with monogen to 160 ml 3rd hourly 4) Tacrolimus: 1.25mg 5) Evening dose of methyl prednisolone 65mg.
	on room air chest: clear abdomen: soft.	Noted by <u>Sneha</u> 26.5.26 @ 3:53 PM
	HR: 125/min RR: 34/min SpO ₂ : 100% BP: 117/61 mmHg	Dr. Hemal 26/5/26 4 PM
Referral Dr. Poushya Sai 26/5/26 4 PM	Dr. Hemal 26/5/26 4 PM	Referral Dr. Poushya Sai 26/5/26 4 PM Dr. Hemal 26/5/26 4 PM

Dr. M. Naga Venkata Poushya Sai
 Registration No: TSMC/FMR/34701
 RCHBH/FRM/CLINICAL/088

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



Jiyanshi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/7/23 10AM	Homeing Note	R. Prashant Bachina
	<p>commented that the condition is stable. Lab wise rejection parameters are stable. Ultrasound complications are normal. Drain output is stable & coming down. No fresh concerns. No qualitate is better. focus is to build up nutrition and continue on same conservative supportive care.</p>	
26/7/23 10AM	<p>Skopal V. K. Chakraborty</p>	<p>S. Prashant Bachina (Father).</p>

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	c/o/w Dr. Poushys EHBH Sp OLT POD-8	
9:20pm	Drain output 260ml	Plan
	Balance +ve 370ml.	- Drain replacement (halt)
	chylous drain	halt \bar{c} NS halt \bar{c} 5% albumin
		- send drain triglycerides
		Noted by Sneh 26.5.26 @ 7:25pm
		PS: [Signature]
		26/5/26
		7:30pm

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 10 Today's Date & Time : 27/5/26 8:00 AM
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW	Diagnosis : EHBA / slip kasci / slip OLT POD - 9	Current Issues : chylous drain poor oral intake (improved)
-----------------	---	---

VITAL SIGNS Today's Wt. (kg) : 13.4 Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L clear
	CXR : _____
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at RA L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____
	ABG : 7.44 / 108 / 24.0 EtCO ₂ : lactate 1.1 P/F ratio : _____ O.I. : _____ Chest Physiotherapy Plan : position change Suctioning Needs : _____ Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____ Plan of care : _____

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 120 / min
	Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : _____ cm below Rt costal margin
	Blood Pressures : NIBP : _____ IBP : 110/60 CVP : _____
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min <input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min <input type="checkbox"/> Milrinone _____ mcg / kg / min
	Any Other Infusions : amlodipine (not given)
	Last 2D Echo Findings : _____
	Size of the heart and lung fields in latest CXR : _____
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : _____ Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____ Day of arterial line : D9 Day of Central line : _____ Plan of Care : 2 peripheral cannula

CNS	Neuro Exam : ACS - 15/15
	Pupils : 3+ 3+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : _____ Types of Paralysis : _____
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____ Plan of Care : _____ Ramsay Sedation Score : _____

Drain 900ml holt replacement

Y2 - NJ

Y2 - ST albumin

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : <u>+662</u> / (+/-) Input : ml/k/d UO : <u>5-3</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>monoson</u> Feed Schedule : <u>160 ml 3hrly</u> IV Fluids - Type of IVF : @ ml/hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft, mild distended</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <u>Drain replacement holt - 1/2 NJ</u> <u>Drain triglycerides - 172</u> <u>1/2 ST albumin</u>	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Meropenem - D1</u> Describe c/s Reports : <u>T. Fluconazole - D2</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Diuretics : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Aldactone 1/2 tab QD</u> <u>mPS 5mg/ks BD</u> Catheterized : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : <u>Clexane</u> <u>Aspirin</u> <u>Tacrolimus</u> <u>MMF</u> Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS : <u>Trace B/Ck</u>	

Doctor's Name (Handover given) : K. sothy
 Signature : [Signature]
 Date & Time : 27/5/26 8AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 27/5/26 8:10am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:40am	<u>NUTRITION REVIEW</u> POD-9	STOOL PASSED = 4 Bristol-5 Drain = 400 ml
	PBW: 13 kg (25th Centile)	
	REE: 742 kcal/d	
	RDA: 930 kcal/d	Hb: 8.4 WBC: 17800
	NG Feeds	Plt: 1.94L Na: 135 K: 4.7
	Monogen (1:30M) dilution	Cl: 106 SGPT: 213
	160 ml @ 3rd hly	SGOT: 110 Alb: 2.6 Amy: 64
	Soft high protein low fat diet	
	30 scoops for REE	Recall vol = 1280 ml/d
	Vol = 900 ml/d for REE	43 scoops for recall (98 kcal/d)
	115 ml @ 3rd hly for REE	
	<u>MACROS (RECALL)</u>	
		E P C V F
	Monogen 43 scoops/d	1057.8 30.5 163.4 30.9
	Egg whites 112	27 5.4 0 0
	Cerelac (Ragi, Apple) 6 scoops/d	214.2 7.44 32.1 6
	Total	1299 43.3 195.5 36.9
	per kg/d	99.9 3.3 15 2.8
	<i>Brown</i> 27/5/26 9:40am	Present feed: 160ml/3rd hly Encourage orally
		Dietitian Moulice

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 10:20 AM	S/B Dr. Prashant B Dr. Kapil	Plan:
	Case of Biliary atresia S/P OLT (POD: 9)	1) chest physiotherapy 2) Ambulation 3) watch for any abdominal distension, tachypnea (RR > 40/min)
→	<u>Issues:</u> • chylous drains (400ml) (Drain fluid: Triglycerides - 172 g/dl)	4) soft diet: low fat + NG feeds with monogen: 100ml/7ml 3rd hourly
→	<u>Examination:</u> on room air chest: clear abdomen: soft drains: chylous.	5) Immunosuppression: steroid: 2.5 mg/kg/dose - t.i.d. Tacrolimus: Evening dose based on tac level
→	<u>Vitals:</u> HR: 125/min SpO ₂ : 100% BP: 113/60 mmHg RR: 35/min	Continue MMF.
	(Received 5mg/kg/dose BD - Methyl prednisolone Dr. Hema yesterday)	6) Antibiotics/Antifungals Meropenem (D8) Fluconazole (D2)
		7) Continue Cleare and aspirin.
		8) Labs: once daily Doppler: once daily
		10) Drain replacement Dr. Hema 1/2 volume 1/2 with NS 1/2 with Albumin

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<p><u>Plan:</u></p> <ul style="list-style-type: none"> - 50 ml 20% Albumin transfusion today. - Swais replacement 1/4th volume with 5% albumin.
	<p>Dr. Prashant Bachina Reg. No. 11816</p> <p>Dr. Prashant 27/5/26 10:30 am</p>	<ul style="list-style-type: none"> - Fat free Diet - Inj: Octreotide 10mg IV TID <p>Noted by <i>Shelby</i> 27.5.26 @ 10:35 am</p>
		<p><u>Procedure notes</u></p> <p>Under strict aseptic conditions; 4cm Iceberg line inserted in left upper limb. Fox flow and back flow demonstrated. procedure uneventful.</p>
27/5/26 12 PM		<p><u>Plan</u></p> <ul style="list-style-type: none"> - Line x-ray - PKC line care <p>Noted by <i>Shelby</i> 12:07 pm</p> <p><i>J</i> 14/5/26</p> <p>27/5/26 12 pm</p>

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 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



Jiyanshi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/23 11AM	<p>consent given</p>	<p>Dr. Mahantra Dr. Kapri</p>
	<p>Attendene counselled that she is doing well overall. though the surgery took a very long time, and lot of bowel handling was done due to which we were expecting perforation or high drain output. Yesterday, first time drain was mildly chylous. For which conservative management was done. She is not accepting momeper feeds evenly which would help getting the drain down. Mom to spend a couple of hours everyday and feed the child better and learn the medications. Other lab parameters are stable with normal ultrasound connections. If the drain output is minimal, plan is to discharge in next couple of days.</p>	
	<p>Keshav Dr. Keshav 27/5/23 11AM</p>	<p>(Saitaja) (Mother)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
3:30pm	USIB has no team	
	No fever.	
	o/p	Plan
	Quality taken (Egg white	
	stools passed. + Pongal).	1. cont chert physio
	Breast - 145ml (Chylous) ^{ops.}	2) feeds → how fat
	PICC line placed.	+ managem
	On flow Albumin transfusion.	70ml Q34
	o/e	3) tabs OD
	Vitals stable	Doppleus OD
	P/resp. ^{didn't recall}	4) Tamai ref 1/4 - 58ALB
	chest clear ^{AULTW.}	5) The evening dose based
	Su(5)	on (cull) → continue same
	Aa 59 → 63um ↑	dose
	o/e not started.	6) Discus req remaining
		extra cauler.
		7) Aa. Ab H.
		Noted by ^{Sub} 27-5-26
		C3: W/P 12
	Alesia	Alesia
	Dr. Alesia	Alesia
	27/5/26	27/5/26
	4pm	4pm

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 11 Today's Date & Time : 28/5/26 8am
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW
 Diagnosis : ETTA / post Kesi / S/POLT POD-10
 Current Issues : High drain output (chylous)

VITAL SIGNS Today's Wt. (kg) : 13.4 Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
 Respiratory System Findings : (A/E entry, breath sounds, s/o distress etc.) :
 Bilateral B/A clear
 CXR :
 SPO₂ : 99% room air 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 : 87.9 ← 24.5 EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebs : chest physiotherapy ICD ? Yes No, if Yes, details :
 Plan of care : chest physiotherapy & position change with mobilization

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Sine HR: 108/min
 Quality of Pulses : Good cap refill Time : < 2 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : IBP : 108/56 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 : Amlodipine
 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 : Rt hand
 Central line in situ : Yes No Place of central line & its condition : PICC line in left arm
 Day of arterial line : D9 Day of Central line : D2
 Plan of Care :

CNS
 Neuro Exam : GCS 15/15
 Pupils : 2+ 2+ 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 :

Drain: 485ml 1/4 replacement with 5% Albu

FLUIDS STATUS NUTRITION AND G.I

NPO PO feeds NG Feeds NJ Feeds GT Feeds
I/O/Balance: +556 / (+/-) Input: ml/k/d UO: 6 ml/kg/hr Stools: (3)
NG output: PO intake:
Feed Formula: Fat free diet Feed Schedule: ad lib (Mogen 70ml)
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 138 K 4.7 Cl 108 Ca Mg P HCO3 Sr. Amylase Sr. Lipase
Latest LFT:
Abd Exam: Soft, mild distended
Any organomegaly? Yes No - If yes, describe:
Plan (G.I. & Liver):

St methylpred 2.5mg/b BP
Tac: 1.2mg BD

INFECTION

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #):
Cultures Sent? Yes No - If yes, details: MEROPENEM D10
Describe c/s Reports: ORAL FLUCONAZOLE D3
Other Labs (Latex, Serology, etc):
Ongoing Antibiotics:

NEPHROLOGY ISSUES

Sr. Creat: 0.3 Bld. Urea: 14 Other Relevant Labs:
P.D. Yes No - If yes, details:
Diuretics: Yes No - If yes, details: ACETOZOLAMIDE 1/2 tabs BD
Catheterized: Yes No - If yes, then day of Catheter:
Relevant Radiology (USC, MCUG radioisotope scan etc):
Plan of Care:

HEMATOLOGY

Relevant Labs (CBP etc): 7.6 > 8530 < 1.946bh
Any Coagulopathy: 6/27
Relevant Transfusion History:
Plan of Care: 20-1. ALBUMIN 50ml

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: Tac level
Pending Consultations: Yes No
If yes, then details:

FINAL COMMENTS

Trace Tac level.

Doctor's Name (Handover given): Subhaya
Signature: [Signature]
Date & Time: 28/5/26 8:15 am

Doctor's Name (Handover taken): Dr. Pratyusha
Signature: [Signature]
Date & Time: 28/5/26, 8:20 am

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 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/23	<u>NUTRITION REVIEW</u>	
7:30am	POD -10	Drain = 485 ml
	PBW: 13 kg (25th centile)	8 TOOL PASSED = 4/Bristol-5
	REE: 742 kcal/d	
	RDA: 930 kcal/d	Hb: 7.6 WBC: 8530 PLT: 1.94L
		Na: 138 K: 4.7 Cl: 108
	NG Feeds	SOPT: 133 SGOT: 48 Alb: 3.1
	Monogen (1:30 ml) dilution	Amny: 70
	70 ml @ 3rd haly	
	Soft high protein fat free diet	
		Recall volume = 650 ml/d
	30 scoops for REE	[50 ccl/d]
	Vol = 900 ml/d for REE	
	115 ml @ 3rd haly for REE	
	<u>MACROS (RECALL)</u>	
		E P C F
	Monogen 22 scoops/d	541.2 15.6 83.6 15.8
	CereLac (Ragi, Apple) 3 scoops	107.1 3.72 16 3
	Veg soup 20 ml	5.21 0.21 0.76 0.06
	Egg whites 2 1/2	45 9 0 0
	Pongal 5 spoons	27.4 1 5.50 0.06
	Total	725.9 29.5 105.8 18.9
	per kg/d	55.8 2.27 8.1 1.45
		Dietitian: Moulice

FDH-00003949
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10 am	S/B Dr. Prashant B Dr. Kapil	Plan:
	Case of Biliary atresia	1) chest physiotherapy
	S/P OLT (POD: 10)	2) ambulation
	- no fever	3) low fat soft diet. 160ml
	- oral intake - good	Monogen - 160ml 3rd hourly
	- Drains: 485ml (turbid)	4) Drain replacement 1/4th volume with 5% albumin
	- Urine output: 6cc/kg/hr	5) 20% albumin transfusion: 50ml today
	- I/O: +556ml (balance)	6) Immunosuppression: steroid: 2.5mg/kg/day 15mg - BD
	→ Examination: alert, active	Tacholinus: Evening dose based on lac level
	chest: clear	Continue MMF
	abdomen: soft	7) Anti hypertensives if BP \geq 118/72 mmHg
	→ vitals:	8) Antibiotic/Antifungal Inj. meropenem D9 T. fluconazole P3.
	HR: 106/min	9) Doppler to be done
	SpO2: 100%	10. Add T. Propranolol 5mg BD
	BP: 118/62 mmHg	
	RR: 28/min	

Dr. Dema
28/5/26
10:30 AM

Dr. PRASHANT BACHINA
Reg. No: 11816

PRASHANT BACHINA
Reg. No: 11816

Dr. Prashant
28/5/26
10:30 AM

Noted by
Smiths
28.5.26
0103 13am

Dr. Dema
28/5/26
10:30 AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 3:40 PM	<p>S/B Gastro team</p> <ul style="list-style-type: none"> • no fever • Drain: 275 ml • urine : ↑ 8 cc/kg/hr • stool: passed 	<p>Plan:</p> <ol style="list-style-type: none"> 1) chest physiotherapy 2) ambulation 3) continue low fat diet + monogen 4) labs: once daily (liver transplant profile) 5) Tacrolimus: continue same dose. 6) Drain replacement 1/4th volume with 5% Albumin
	<p>O/E: Alert</p> <p>chest: clear</p> <p>P/A: soft.</p>	
	<p>HR: 102/min</p> <p>SpO₂: 99%</p> <p>BP: 115/62 mmHg</p> <p>RR: 32/min</p>	
	<p>Tac level: 7.33</p>	<p>Noted by Sneha 28-5-26 @ 3:50 PM</p> <p><i>[Signature]</i> Dr. Hema</p>
<p><i>[Signature]</i> Dr. Hema</p>	<p><i>[Signature]</i> Dr. Alisia</p>	<p><i>[Signature]</i> Dr. Alisia</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	cls/B ICU team	Plan
5:30pm		
	As:- EHFH / s/p OLT	1) position change / OATP
	POD-10	2) Ambulation
		3) Gentle chest physiotherapy / OATP
	on room air	4) Continue morphine
	Hemodynamically stable	NG feeds
	No fever spikes	160 ml / O 3H
	accepting well orally	5) Low fat soft diet orally
	Brain - 275 ml since	6) Brain replacement -
	today morning	1/4 th volume with
	Urine output - 8 ml/kg/hr	5% albumin
		7) Labs / PD
		Noted by <u>Dinesh</u>
		28-5-2026
		05:30pm
		Dr. Paratgale



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : day 12 Today's Date & Time : 29/5/26 8am
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW	Diagnosis : EHBA / s/p Kasai / s/p OLT POD-11	Current Issues : High drain output + hypomagnesaemia
	VITAL SIGNS Today's Wt. (kg) : 13 kgs Temp.:	Blood sugar issues : hyperkalemia
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath-sounds, s/o distress etc.) : BAE ⊕ clear RR - 26/min	
	CXR : _____	
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____ ABG : 7.393 / 37.3 / 96 < 22.9 EtCO ₂ : _____ P/F ratio : _____ O.I. : _____ Chest Physiotherapy Plan : lac - 0.7 Suctioning Needs : _____ Any Nebbs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____ Plan of care : chest physiotherapy / Q2H position change / Q2H mobilization	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 92/min, S ₂ ⊕	
	Quality of Pulses : good vol, regular 2e Liver Edge : _____ cm below Rt costal margin	
	Blood Pressures : NIBP : _____ IBP : 116/66 (80) CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min <input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min <input type="checkbox"/> Milrinone _____ mcg / kg / min Any Other Infusions : Tab. Amlodapine	
	Last 2D Echo Findings : _____ Size of the heart and lung fields in latest CXR : NO cardiomegaly Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : right radial A. Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : left arm PICC line Day of arterial line : day 10 Day of Central line : day 3 Plan of Care : _____	
CNS	Neuro Exam : GCS - 15/15	
	Pupils : 3+ 3+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____ Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____ Plan of Care : _____ Ramsay Sedation Score : _____	

Brain - 425 ml — 1/4 th replacement with 5% albumin

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : - 384 / (+/-) Input : ml/k/d UO : 5.7 ml/kg/hr Stools : NG output : PO intake : Feed Formula : low fat diet Feed Schedule : on demand IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na 137 K 5.1 Cl 107 Ca 9.2 Mg 1.8 P 3.8 HCO3 Sr. Amylase : 65 Sr. Lipase : Latest LFT : Abd Exam : soft Tacrolimus - 1.2 mg / BD Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : MMF - 65 mg / BD Plan (G.I. & Liver) : az. methylpred - 15 mg / BD
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : az. Meropenem D11 Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : oral fluconazole D4 Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : Tab. Valganciclovir D7
	Sr. Creat : 0.3 Bld. Urea : 20 Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Tab. Aldactone 1/2 tab / BD Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :
	Relevant Labs (CBP etc) : 7.9 / 13440 (56 / 35) 3.34 (plate) Any Coagulopathy : Relevant Transfusion History : 20% albumin 50 ml given Plan of Care :
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	→ Review stopping aldactone → diet plan

Doctor's Name (Handover given) : Dr. pratyusha
 Signature :
 Date & Time : 29/5/26, 8am

Doctor's Name (Handover taken) : Dr. Vikas
 Signature :
 Date & Time : 29/5/26, 8:00 AM

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	<u>NUTRITION REVIEW</u>	
8am	POD-11	Drain = 425 ml
	PBW: 13kg (25th Centile)	STOOL PASSED = 1 Bristol-5
	REE: 742 KCal/d	
	RDA: 930 KCal/d	Hb: 7.9 WBC: 13.9 Plt: 334
		Na: 137 K: 5.1 Cl: 107
	NG Feeds ✓	SAPT: 167 SROT: 89
	Monogen (1:30 ml) dilution	Alb: 3.4 Amy: 65
	160 ml @ 3rd haly	
	Soft high protein fat free diet	
		Recall vol = 390 mld
	30 scoops for REE	13 scoops for recall
	Vol = 900 mld for REE	
	115 ml @ 3rd haly for REE ✓	
	<u>MACROS (RECALL)</u>	
		e p c f
	Monogen 13 scoops/d	319.8 9.23 49.4 9.36
	Cerelac (Ragi, Apple) 6 scoops/d	214.2 7.44 32.1 6
	Egg whites 2	36 7.2 0 0
	Total	570 23.8 81.5 15.3
	Perit/d	43.8 1.83 6.26 1.18
	OM = 300mg / 200ml (WHD 10 PACHOM)	
	7.69 mEq / 100ml	
	76.9 mEq / 1000ml	
	29/5/26	
		Encourage orally
		Dietitian Maurice



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
29/5/26 10 AM	S/B Dr. Prashant B Dr. Kapil	Plan:
	90 Biliary stentia S/P OLT (POD: 11)	1) chest physiotherapy 2) Ambulation 3) Drain replacement 1/4 th volume mtr 5% albumin
	• no fever	4) labs: OD
	• oral intake: accepting liquids, ↓ solid intake	5) Doppler: OD
	• urine: 5-7 cc/kg/hr	6) Immunosuppression:
	• Drain: 425ml (less turbid)	• Steroid: 15 mg B.D.
	• Balance: -384ml	• Tacrolimus - evening dose based on labs
	• passed stool	• Continue MMP
	0/6: Active	7) Antibiotics / antifungals Meropenem D10 Fluconazole D4
	chest: clear	8) Aldactone - hold
	P/A: soft	9) FPN: 1 bit is 24 hrs
	vitals:	+ low fat diet
	HR: 99/min	+ 10) Amiroven @ 20ml/hr
	SpO ₂ : 100%	
	BP: 106/55 mmHg	
	RR: 28/min	
	Dr. Prashant Bachina Reg No: 11816	10) Allow mother to stay i Child (for total intake)

Noted by Dr. Kapil
 29.5.26 @ 10:15am

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/26		
10:30 AM	C/S/B - Dr. M. Srinivas	
		<u>Plan</u>
		1x Plan to remove NG.
		2x Continue MMF &
		Tadalafil
		3x Mobilize.
		Noted by Sneh
		29.5.26 @ 10.30 AM
		
		Dr. Kenu



Jyanshi

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/23 10:40 AM	<p style="text-align: center;">Consulting Note</p> <p>child is having oral intake but its very less. Mom to come and help increase the food intake which is low in fat. mom to stay with kid. Blood parameter and ultrasound sometimes are stable. Drain output is coming down. If good low fat diet given for next few days drain will get down.</p>	<p style="text-align: right;">Dr. Prashant Bachina</p>
<p>Techan</p> <p>D. Keeravani</p> <p>29/5/23</p>		<p style="text-align: right;">S. Prashant Bachina</p> <p style="text-align: right;">(Signature)</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 4:00pm	<p>c/s/B <u>Dr. Poushya Sai</u></p> <p>NO FEVER BP - 90th centile ON RA eating well. Drain = 60 + 45 = 105 ml, I - 526 ml. @cousu 0 ufo = 4.7 ml/kg/day</p>	<p>Adv:</p> <ul style="list-style-type: none"> → Allow no fat oral diet - tabs once daily - continue aminocou - Tac - continue same to decidedote - send Tac levels 1m - continue 10% aminocou <p>Noted by Sulu 29.5.26 24:07pm</p>
replen	<p>Tac level: <u>11.06</u></p>	<p>replen</p>
Dr. M. Naga Venkata Poushya Sai Registration No. TSMC/FMR/34701		Dr. M. Naga Venkata Poushya Sai Registration No. TSMC/FMR/34701



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 7:30am	<u>NUTRITION REVIEW</u> POD-12	Drain = 235 ml STOOL PASSED=1 Bristol-5
	PBW: 13kg (25th Centile)	
	REE: 742 kcal/d	Hb: 7.9 WBC: 13720
	RDA: 930 kcal/d	Plt: 380L Na: 135 K: 4.6
	Soft high protein No Fat diet.	Cl: 106 U: 42 SGPT: 176 SGOT: 66 Alb: 3.4 Amy: 59
		Aminoven 10% = 20 ml/hr
	<u>MACROS (RECAL)</u>	
		e P C F
	Cerelac (Ragi, Apple) 4 scoops	142.8 4.96 21.4 4
	Egg whites 8	144 28.8 0 0
	Khichdi 1/2 plate	132.8 5.2 25 0.3
	Total (with Aminoven)	419.6 74.9 46.4 4.3
	per kg/d	32.2 5.76 3.5 0.33
		Encourage oral Intake.
		Dietitian Mounica

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 17/5/2026 Day of Admission: 13 Today's Date & Time: 30/5/2026 0800AM
 PRISM - III Score in first 24hrs. of Admission: 6 Today's SOFA Score: 0

OVERVIEW	Diagnosis: <u>EHBA / s/p Kasai / s/p OLT POD-12</u>	Current Issues: <u>No fresh issues</u>
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VITAL SIGNS Today's Wt. (kg): 12.8 Temp.: _____ Blood sugar issues: _____

RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): <u>Bilateral aeration equal. No added sounds.</u>
	CXR: _____
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min
	Ventilatory Support: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent: _____ Nitric Oxide: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details: _____
	Ventilatory Settings: Leak around ETT: _____ Delivered Vt: _____
	ABG: <u>7.416 / PCO₂-36 / PO₂-8.6</u> EtCO ₂ : _____ P/F ratio: _____ O.I.: _____
	Chest Physiotherapy Plan: _____ Suctioning Needs: _____
	Any Nebbs: <u>Nid</u> ICD? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details: _____

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>HR-90/min</u>
	Quality of Pulses: <u>Good</u> cap refill Time: <u>3 sec</u> Liver Edge: _____ cm below Rt costal margin
	Blood Pressures: NIBP: _____ IBP: <u>110/58 (78)</u> CVP: _____
	Infusion of: <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min
	<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min
	<input type="checkbox"/> Milrinone _____ mcg / kg / min
	Any Other Infusions: <u>TAB AMLODIPINE</u>
	Last 2D Echo Findings: _____

CNS	Size of the heart and lung fields in latest CXR: _____
	Arterial line in situ: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition: <u>Right Radial Artery</u>
	Central line in situ: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition: <u>(10) PICC line</u>
	Day of arterial line: _____ Day of Central line: <u>(9)</u>

Neuro Exam: 15/15
 Pupils: 3+ 3+ 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: _____

Drain - 235ml (1/4th Replacement i 5-1 Albumin)

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input checked="" type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : / (+/-) Input : ml/k/d UO : <u>32</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>Jat pro diet</u> Feed Schedule : IV Fluids - Type of IVF : @ ml/hr (..... times maintenance) TPN : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>1st Amino acids</u> % 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 : <u>AG 55.5 cms</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :
	Sr. Creat : <u>0.3</u> Bld. Urea : <u>42</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :
	Relevant Labs (CBP etc) : <u>17.9 / 13720 / 380</u> Any Coagulopathy : <u>16 / 1.2 / 30</u> Relevant Transfusion History : Plan of Care :
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>trae levels</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
FINAL COMMENTS	

Tacrolimus - 0.75 BD
 MMF - 650mg BD
 methopred - 15mg BD onf

meropenem - D12
 and gentamicin 3.6 - D5
 10B. Valganciclovir D8

Doctor's Name (Handover given) : Dr. Vikas
 Signature :
 Date & Time : 30/5/2026 @ 800AM

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

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8:00 am	S/B Dr. Prashant B Dr. Kapil	Plan:
	Op Biliary atresia S/P OLT (POD: 12)	1) chest physiotherapy 2) Ambulation 3) low fat soft diet
	• no fever spikes • oral intake: better • Drain: 235ml (less turbid) • urine: 3.8 cc/kg/hr • I/O: -124 ml	4) Continue 10% Aminoven 5) Drain replacement: - can stop.
	O/E: sleep chest: clear P/A: soft.	6) Give antihypertensives if BP 7/118/72 mmHg. 7) Immunosuppression: - steroid: 15 mg BD to continue - Tacrolimus: Evening dose based on tac level - MMF: 5mg/kg/dose BD.
	Vitals: HR: 82/min spo2: 99% BP: 108/57 mmHg RR: 29/min	8) Antibiotics/Antifungals. meropenem D11 Fluconazole D5
	on steroid: 15mg BD Tac: 0.75mg BD	
	Dr. Dema	M.B. Nalson 30.5.26 10:30 am Dr. Dema

Dr. Prashant Bachina
 Reg. No: 11816

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Prashant Sachina

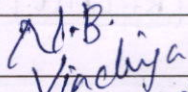
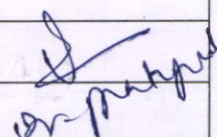


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26	S/B Gastro team	Plan:
4:30 pm	<ul style="list-style-type: none"> no fever 	① chest physiotherapy
	<ul style="list-style-type: none"> drain: 30ml 	② ambulation
	<ul style="list-style-type: none"> U/O: 3.1 cc/kg/hr 	③ continue low fat diet.
	O/E: clear	④ do continue
	chest: clear	10% aminoven
	P/A: soft	⑤ continue same
	no distension	dose of tacrolimus.
	Ab: 61cm.	⑥ labs- liver transplant
	vitals	profile + } T/M morning
	HR: 106/min	Tac level
	SpO2: 99%	⑦ Monitor abdominal
	BP: 106/61 mmHg	girth Q 4H.
	RR: 28/min	
	Tac level: 7.89	
	Dr. Hema	Dr. Hema



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/23 8am	c/s/B PICU team	<u>Plan</u>
	BSL- ETT/BA c/p OLT POD-12	1) chest physiotherapy 2) position change / Q2H 3) ambulation
	on room air -thermodynamically stable No fever spikes decreased drain output	4) labs - tomorrow morning 5) inform if fever spikes / respiratory distress
		<p style="text-align: right;">  N.B. Vinchiya 30-5-2023 spr </p>
		<p style="text-align: right;">  Dr. Prashant </p>

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 7:20 am	<u>NUTRITION Review</u> POD - 13	Drain = 110 ml STOOL PASSED = 0
	PBW: 13kg (25th centile)	
	REE: 742 kcal/d	Hb: 8.8, WBC: 16.93, PLT: 478
	RDA: 930 kcal/d	Na: 135, K: 4.9, Cl: 108
	Soft high proteins No fat diet	U: 57, Cr: 0.4, SGPT: 167 SGOT: 59, Alb: 3.7, Amyl: 68
		Aminoven 10% = 20ml/hr
	<u>MAEROS (RECALL)</u>	
		e P c f
	Cerelac (Ragi, Apple) 11 Scoops/d	392.7 13.64 58.85 11
	Egg whites 5	90 18 - -
	Khichdi 2 plates	430 15.6 82.6 0.96
	10% Aminoven 480ml/d	- 48 - -
	<u>Total</u>	<u>912.7 95.24 141.45 11.96</u>
	Peek/d	70.2 7.32 10.8 0.92
		Encourage oral intake

*Alitha
Dietitian*



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 17/5/26 Day of Admission : 14 Today's Date & Time : 31/5/26, 8
 PRISM - III Score in first 24hrs. of Admission : 6 Today's SOFA Score : 0

OVERVIEW	Diagnosis : EHBA / s/p Kasai / s/p OLT POD - 13	Current Issues : red chylous drain ↑ urea
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VITAL SIGNS Today's Wt. (kg) : 13 kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE ⊕ clear
	CXR :
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : 7.385 / 34.5 / 90.2 / 21.2 EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : AC-1.3 Suctioning Needs :
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 80/min, S ₂ S ₃
	Quality of Pulses : good vol, regular cap refill Time : 2s Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : 111/50 CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions : Last 2D Echo Findings : No cardiomegaly
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Rt. radial A. Central line in situ : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : PICC line Day of arterial line : day 11 Day of Central line : day 5 Plan of Care :

CNS	Neuro Exam : GU - 15/15
	Pupils : 3+ 3+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :

drain - 110 ml (no replacement)

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : <u>-386</u> / (+/-) Input : ml/k/d UO : <u>2.6</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>low fat diet</u> Feed Schedule : IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>10% aminoover - 3.6 gm/kg/day</u> % 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 : <u>soft abdominal girth -</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>2x: Meropenem - D13</u> Describe c/s Reports : <u>oral fluconazole - D7</u> Other Labs (Latex, Serology, etc) : <u>tab. Valganciclovir - D90</u> Ongoing Antibiotics :	
INFECTION	Sr. Creat : <u>0.4</u> ↑ Bld. Urea : <u>5.7</u> ↑ Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>8.8 / 16930 (80/15) / 4.78 lakhs</u> Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
NEPHROLOGY ISSUES	VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	
	Pending Lab Results : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :	
CARE PROTOCOLS		
FINAL COMMENTS		

Doctor's Name (Handover given) : Dr. Pradyumn
 Signature :
 Date & Time : 31/5/26, scmr

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	S/B Gastro team	
9 AM		Plan:
	No biliary atresia S/P OLT (POD: 13)	① Chest physiotherapy ② Try to ambulate
	• no fever spikes	③ low fat diet strictly
	• Drain: 110ml (turbid)	④ Continue 10% Aminoven.
	• I/O: - 386 ml	⑤ Give anti hypertensive
	• U/O: 5.3cc/kg/hr.	if BP $\geq 118/72$ mmHg
	O/E: on room air chest: clear P/A: soft.	⑥ Immunosuppression: steroid: 10mg BD Tacrolimus: Evening dose based on tac level
	vitals:	Continue MMF
	HR: 70/min	⑦ Antibiotic:
	SpO ₂ : 100%	Mecopenem D12.
	BP: 120/59 mmHg ↑	⑧ Send drain fluids for triglycerides.
	RR: 23/min	⑨ Lab - OP.
	⑩ hand lead deflex line - DS	
	A-demer	N.B. Tamal 31/05 9 AM Dr. Hema
	Dr. Prashant Bachina	Dr. Hema

. PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/21 9pm	<p><u>C/S/B PICU team</u></p>	
	<p><u>Plan:</u></p>	
	<p>Δ: Biliary atresia 9p OLT POD - 13.</p>	<p>(I) Cont iv fluids. (II) Encourage oral intake</p>
	<p>Afebrile. Stable on room air</p>	<p>(III) Steroid 10mg BD (IV) Tacrolimus 1mg BID</p>
	<p>Spo2: 99%. PR: 78/min RR: 26/min BP: 105/60.</p>	<p>(V) Send urine creatinine If Tac dose based on urine creatinine.</p>
	<p>Chat: B/L clear CNS: S/S 2.</p>	<p>(VI) AG monitoring 48hrs (VII) Cont antibiotic.</p>
	<p>CNS: GCS 15/15 Pupil: 2e 2r</p>	<p>(VIII) Monitor vitals.</p>
	<p>PA: soft, NT.</p>	<p>M.B. Tand 21/05/26 4pm</p>

FDH-0003949
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Praashant Sachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	<u>NUTRITION REVIEW</u>	
7:40am	POD-14	STOOL PASSED = 0
	PBW: 13kg (25th Centile)	Drain = 32 ml
	REE: 742 kcal/d	
	RDA: 930 kcal/d	Hb: 8.3 WBC: 16270
		Plt: 4.8L Na: 136 K: 4.7
	Soft High protein low fat diet	Cl: 107 U: 48 SGPT: 130
		SGOT: 47 Alb: 3.2
		Amny: 76
	<u>MACROS (RECAL)</u>	
		E P C F
	Idli 1	40 3 10 0.1
	Egg whites 7 1/2	135 27 0 0
	Cerelac (Ragi, Apple) 13 scoops	464.1 16.1 69.5 13
	Khichdi 1 1/4 plate	52 2.2 12.3 0.11
	Dal rice 1 1/4 plate	37.6 3.9 11.8 0.32
	Aminover 10% 100 ml/d	- 10 - -
	Total	<u>728.7 62.2 103.6 13.5</u>
	Per kg/d	56 4.7 7.96 1
	<i>Brown</i> 1/6/26 - EACWAM - 8 - 10/29 - MEAS (200m/d) 32mm/d 1/6/26 8:33M	<i>Dietitian</i> <i>Mounica</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 9 am	S/B Dr. Prashant B Dr. Kapil	Plan:
	10 Biliary Atresia	① chest physiotherapy ambulation
	S/P OLT (POD: 14)	② low fat diet orally.
	• no fever spikes	③ IV fluid: to continue.
	• Drain: 32 ml	④ Immunosuppression: steroid 10 mg BD. ↓ 5 mg BD.
	• U/O: 3.5 cc/kg/hr	Tacrolimus: Evening dose based on tac level
	• Stool: -	Continue MMF.
	• I/O: - 340 ml	⑤ Antibiotic: Meropenem DIB
	O/E: Alert	⑥ Continue clexone, aspirin.
	Chest: clear	⑦ shift to room.
	P/A: soft	
	Vitals:	
	HR: 135/min	
	SpO2: 99%	
	BP: 104/60 mmHg	
	RR: 30/min	
	Cladexon line Po.	
	S/S Dr. Kapil	noted by pravalika Dr. Hema
	Dr. Hema	Adv
		Clexone to Rimoraxeten



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/26 3pm	CL/B - Gastro Team	
	8/P-OLT - POD-14	Plan
	No fever	1x IV fluids to continue
	Hemodynamically stable	2x Allow orally - fat free diet
	Chest - clear	2x monitor BP,
	P/A - soft	antihypertensive (C06)
	No distension	4x Monitor
	BP = < 95th Centile	Drain & urine output
	Drain = 10ml,	5x labs - Liver profile, CRP, morning
		6x evening Tac dose based on Tac levels.
	Dela	De Kemp
	Bachina	Bachina
		noted by Bachina

FDH-0003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/26 10:50 AM	Counselling notes (Dr. Prashant B)	
	Child doing good. labs are good, doppler's are good. diam output is less, urine output is good. Hemodynamically stable, we will shift the child to ward. No fever, no Blood cultures are sterile.	
		S. Anand Kumar
	Dr. Kurny	
	Jyankumar	

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY (F)
 04-07-2023 2 Y 10 M 24 D
 Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																																								
2/6/26 8:30 am	<u>NUTRITION REVIEW</u> POD - 15 PBW: 13kg (25 th Centile) REE: 742 kcal/d RDA: 930 kcal/d Soft high protein low fat diet	STOOL PASSED > 1 Bristol = 5 Drain = 46 ml Hb: 8.5, WBC: 20970, Plt: 5.19L Na: 135, K: 5.2, Cl: 106 SGPT: 108, SGOT: 57, Alb: 3 Amy: 74																																								
	<u>MAEROS (RECALL)</u>																																									
		<table border="1"> <thead> <tr> <th></th> <th>E</th> <th>P</th> <th>C</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>Khichdi 3/4 plate</td> <td>152</td> <td>6.2</td> <td>31</td> <td>0.31</td> </tr> <tr> <td>Egg whites 12</td> <td>216</td> <td>43.2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Cerelac (Ragi, Apple) 18 scoops</td> <td>642.6</td> <td>22.3</td> <td>96.3</td> <td>18</td> </tr> <tr> <td>Rice, dal 1/2 plate</td> <td>105</td> <td>6.5</td> <td>18</td> <td>0.63</td> </tr> <tr> <td>Fruits 10g</td> <td>5.6</td> <td>0.04</td> <td>0.11</td> <td>0.02</td> </tr> <tr> <td>Total</td> <td><u>1121.2</u></td> <td><u>78.2</u></td> <td><u>145.4</u></td> <td><u>18.9</u></td> </tr> <tr> <td>Per kg/d</td> <td>86.2</td> <td>6.01</td> <td>11.1</td> <td>1.45</td> </tr> </tbody> </table>		E	P	C	F	Khichdi 3/4 plate	152	6.2	31	0.31	Egg whites 12	216	43.2	0	0	Cerelac (Ragi, Apple) 18 scoops	642.6	22.3	96.3	18	Rice, dal 1/2 plate	105	6.5	18	0.63	Fruits 10g	5.6	0.04	0.11	0.02	Total	<u>1121.2</u>	<u>78.2</u>	<u>145.4</u>	<u>18.9</u>	Per kg/d	86.2	6.01	11.1	1.45
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		Nikhil Dietitian																																								

FDH-00003949
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 28 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26	S/B Dr. Prashant B.	<u>Plan:</u>
10 AM	C/O Biliary Stenosis	- chest physiotherapy
	S/P out (POD: 15)	- Ambulation
	• no fever spikes	- low fat diet
	• Drain: 46 ml (serous)	- IV fluid - continue
	• I/O: - 276 ml	- Immunosuppression:
	• U/O: 3-1cc/kg/hr	Steroid: continue
	O/E: Alert	5mg BD.
	chest: clear	Tacrolimus - Evening
	P/A: soft.	dose based on labs.
	vitals: HR: 129/min	Continue MMF.
	SpO2: 99%	- antibiotic.
	BP: 98/57 mmHg	Macropenem D14 - stop
	RR: 45/min ↑	- watch for resp. distress.
	Picc D6	- Start Augmentin
	Aetline D13	
	Periph 2w cannula D10	
	[Signature]	
	[Signature]	
	[Signature]	
	[Signature]	
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	[Signature]	

[Signature]
 Dr. Hema

DR. PRASHANT BACHINA
 Reg. No: 11816

DR. PRASHANT BACHINA
 Reg. No: 11816

2.6.26
 10:10



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/23		
2:50pm	US/B Gastro team	
	No fever.	
	Breath tube out → Bag placed.	Plan
	→ 84ml (cervix).	
	$\frac{0}{8}$ ✓ $\frac{1}{8}$ ✓	1) Abd girth Q4H
	oral sub fair.	2) cont low fat diet
	No fresh urine	3) Ambulate
	QPE	chest physio
	Vitals stable	4) Limb pulse OD + Sac level flm
	HR 111/min	5) Doppler flm.
	PRV 109/65 (89)	E doppler of lt inguinal area.
	chest clear.	6) Bismarq reg. tee done
	Plump	
	Echymotic patch lt hy-arec	
	Sac level 6:6	(had bt femoral hnt)
2/6/23	Discussed with	Plan:
4:20pm	Dr. Prashant-B	① chest x-ray
		② Tacrolimus: 1 - 1.2mg

Dr. Prashant Bachina



MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA 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: BR Shifted to: 321

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	Cap. AQUASOL (25K10)	1/2 Cap.	PO	OD	17/5/20 10 AM	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Vit. D3 Drops. (1ml/800IU)	1.5ml	PO	OD.		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	Qui VITAMIN K.	2.5mg	IM	once a month		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T-ERION (400mg)	1/2 Tab.	PO	OD.		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	Syp CALUMAX	2.5ml	PO	BD.		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

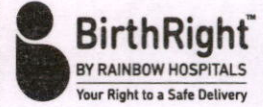
MEDICATION HISTORY RECORDED / VERIFIED BY

* C - Continue, DC - Discontinue

Doctor Name & Signature: Sainthi S
 Date & Time: 18/5/20 at 9am

Nurse Name & Signature: Kalyani R
 Date & Time: 18/5/20 at 9am

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

Telephone Order
 Verbal Order
 Critical Result Reporting

Name of Reporter:

A. Order as per Medication Chart	<input type="checkbox"/> N/A	Route	Dose	Direction If Any
B. Critical Result Reporting (Lab/Radiology/others/ If Any)		<input type="checkbox"/> N/A <input type="checkbox"/> Intervention for Critical Results?		
Order Recipient Response: Please Tick		Yes	No	
Write Down by the receiver				
Read Back by the recipient				
Confirmed by the reporter				
Receiving by:		Ordering Doctor Signature		
Name :		Name :		
Receiving Time : Date: / /		Signature Time : Date: / /		
Signature:				

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 22 D (F)
 Dr. Prashant Bachina



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

Telephone Order
 Verbal Order
 Critical Result Reporting

Name of Reporter: Br. Ali

A. Order as per Medication Chart	<input type="checkbox"/> N/A	Route	Dose	Direction If Any
Tab. MAGVION		Per oral	400mg	Dilute in 100 ml water give 10ml.

B. Critical Result Reporting (Lab/Radiology/others/ If Any) Sr. Magnesium 1.4	<input type="checkbox"/> N/A <input type="checkbox"/> Intervention for Critical Results? Magnesium sulphate correction
--	--

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	Yes	
Read Back by the recipient	Yes	
Confirmed by the reporter	Yes	
Receiving by: <u>K-Sathya</u>	Ordering Doctor Signature <u>K-SATHYA</u>	
Name: <u>A K-SATHYA</u>	Name: <u>K-SATHYA</u>	
Receiving Time: Date: <u>27/5/26 6AM</u>	Signature Time: <u>6AM</u> Date: <u>27/5/26</u>	
Signature: <u>A</u>		

- Notes for Telephone / Verbal order:**
1. Verbal Order is for Emergency Situation only.
 2. Doctor should sign the order ASAP but not later than 24 hours.
 3. This form shall be placed in the Doctor Orders Part.

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

Telephone Order
 Verbal Order
 Critical Result Reporting

Name of Reporter: Sci.

A. Order as per Medication Chart	<input type="checkbox"/> N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any) <u>Mg = 1.4.</u>	<input type="checkbox"/> N/A <input type="checkbox"/> Intervention for Critical Results? <u>Magnesium Sulphate correction.</u>
---	--

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	<u>Yes</u>	
Read Back by the recipient	<u>Yes</u>	
Confirmed by the reporter	<u>Yes</u>	
Receiving by:	Ordering Doctor Signature <u>[Signature]</u>	
Name: <u>Sukanya</u>	Name: <u>Nikita</u>	
Receiving Time: <u>11 pm</u> Date: <u>21/5/26</u>	Signature Time: <u>11 pm</u> Date: <u>21/5/26</u>	
Signature: <u>[Signature]</u>		

- Notes for Telephone / Verbal order:**
1. Verbal Order is for Emergency Situation only.
 2. Doctor should sign the order ASAP but not later than 24 hours.
 3. This form shall be placed in the Doctor Orders Part.

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Sachina



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

Telephone Order
 Verbal Order
 Critical Result Reporting

Name of Reporter: Mujtaba

A. Order as per Medication Chart	<input type="checkbox"/> N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any) <u>S. Magnesium: 1.4</u>	<input type="checkbox"/> N/A <input type="checkbox"/> Intervention for Critical Results? <u>Magnesium correction.</u>
---	---

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	<u>Yes</u>	
Read Back by the recipient	<u>Yes</u>	
Confirmed by the reporter	<u>Yes</u>	
Receiving by:	Ordering Doctor Signature <u>AR</u>	
Name: <u>Subhaje</u>	Name: <u>Vika</u>	
Receiving Time: <u>7am</u> Date: <u>23/5/26</u>	Signature Time: <u>7am</u> Date: <u>23/5/26</u>	
Signature: <u>[Signature]</u>		

Notes for Telephone / Verbal order:

1. Verbal Order is for Emergency Situation only.
2. Doctor should sign the order ASAP but not later than 24 hours.
3. This form shall be placed in the Doctor Orders Part.

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY (F)
 04-07-2023 2 Y 10 M 16 D
 Dr. Prashant Bachina



TELEPHONE / VERBAL ORDER AND CRITICAL RESULT REPORTING FORM

Telephone Order
 Verbal Order
 Critical Result Reporting

Name of Reporter: MR. MUJTABA

A. Order as per Medication Chart	<input type="checkbox"/> N/A	Route	Dose	Direction If Any

B. Critical Result Reporting (Lab/Radiology/others/ If Any) PT-53 INR-1.5	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Intervention for Critical Results?
---	--

Order Recipient Response: Please Tick	Yes	No
Write Down by the receiver	yes	
Read Back by the recipient	yes	
Confirmed by the reporter	yes	
Receiving by:	Ordering Doctor Signature	
Name: <u>Samaroka</u>	Name: <u>DR MONSH</u>	
Receiving Time: <u>10 Pm</u> Date: <u>19/05/2026</u>	Signature Time: <u>[Signature]</u> Date: <u>19/5/26</u>	
Signature: <u>[Signature]</u>		

- Notes for Telephone / Verbal order:**
- Verbal Order is for Emergency Situation only.
 - Doctor should sign the order ASAP but not later than 24 hours.
 - This form shall be placed in the Doctor Orders Part.

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 31 D (F)
 Dr. Prashant Bachina



RESULT SHEET

Date	POP-17 4/6/26				
Time	6AM				
Hb	8.1 ↓				
PCV	26.0				
RBC	3.08				
WBC	22.38 ↑				
N/L	64/26				
Platelets	462 ↑L				
CRP					
ESR					
PCT					
RBS					
Na	133				
K	4.8 ↓				
Cl	105 ↓				
Ca/Mg	9.3 / (1.4)				
Phosphate	5.0				
Urea	45 ↑				
Creatinine	0.2				
ALP	113 ↑				
SGPT	82 ↓				
SGOT	37 ↓				
T.Bill/Conj	0.6 ↑ 0.3 0.3				
T.Protein	5.6				
S.Albumin	2.9 ~				
S.Globulin	2.6				
A/G Ratio	1.1				
Uric Acid	2.0				
S.Amylase	76				
Sr.Lipase					
Blood Lactate					
S.Cholesterol	93				
PT/INR	18/1.3				
APTT	35				
CSF Protein / Sugar Steroid	5mg OD				
Cells	Fluid for (high) 289 ↑				
N/L	1-1.2 TAC level 6.85 47ml (crystals)				

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 23 D (F)
 Dr. Prashant Bachina



RESULT SHEET

POD-16

Date	30/5/26	31/5/26	31/5/26	1/6/26	2.6.26	3/6/26
Time	5 AM	6 AM	6 PM	6 AM	6 AM	6 AM
Hb	7.9	8.8		8.3	8.5	8.3
PCV	25.3	28.8		26.7	27.5	27.1
RBC	3.01	3.37		3.16	3.21	3.13
WBC	13,720	16,930		16,270	20,970	19,890
N/L	81/14	80/15		81/12	75.5/15.5	79/12
Platelets	380 $10^9/L$	4.78 L		4.8 $10^9/L$	5.19 L	4.55 L
CRP						
ESR						
PCT						
RBS						
Na	135 ↓	135		136	135	134
K	4.6 ↓	4.9		4.7	5.2	5
Cl	106	108		107	106	111
Ca/Mg	9/1.8	9.8/1.5		9.6/1.6	9.4/1.5	9.4/1.4
Phosphate	3.6	3.1		3.8	4.0	4.9
Urea	42 ↑	57 ↑	49 ↓	48 ↓	46 ↓	39 ↓
Creatinine	0.3	0.4 ↑	0.4	0.3 ↓	0.2 ↓	0.3
ALP	145 ↓	129 ↓		127 ↓	101 ↓	109 ↑
SGPT	176 ↑	167 ↓		130 ↓	108 ↓	95 ↓
SGOT	66 ↓	59 ↓		47 ↓	57 ↑	41 ↓
T.Bill/Conj	1.3 $\begin{matrix} < 0.6 \\ < 0.6 \end{matrix}$	0.9/0.6		0.7/0.5 ↓	0.7 $\begin{matrix} < 0.4 \\ < 0.3 \end{matrix}$	0.6 $\begin{matrix} < 0.4 \\ < 0.2 \end{matrix}$
T.Protein	5.7 ↑	6.4		5.8	5.7	5.4
S.Albumin	3.4	3.7		3.2	3.0	2.9 ↓
S.Globulin	2.3	2.7		2.6	2.7	2.5
A/G Ratio	1.4	1.3		1.2	1.1	1.1
Uric Acid	1.3			1.3	1.7	1.9
S.Amylase	59	68		76	74	69
Sr.Lipase						
Blood Lactate						
S.Cholesterol	118	128		129	107	94
PT/INR	16/1.2	15/1.1		16/1.2	16/1.2	18/1.3 ↑
APTT	30	30		30	35	34
CSF Protein / Sugar	Standa				57 BD	
Cells	TAC leuk - 11.06	5.57		37	6.80	
N/L	TAC doc - 0.75 BD	0.75 BD		14 BD	1-1.2	

DRAIN - 235 ml 110 ml 32 ml 46 ml 130 ml

MMZ

SM/K/BD

M

L

Triglyceroids - 79

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



Jiyanshi

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	25/5/26	25/5/26	26/5/26	27/5/26	28/5/26	29/05
Time	6 AM	4pm	5am	5AM	5am	4 AM
Hb	9.5		8.9 ↓	8.4	7.6 ↓	7.9
PCV	29.9		28.2	26.2	23.8	24.8
RBC	3.67		3.40	3.19	2.90	2.99
WBC	10930		12130 ↑	17800 ↑	8530 ↓	13940
N/L	69/26		77/17	57/33	67/27	56.6/35.8
Platelets	1.30 lakh		1.53 lakh ↑	1.94 lakh	1.94 lakh	3.34 lakh
CRP						
ESR						
PCT						
RBS						
Na	133		134	135	136	137
K	4.2		4.2	4.7	4.7	5.1
Cl	105		108	106	108	107
Ca/Mg	8.3/1.8		8.3/1.5	8.4/1.4	8.7/1.8	9.2/1.8
Phosphate	2.5		1.5	2.3	3.7	3.8
Urea	23		9		14	20
Creatinine	0.4		0.4	0.3	0.3	0.3
ALP	149	184	202 ↑	156 ↓	145 ↓	161 ↑
SGPT	193 ↓	175 ↓	199 ↑	213 ↑	133 ↓	167 ↑
SGOT	150 ↓	150 ~	125 ↓	110 ↓	48 ↓	89 ↑
T.Bill/Conj	2.8/2.0 ↓	2.9/2.0	2.5/1.6 ↓	2.1/1.3 ↓	1.7/1.0 ↓	1.3/0.8
T.Protein	4.4	4.5 ↑	4.6 ↑	4.9	5.3 ↑	5.6
S.Albumin	2.5	2.6 ↑	2.6	2.6	3.1 ↑	3.4 ↑
S.Globulin	1.9	1.9	2	2.2	3.1 ↑	2.2
A/G Ratio						2.2
Uric Acid	1.2		0.9 ↓	1.1	1.7	1.4
S.Amylase	52		56 ↑	64	70	65
Sr.Lipase						
Blood Lactate						
S.Cholesterol	91		93	111	122 ↑	114
PT/INR	21/1.6		20/1.5	18/1.3	18/1.3	16/1.2
APTT	30		30	30	32	29
CSF Protein / Sugar MP			5mg/4/dose		2.5mg/16/dose	
Gells TAC level	3.65		3.0 2.5mg/16/dose	8.20	7.3	
N/Lor TAC dose	0.5mg BD		1mg ↓	1.2 mg	1.2mg	

Drain 175ml.

mmf

5ml/4/dose

1.2mg ↓
400ml
1. chylers

485ml
chylers



RESULT SHEET

Date	22/5/26	22/5/26	23/5/26	23/05/26	24/5/2026	24.5.26
Time	6AM	6pm	6am	6PM	600AM	5PM
Hb	8.4	10.1	9.6 ↓	9.6	9.8	
PCV	26.4	32.2	29.8	30	31.0	
RBC	3.24	3.83	3.69	3.67	3.81	
WBC	5370	6990	8240 ↑	10500	12020 ↑	
N/L	58/35	62.2/32.9	66/27	67/25	60/28	
Platelets	1.22L	1.84L ↑	1.82Lkh	1.6L ↓	1.38L ↓	
CRP						
ESR						
PCT			0.808			
RBS						
Na	136	136	136	138	134	
K	3.7	3.8	3.6	4.3	4.4	
Cl	105	107	107	110	108	
Ca/Mg	8.2/1.7	8.4/1.3	8.1/1.4	8.1/1.4	8.4/1.4	
Phosphate	2.6	2.1	1.3	3.1	3.0	
Urea	14.	11	5	4	9	
Creatinine	0.3	0.4	0.4	0.3	0.3	
ALP	95	49	52 ↑	53	72	154 ↑
SGPT	112 ↓	102 ↓	78 ↓	110 ↑	180 ↑	229 ↑
SGOT	58 ↓	45 ↓	42 ↓	100 ↑	206 ↑	290 ↑
T.Bill/Conj	2.8/1.8	2.8/1.7	2.5/1.4 ↓	3/1.8 ↑	3.5/2.5	5.0/3.9 ↑
T.Protein	4.5	4.6	4.3	4.4	4.3	4.6
S.Albumin	2.7	2.9	2.6	2.7	2.5 ↓	2.8
S.Globulin	1.7	1.7	1.7	1.7	1.8	1.8
A/G Ratio	1.5	1.7		1.5	1.8	
Uric Acid	1.6.	1.3	1	0.8	1.0	
S.Amylase	30.	30	32	39	46	
Sr.Lipase						
Blood Lactate						
S.Cholesterol	50	54	50	51	61	
PT/INR	26/20	26/2.0	24/1.8	26/2	23/1.8 ↓	
APTT	32	31	32.	34	37	
CSF Protein / Sugar						
Cells Sac level	15.52		4.8		4.80	
N/L on dose	0.75		0.25ml		0.25mg BP	
Drain	600 ml		860ml		490ml (serous)	

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 16 D (F)
 Dr. Prashant Bachina



RESULT SHEET

Date	20/5/26	20.5.26	20/5/26	21/5/26	21.5.26	21/5/26
Time	6AM	2PM	9PM	6AM	2PM	10PM
Hb	7.0 N	7.4 ↑	7.4	7.4	7.8	7.9
PCV	22.0	23.4	23.3	23.5	24.7	24.8
RBC	2.62	2.80	2.78	2.83	3.00	2.95
WBC	5830 ↓	5960	5370	4840	5810	3680
N/L	75/21	76/18.3	73/20	73/21	74/21	59/35
Platelets	95000 ↓	1.02 lakh	1.08 lakh ↑	1.05 lakh	1.13 lakh	1.08L
CRP						
ESR						
PCT						
RBS						
Na	140 ↓	138 ↓	138	138 N	137	137
K	4.3	4.0	4	4	3.6	3.7
Cl	113 ↓	109 ↓	108	108 N	108	108
Ca/Mg	8.8/1.9	8.9/1.9	8.9/1.6	9/2	8.1/1.7	8.4/1.4
Phosphate	2.5	2.2	2.4	2.9	2.6	2.8
Urea	23 ↓	23	20	24	28	23
Creatinine	0.3 N	0.3	0.3	0.3	0.4	0.3
ALP	58	48	45	44	50	40 ↓
SGPT	260 ↓	226 ↓	195 ↓	178 ↓	149 ↓	136 ↓
SGOT	301 ↓	212 ↓	158 ↓	123 ↓	89 ↓	67 ↓
T.Bill/Conj	35/2.4 ↓	3.5/2.4	3.1/2.1	3.2/2.1	3.0/2.0	2.8/2.9 ↓
T.Protein	4.4	4.6	4.6	4.6	4.6	4.5
S.Albumin	2.4 ↓	2.7 ↑	2.7	2.8 N	2.7 N	2.7
S.Globulin	2	1.9	1.9	1.8	1.9	1.8
A/G Ratio	1.2	1.4	1.4		1.5	1.5
Uric Acid	2.3	2.4	2.1	2.5	2.3	1.8
S.Amylase		30	30	30	30	30
Sr.Lipase						
Blood Lactate						
S.Cholesterol	50	50	50	50	50	50
PT/INR	48/1.0 ↓	41/3.3 ↓	34/2.8	30/2.3	27/2.2	28/2.2
APTT	57 ↓	49	48	39	37	35 ↓
CSF Protein / Sugar						
Cells				0.5 BP	0.75 BP	
N/L						

TAC = 1.50

Baby of Sangala Jiyanshi Reddy

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 13 D (F)
 Dr. Prashant Bachina

2yr 10m
 Female

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Blood group :- B +ve

RESULT SHEET

Date	17/5	19/5	19/5/26	19/5/26	19/5/26
Time	4 PM	1:30 AM	6:00 AM	2 PM	10 PM
Hb	8	9.1	9.4 ↑	7.3	7.0
PCV	24.6	27.6	28.9	22.5	21.6
RBC	3.19	3.41	3.58	2.74	2.60
WBC	6.11	9710	12270 ↑	6640 ↓	6450
N/L	55/35	79.4/16	74/22	69/26	73/22
Platelets	1.31 lakh	2.6 L	2.73 L ↑	1.31 L ↓	1.03 L ↓
CRP					
ESR					
PCT					
RBS					
Na	134	143	142	143	143
K	4.7	3.6	4.0	4.7 ↑	4.3
Cl	107	115	118	118	116
Ca/Mg	8.1/1.6	7.7/2.1	7.5/2.1	7.8/2.1	9.0/2.2
Phosphate	4	4.4	4.8	4.2	3.0
Urea	19	26	28	35	26 ↓
Creatinine	0.5	0.5	0.5	0.4	0.3 ↓
ALP	288	113	106 ↓	67 ↓	72 ↑
SGPT	59	698	599 ↓	429 ↓	352 ↓
SGOT	238	1270	1183 ↓	631 ↓	484 ↓
T.Bill/Conj	15.2	12.3/10.0	11.0/9.4 ↓	6.6/5.1 ↓	5.2/3.7
T.Protein	7.4	4.9	4.8	4.5	5.0
S.Albumin	2.2	2.1	2.1	2.3 ↑	2.8
S.Globulin	5.2	2.8	2.7	2.2	2.2
A/G Ratio	5.2			1	1.2
Uric Acid	2	2.7	2.8	3.1	2.2
S.Amylase	44	38	42	79	100
Sr.Lipase					
Blood Lactate					
S.Cholesterol	50	50	50	50	50
PT/INR	26/2.1	39/3.2	46/3.8 ↑	52/4.5 ↑	53/4.5 ↑
APTT	46	51	51	65 ↑	73 ↑
CSF Protein / Sugar					
Gells CPK	42				
Wt Fibrinogen	148				



Sheet No: REGULAR PRESCRIPTIONS Weight 13 kg Ward Ticu

DRUG	Dose	Route	Frequency	Start Dt.	Date/Time	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6
Di PARACETAMOL	100mg	Oral	Strongly	19/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6
Name & Signature of the Doctor Starting the Drugs:					Signature of Dr. Prashant Bachina														
Additional Instructions:					PVL														
Daily Doctor's Endorsement by a Sign					Signatures of various doctors														
Di TRAMADOL	130mg	Oral	TID	19/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6
Name & Signature of the Doctor Starting the Drugs:					Signature of Dr. Prashant Bachina														
Additional Instructions:					PVL														
Daily Doctor's Endorsement by a Sign					Signatures of various doctors														
Di MEROPENEM	520mg	Oral	TID	19/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6
Name & Signature of the Doctor Starting the Drugs:					Signature of Dr. Prashant Bachina														
Additional Instructions:					PVL														
Daily Doctor's Endorsement by a Sign					Signatures of various doctors														
Di TAPROUS	0.75 mg	P.O.	POD	21/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6
Name & Signature of the Doctor Starting the Drugs:					Signature of Dr. Prashant Bachina														
Additional Instructions:					PVL														
Daily Doctor's Endorsement by a Sign					Signatures of various doctors														

VERIFIED
 Signature
 VERIFIED
 Name
 VERIFIED



Sheet No: REGULAR PRESCRIPTIONS Weight 13 Ward TW

DRUG: T. AMUDIPRINE Date/Time: 22/5 23/5 24/5 25/5 26/5

Dose	Route	Frequency	Start Dt.
<u>250mg</u>	<u>PO</u>	<u>BD</u>	<u>22/5</u>

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

Additional Instructions: 10 AM 10 PM NG Amu metformin Stop Sub 26/5/23

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: Methyl PREDNISOLONE Date/Time: 22/5

Dose	Route	Frequency	Start Dt.
<u>12.5mg</u>	<u>I.V</u>	<u>BD</u>	<u>22/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] Dr. Dema

Additional Instructions: 10pm Amu Ayud change Dr. Dema 23/5

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: Tab. ALDACTONE Date/Time: 22/5 23/5 24/5 25/5 26/5 27/5 28/5 29/5 30/5 31/5

Dose	Route	Frequency	Start Dt.
<u>1/2 tab</u>	<u>PO</u>	<u>BD</u>	<u>22/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] Dr. Dema

Additional Instructions: 10pm Amu Ayud metformin stop Dr. Dema 31/5

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: Sy. CLEXANE Date/Time: 22/5 23/5 24/5 25/5 26/5 27/5 28/5 29/5 30/5 31/5

Dose	Route	Frequency	Start Dt.
<u>6mg</u>	<u>S.C</u>	<u>BD</u>	<u>22/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature] Dr. Dema

Additional Instructions: 10pm Amu Ayud metformin stop Dr. Dema 31/5

Daily Doctor's Endorsement by a Sign: [Signatures]



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13kg Ward 700

VERIFIED

DRUG: 2mg METHYL PREDNISOLONE
Dose: 10mg **Route:** 1-V **Frequency:** BD **Start Dt.:** 23/5
Date/Time: 23/5 2:45
Name & Signature of the Doctor Starting the Drugs: Dr. Hanna
Additional Instructions: PVL
Daily Doctor's Endorsement by a Sign: [Signature]

VERIFIED

DRUG: TAB VALYANCYCLONIN
Dose: 450mg **Route:** PO **Frequency:** OD **Start Dt.:** 23/5
Date/Time: 23/5 2:45, 24/5 2:45, 25/5 2:45, 26/5 2:45, 27/5 2:45, 28/5 2:45, 29/5 3:05, 31/5 2:45, 1/6 2:45, 2/6 2:45
Name & Signature of the Doctor Starting the Drugs: Dr. Hanna
Additional Instructions:
Daily Doctor's Endorsement by a Sign: [Signature]

VERIFIED

DRUG: T. TACROLIMUS
Dose: 0.25mg **Route:** PO **Frequency:** BD **Start Dt.:** 22/05
Date/Time: 23/5 2:45
Name & Signature of the Doctor Starting the Drugs: Dr. Kumar
Additional Instructions:
Daily Doctor's Endorsement by a Sign: [Signature]

VERIFIED

DRUG: T. MAGVION
Dose: 1/2 tab **Route:** PO **Frequency:** TID **Start Dt.:** 23/05
Date/Time: 23/5 2:45
Name & Signature of the Doctor Starting the Drugs: [Signature]
Additional Instructions: @ 15mg / 19 / dose (1 tab = 400mg)
Daily Doctor's Endorsement by a Sign: [Signature]

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 20 D (F)
 Dr. Prashant Bachina



Sheet No: **REGULAR PRESCRIPTIONS** Weight 13.5 Ward TW

DRUG : SYN-UDICIV Date/Time: 24/5, 25/5, 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6, 2/6, 3/6, 4/6

Dose	Route	Frequency	Start Dt.
2-5ml	PO	BD	24/5

Name & Signature of the Doctor Starting the Drugs: K. Sothy

Additional Instructions: 5ml = 125mg

Daily Doctor's Endorsement by a Sign: K K K K K K K K K K K K

DRUG : T-MAGVION Date/Time: 24/5, 25/5, 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6, 2/6, 3/6, 4/6

Dose	Route	Frequency	Start Dt.
250mg	PO	TID	24/5

Name & Signature of the Doctor Starting the Drugs: K. Sothy

Additional Instructions: 20mg/kg/dose Dilute 1tbl = 400mg in 3tbl give 5ml.

Daily Doctor's Endorsement by a Sign: K K K K K K K K K K K K

DRUG : T-TACROLIMUS Date/Time: 24/5, 25/5

Dose	Route	Frequency	Start Dt.
0.5mg	PO	BD	24/5

Name & Signature of the Doctor Starting the Drugs: K. Sothy

Additional Instructions: Stop 25/5 3:30pm

Daily Doctor's Endorsement by a Sign: K K

DRUG : T-MMF Date/Time: 24/5, 25/5, 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6, 2/6, 3/6

Dose	Route	Frequency	Start Dt.
65mg	PO	BD	24/5

Name & Signature of the Doctor Starting the Drugs: K. Sothy

Additional Instructions: 1tbl = 250mg.

Daily Doctor's Endorsement by a Sign: K K K K K K K K K K K K

Baby SANGALA JYANSHI REDDY 04-07-2023 2 Y 10 M 23 D Dr. Prashant Bachina (F)

04-07-2023 2 Y 10 M 20 D Dr. Prashant Bachina (F)

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Sheet No:

REGULAR PRESCRIPTIONS

Weight ...13kg... Ward ...TWO

VERIFIED

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VERIFIED

DRUG : T-ASPIRIN				Date
Dose	Route	Frequency	Start Dt.	Time
30mg	PO	OD	25/5	2/5 2/5 2/5 2/5 2/5 30.5 2/5 1/6 2/6 2/6
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : CAP TACROLIMUS				Date
Dose	Route	Frequency	Start Dt.	Time
1mg	PO	BD	25/5	2/5 2/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : ADDPHUS SACRET				Date
Dose	Route	Frequency	Start Dt.	Time
2sacret	PO	TID	26/5	26/5 26/5 28/5 29/5 30/5 31.5.2026 1/6 2/6 2/6 4/6
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : Cap-TACROLIMUS				Date
Dose	Route	Frequency	Start Dt.	Time
1.2mg	PO	Twice daily	26/5	26/5 27/5 28/5 29/5
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

IP5-00173939

FDH-00003949

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 21 D (F)
 Dr. Prashant Bachina



Sheet No:

REGULAR PRESCRIPTIONS

Weight 13..... Ward

DRUG: Tab FLUCONAZOLE				Date/Time	26/5	27/5	28/5	29/5												
Dose	Route	Frequency	Start Dt.																	
1 tab	PO	once daily	26/5																	
Name & Signature of the Doctor Starting the Drugs: <i>E.S. Th...</i>				<i>Dr. Prashant Bachina</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i>																
Additional Instructions: 1 tab = 150mg. 12mg / 1 tab / dose																				
Daily Doctor's Endorsement by a Sign				<i>Dr. Prashant Bachina</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i>																

same change
Dr. Th...
Dr. Th...
30/5

DRUG: INJ OCTREOTIDE				Date/Time																
Dose	Route	Frequency	Start Dt.																	
1mg	iv	TID	27/5																	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG: INJ OCTREOTIDE				Date/Time	27/5															
Dose	Route	Frequency	Start Dt.																	
10mg iv		TID	27/5																	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				<i>Dr. Prashant Bachina</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG: TAB AMLODIPINE				Date/Time	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6							
Dose	Route	Frequency	Start Dt.																	
1/2 tab	PO	BD	27/5																	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				<i>Dr. Prashant Bachina</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i>																
Additional Instructions: 1 tab: 2.5mg. if BP > 110/60 mmHg.				<i>Dr. Prashant Bachina</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i> <i>Dr. Anurag...</i>																
Daily Doctor's Endorsement by a Sign																				

VERIFIED

Signature

VERIFIED

VERIFIED



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: Syp. OMNACORTIL FORTE
 Date/Time: 3/5
 Dose: 3-5ml Route: PO Frequency: BD Start Dt.: 3/5
 Name & Signature of the Doctor Starting the Drugs: *Dr. Hema*
 Additional Instructions: 5ml / 15mg
 Daily Doctor's Endorsement by a Sign: *[Signature]*

Handwritten notes: Dose change, 10 AM sub, 10 PM sub, *Dr. Hema*

DRUG: CAP. TACROLIMUS
 Date/Time: 3/5
 Dose: 1mg Route: PO Frequency: BD Start Dt.: 3/5
 Name & Signature of the Doctor Starting the Drugs: *Dr. Hema*
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign:

Handwritten notes: 8 AM sub, 8 PM, Stop Sub 3/5/24

DRUG: CAP TACROLIMUS
 Date/Time: 3/5 11G
 Dose: 0.75mg PO Frequency: BD Start Dt.: 3/5
 Name & Signature of the Doctor Starting the Drugs: *Suhay*
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign:

Handwritten notes: 8 AM, 10 AM, 11 AM, *Dr. Hema*, 01/10/26 change dose

DRUG: Syp. OMNACORTIL
 Date/Time: 1/6 2.6 3C
 Dose: 5ml Route: PO Frequency: BD Start Dt.: 1/6
 Name & Signature of the Doctor Starting the Drugs: *Dr. Hema*
 Additional Instructions: 5ml / 5mg
 Daily Doctor's Endorsement by a Sign:

Handwritten notes: 10 AM, 10 PM, 11 AM, *Dr. Hema*, dose change, *Dr. Hema*, 3/6

VERIFIED BY : Name Signature



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: T. TACROLIMUS Date/Time 11/6 @ 6

Dose	Route	Frequency	Start Dt.
1mg	PO	BD	01/06

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

Additional Instructions:
 Dose change @ 11/6 or 12/6 etc

Daily Doctor's Endorsement by a Sign: *(Signature)*

DRUG: Symp. AUGMENTIN PDS Date/Time 2/6 3/6 4/6

Dose	Route	Frequency	Start Dt.
3.5ml	PO	BD	2/6

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

Additional Instructions:
 5ml/400mg

Daily Doctor's Endorsement by a Sign: *(Signature)*

DRUG: Tab RIVOROXABAN Date/Time 2/6 3/6

Dose	Route	Frequency	Start Dt.
1 tab	PO	BD	2/6

Name & Signature of the Doctor Starting the Drugs:
 Keshavhaya

Additional Instructions:
 1 tab = 10mg

Daily Doctor's Endorsement by a Sign: *(Signature)*

DRUG: T. TACROLIMUS Date/Time 2/6 3/6 4/6

Dose	Route	Frequency	Start Dt.
1mg	PO	BD	2/6

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

Additional Instructions:
 1mg - 1.2mg

Daily Doctor's Endorsement by a Sign: *(Signature)*

Signature
VERIFIED BY: Name

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina



Sheet No: REGULAR PRESCRIPTIONS Weight Ward

DRUG: Syp. OMNACORTIL Date/Time 3/6

Dose	Route	Frequency	Start Dt.
5ml	PO	OD	3/6

Name & Signature of the Doctor Starting the Drugs: *Dr. Dena* 10 AM ~~10 AM~~

Additional Instructions: 5ml/5mg

Daily Doctor's Endorsement by a Sign: *(Signature)*

cool change

DRUG: SYP NODOSIL Date/Time 3/6

Dose	Route	Frequency	Start Dt.
10ml	PO	TID	3/6 - 6 AM

Name & Signature of the Doctor Starting the Drugs: *Keshavprya* 3 PM
2 PM ~~2 PM~~

Additional Instructions: 1ml = 0.5mEq. @ 2mEq/kg/day

Daily Doctor's Endorsement by a Sign: *(Signature)*

changed

DRUG: SYP NODOSIL Date/Time

Dose	Route	Frequency	Start Dt.
5ml	PO	TID	3/6

Name & Signature of the Doctor Starting the Drugs: *Keshavprya*

Additional Instructions: 1ml = 0.5mEq.

Daily Doctor's Endorsement by a Sign: *(Signature)*

DRUG: Syp. OMNACORTIL Date/Time 4/6

Dose	Route	Frequency	Start Dt.
2.5ml	PO	OD	4/6

Name & Signature of the Doctor Starting the Drugs: *Dr. Dena* 10 AM ~~10 AM~~

Additional Instructions: 5ml/5mg

Daily Doctor's Endorsement by a Sign: *(Signature)*

VERIFIED BY: Name Signature

Patient Sticker



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																					
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																					

Signature
Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

Signature
Name

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																				



DRUG CHART

Date of Admission: 19/5/2026 Drug Allergies: Nil 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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route Start Date

Name & Signature of the Doctor

Additional Instructions:

VARIABLE DOSE

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

DRUG :

Route Start Date

Name & Signature of the Doctor

Additional Instructions:

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/5	200am	Potassium chloride	3ml + 30ml NS	IV over 4 hours	[Signature]	Samarita Anjali 9:10a
20/5	10:20am	2% MAGNESIUM SULFATE	1.3ml + 13 ml NS	IV over 1hr (CVL)	[Signature]	Sneha Sora 11am
22/5	10:00pm	2% MAGNESIUM SULPHATE	1.3 ml + 13 ml NS (through central line)	1-IV over 1hr	[Signature]	Anny Anjali 10:05 pm
24/5	1 PM	Inj. MAGNESIUM SULPHATE	1.3ml + 13 ml NS via peripheral venous line	IV over 1hr	KSRK	Sneha Mounika 9:15
24/5	1 PM	Inj. METHYL PREDNISOLONE	50mg via peripheral line	IV	KSRK	Sneha Mounika 1:10p
24/5	6 PM	Inj. METHYL - PREDNISOLONE	60mg via peripheral line	IV	[Signature]	

Signature

VERIFIED BY

I.V. FLUIDS CHART

Weight. 13kg Ward. 7W



Position of I.V. Fluid
 (Concentration ml./hr = Mcg/kg/min. etc)

Position of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
19/5 200 AM NF 1/2 DNS + 5ml KCl	IV (CV)	20 ml/hr		 Anjali	19.5.26		 Sona
19/5 200 AM N-Acetylcysteine 6.5ml in 20ml NS	IV (CV)	1 ml/hr		 Anjali	20.5.26		 Sona
19/5 200 AM 5-1. Albumin	IV (CV)	13 ml/hr		 Anjali	20.5.26		 Sona
19/5 200 AM ABP Flush 0.1ml Heparin + 50ml NS	arterial	1 ml/hr		 Anjali	20.5.26		 Sona
19/5 200 AM CVP Flush 0.1ml Heparin + 50ml NS	IV (CV)	1 ml/hr		 Anjali	20.5.26		 Sona
19/5 12 PM N/4 DNS + 5ml Potassium chloride	IV (CV)	20 ml/hr		 Sona	20.5.26		 Sona
20/5 8 AM N/4 DNS + 5ml KCl	IV (CV)	20 ml/hr		 Sona	20.5.26		 Sona
20/5 6 AM N-ACETYL CYSTEINE 6.5ml in 20ml NS	IV (CV)	1 ml/hr		 Sona	21.5.26		 Sona
20/5 6 AM ABP Flush 0.1ml Heparin + 50ml NS	arterial	1 ml/hr		 Sona	21.5.26		 Sona
20/5 6 AM CVP Flush 0.1ml Heparin + 50ml NS	IV (CV)	1 ml/hr		 Sona	21.5.26		 Sona

Signature

VERIFIED BY : Name

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 14 D (F)
Dr. Prashant Bachina



SURGERY DETAILS

Date : 18/5/26

Patient Name: Baby S. Jiyanki Reddy Date of Birth: 4-7-2023 Age: 2y 10M

Gender: Female Ward: P.O.T UHID No: FDH-00003949

Date of Surgery: 18/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Left Lateral Sigmoidectomy
Liver Donor Liver Transplantam

Time in: 1:30 PM Time Out: 1 PM

	NAME	AMOUNT
1. Surgeon	Dr. Nethu Srinivasi Reddy Dr. Raghobal / Dr. Iyer	
2. Anaesthetist	Dr. Sri/ra	
3. Assistant Surgeon		
4. OT Technician	Bapu, Nishanth	
5. Circulating Nurse	Thejay, Sravani	
6. Assistant Nurse	Ramodari, sasi, Surman, Sujata	

Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others Organ cable used

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9619903

Order by: Kamalesh

LIVER TRANS PLANTATION RECIPIENT 18/5/06			
PATIENT NAME :			
UHID/IP NO & AGE :			
DATE/TIME :			
NURSES :			
S.NO	DISPOSABLES	ISSUED	USED
1	BACTOPREP SOLUTIONS 100 ML	2	0
2	BED SHEET (PLASTIC)	2	2
3	CAMERA COVER	1	1
4	C-ARM COVER	1	1
5	CAUTRY PENCIL	2	1
6	D WATER 10 ML AMPULE	5	10
7	DRAW SHEET 180 X 80 CMS	4	2
8	DSYRINGE 50 - ML NIPRO	3	-
9	DSYRINGE - 20ML (BD)	3	2
10	DSYRINGE - 1ML (BD)	5	2
11	DSYRINGE - 10ML BD	5	2
12	DSYRINGE - 5ML (BD)	5	2
13	FLAT DRAIN SET -3X7MM	1	-
14	FOLEY'S CATHETER 10 FR (RUSCH) <u>8 F</u>	1	1
15	FOLEY'S CATHETER 12 FR (RUSCH)	1	-
16	GAUZE PACK STERILE 10X10X12 PLY (5 PACK)	20	20
17	GAUZE SWABS 7.5x7.5	10	50
18	HEPARIN INJ 5000 IU 5 ML	1	1
19	INFANT FEEDING TUBE 5 NO	1	1
20	IOBAN 34CM*35CM	2	1
21	JELCO NEEDLE 18 G & 20 G	1+1	-
22	LATEX GLOVES (MEDIUM)	100	-
23	LIGACLIP - 100	4	-
24	LIGA CLIP - 200	4	-
25	LIGA CLIP - 300	4	-
26	LIGACLIP - 400	4	-
27	LOX JELLY	2	1
28	MAJOR PACK-LIVERTRANSPLANT	2	2
29	SUTURING KIT RECEPIENT	1	1
30	MOPS 30X30 (NORMAL) + <u>SMALL (25X25)</u>	3+5	2+3
31	NS 1000 ML BAG <u>X</u>	3	2
32	NS IV 1000 ML BOTTLE	3	2
33	NS IV 500ML BOTTLE	3	8
34	PAPARIN INJ 30 MG 2 ML	2	1
35	PDS 6-0 (9093)	12	17
36	PDS 7-0 (1711) <u>X</u>	12	-
37	PDS 4-0 (9109)	12	-
38	PDS 3-0 (9116) (9237)	12	-

Vascular Graft ~~Heart~~ - a



39	PDS 5-0 (9201)	10	-	✓
40	PDS 2-0 (9133)	02	2	✓
41	POVIDONE -IODINE SCRUB 100 ML	2	0	✓
42	POVIDONE-IODINE SOLUTION 5% 100 ML	2	2	✓
43	PROLENE 5-0 W8556 (DOUBLEARMNEEDLE)	12	-	✓
44	PROLENE 6-0 W8718 (DOUBLEARMNEEDLE)	12	-	✓
45	PROLENE 7-0 W8704 (DOUBLEARMNEEDLE)	12	-	✓
46	PROLENE 8-0 8732H (DOUBLEARMNEEDLE)	12	-	✓
47	PROTO GOWN-BIO ANTHEM	10	3	✓
48	PROXIMATE LINEAR CUTTER 55 MM (TLC55)	1	1	✓
49	PROXIMATE RELOAD 55MM	1	-	✓
50	SGLOVE # 6 (POWDER FREE)	10	4	✓
51	SGLOVE # 6 (SURGICARE)	5	2	✓
52	SGLOVE # 6.5 (POWDER FREE)	10	-	✓
53	SGLOVE # 6.5 (SURGICARE)	5	-	✓
54	SGLOVE # 7.0(SURGICARE)	5	3	✓
55	SGLOVE # 7.5 (SURGICARE)	5	3	✓
56	SGLOVE # 7.5 POWDER FREE	10	10	✓
57	SGLOVE # 8.0POWDER FREE	5	-	✓
58	SGLOVE #8.0(SURGICARE)	3	-	✓
59	SGLOVE 7.0 (POWDER FREE)	10	10	✓
60	STERI DRAPE IOBAN2(30X30)	1	1	✓
61	SURGICAL BLADE 11+15+22	3+3+3	4	✓
62	TEGADERM WITH PAD LARGE - 8590	2	2	✓
63	TIP CLEANER	1	1	✓
64	TURP SET (IRRIGATO SET)	1	1	✓
65	UNDER PADS 10 S 60 X 90 (ROMSONS)	2	1	✓
66	UROBAG (ADULT)	2	1	✓
67	UROMETER	1	1	✓
68	VACCUME SUCTION SET (ROMSONS)	2	2	✓
69	VESSEL LOOP BLUE MINI 2.5 MMX1.02MM	1	-	✓
70	VESSEL LOOP RED MINI 2.5 MMX1.02MM	1	-	✓
71	VESSEL LOOP YELLOW MAXI 2.5 MMX1.02MM	1	-	✓
72	VICRYL 3-0 (2437)	2	2	✓
73	MONOCRYL 4-0 (1205)	2	2	✓
74	MONOCRYL 3.0 (1326)	2	-	✓
75	TOP SYRINGE CATHETER TIP 50ML	2	2	✓
76	DERMI MARKER	1	1	✓
77	HORIZEN CLIPS SMALL RED	4	-	✓
78	HORIZEN CLIPS MEDIUM BLUE	4	-	✓
79	50MM WHITE CLIP	3	1	✓

8149196

+ Chest Silk - 20 - 1 ✓
 PDS 2-0 - 2 ✓
 PDS 6-0 - 10 ✓
 PDS 5-0 - 10 ✓
 Vicryl 3-0 - 2 ✓
 Dermi marker - 1 ✓

Piptae 2.25

~~50 mm white clips - 2~~

~~reload - 1~~

~~senior cutter - 1~~

③ FDH - 00003949
 Baby. SANGALA JIYANSHI REDDY

LIVER TRANS PLANTATION RECIPIENT			
PATIENT NAME :			
UHID/IP NO & AGE :			
DATE/TIME : 18/5/26			
TECHNICIAN:			
S.NO	DISPOSABLES	ISSUED	USED
1	ET TUBE CUFFED (KIMBERLY CLARK) 4.5 (cuff)	1+1+1	01 ✓
2	ACITINE INJ 200 MG 2 ML	20	07 ✓
3	ADROGLARE(ADRENALINE) INJ 1MG 1ML	5	04 ✓
4	HUMAN ALBUMIN 5% 250ML INJ	4	03 ✓
5	(SOFTROLL) 15CM X 3M + 10CM X 3M	3+3	2+2 ✓
6	ATRAPURE INJ AMP 10MG2.5ML	10	10 ✓
7	BIOMEDROL INJ 125MG	2+2	04 ✓
8	BLOOD SET WITH LUER LOCK	2	02 ✓
9	CALCIUM GLUCONATE INJ 10ML	10	05 ✓
10	CAMERA COVER	1+1	02 ✓
11	CENTRAL LINES 4.5 free 8cm. 3 lumen	2+2	02 ✓
12	ATROPINE INJ 1 ML	5	01 ✓
13	DEXAMETHASONE INJ 2 ML	1	- ✓
14	DEXTROSE IV 25% 100 ML BOTTLE	3	04 ✓
15	DSYRINGE 1ML(NIPRO)	10	10 ✓
16	DSYRINGE 50 ML LUER LOCK	10	10 ✓
17	DSYRINGE 2ML (NORMAL)	20	15 ✓
18	DSYRINGE LUERLOCK 10ML (BD)	20	15 ✓
19	DSYRINGE LUERLOCK 20ML (BD)	10	10 ✓
20	DSYRINGE LUERLOCK 5ML (BD)	20	20 ✓
21	DUODERM EXTRA THIN	1	01 ✓
22	DURAPORE 1 INCH	1	01 ✓
23	E.C.G ELECTRODES (N) → (PD)	1+5	02 ✓
24	EMESET 4MG INJ 2ML	1	01 ✓
25	FLUCONAZOLE IV 200MG 100ML BOTTLE	1	01 ✓
26	FRUSECURE INJ 2 ML (LASIX)	2	- ✓
27	GAUZ SWAB 7.5 X 7.5 (5 NOS)	10	10 ✓
28	PYROFIT INJ	2	01 ✓
29	H.M.E FLITER (PAED)	2	01 ✓
30	HEPARIN INJ 5000 IU 5 ML	1	01 ✓
31	HIGH PRESSUR EXTENTION 200 CM	10	10 ✓
32	HOTLINE FLUID WARMING SET L-70	2	01 ✓
33	HUMAN ACTRAPID INJ 40 IU 10 ML	1	- ✓
34	IBP SINGLE MONITORING KIT	2	02 ✓
35	INSULIN B.D 1ML 40U ML	1	- ✓
36	INTRAFIX - IV SET	5	02 ✓

37	JELCO NEEDLE 22 G	2	02 ✓
38	JELCO NEEDLE 24 G	2	— ✓
39	LATEX GLOVES (MEDIUM)	100	100 ✓
40	LEADERCATH 20G 8 CM (VYGON)	1	— ✓
41	LEADERFLEX 22 G 80 MM (VYGON)	1	01 ✓
43	LOXICARD INJ 2% 50 ML	1	01 ✓
44	MAGNECURE INJ 2 ML	2	01 ✓
45	MERSILK 3-0 NW 5003	2	02 ✓
46	MEZOLAM INJ AMP 5 MG 1 ML	2	01 ✓
47	MINISPIKE-V	5	02 ✓
48	NEEDLE 26 G	5	05 ✓
49	ADRENOR INJ	5	02 ✓
50	NS 0.45 PER 500 ML BOTTLE	4	03 ✓
51	NS 100 ML CLOSED SYSTEM	5	03 ✓
52	NS 500 ML CLOSED SYSTEM	5	02+1 ✓
53	NS IV 10 ML AMPULE	10	10 ✓
54	PEDIAD RIPSET-D	1	01 ✓
55	POTASSIUM CHLORIDE INJ 10 ML	5	02 ✓
56	PREGELLED SURGICAL PLATES(PEAD)	2	02 ✓
57	PROFOL (MCT ROF 10 ML)	5	01 ✓
58	PROTO GOWN (ADULT)	2	02 ✓
59	RYLES TUBE 8/10/12	1+1+1	01 ✓
60	SCENTED MASK 2+3	1+1	— ✓
61	SGLOVE # 7.0 + 6.0 (SURGICARE)	3+3	03+1 ✓
62	SGLOVE # 7.5 + 6.5 (SURGICARE)	3+3	04 ✓
63	SODIUM BI CARBONATE INJ 10 ML	10	04 ✓
64	SUCTION CATHETER ALL SIZE 6+8+10+12+14	1+1+1+1+1	— ✓
65	TEGADERM WITH 1657 JELLY	1	01 ✓
66	TEGADERM PLANE (1624) + PAD (8582)	2+2	3+2 ✓
67	THREE WAY EXTENSION 10 Cm (ROMSONS)	2	— ✓
68	THREE WAY STOP COCK(ROMSONS)	15	8 ✓
69	TRENEXA INJ AMP 500 MG 5 ML	2	— ✓
70	TRANSPORE 1 INCH	2	02 ✓
71	VACCUME SUCTION SET (ROMSONS)	2	02 ✓
72	MICRO PORE 1 INCH	1	01 ✓
73	XYLOCAINE 2% JELLY	1	01 ✓
74	ICUBAC VIAL 500 MG	1	— ✓
75	HEPLOCK INJ	5	04 ✓
76	PIPTAZ 1.25	2+2	02+2 ✓
77	UROBAG	1	01 ✓
78	MUTIPLE TUBE HOLDER	1	01 ✓
79	ESOPHOGOS STETHOSCOPE (TEMP PROBE)	1	01 ✓
80	VENTILATOR CIRCUIT PD (ADLISC) (P)	1	01 ✓
81	TRANSOFIX	1	01 ✓
82	BAIN CIRCUIT CHILD	1	01 ✓

83	RIGHT HAND 4 PORT ROTATOR	2	01
84	UNDEPDADS	1	—
85	DRAW SHEETS	1	01 ✓
86	SPO2 SENSOR	1	—

9/6/6700
~~Q~~ Q

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Handwritten scribbles and faint markings, possibly including the number '8'.



1 ml = 0.5 mg/kg
10 ml = 12 mg/kg



ACTIVITY RECORD FOR BILLING

Name : _____
 FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 24 D (F)
 Dr. Prashant Bachina

UHID No. : _____ Consultant: _____ Dept : _____



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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/6/26	Liver Transplant profile	26055839	Samarota
"	Tae Levels	26055840	Samarota
	X-Ray	27824	Nelson
	ABG		
3/6/26	Liver transplant profile		
	Tae levels		
3/6/26	fluid for triglyceroids	26056233	manjusha
3/6/26	Doppler studies		
4/6/26	Liver transplant profile	26056438	praveelsg
	Tae level	26056440	praveelsg
	fluid for triglyceroids	26056455	praveelsg

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/6	Inv Monitor			9637107	} S. Gu
	Inf pump			9637107	
	Syn pump			9637107	
3/6	inv monitor			9640470	} Ansu
	inf pump			9640470	
	Syn Pump			9640470	
	oxygen	10pm		9640470	
4/6	inf. pump			} 9642133	} pravalika
	inv. monitor				

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Ti _____ arge : _____ Time: _____

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

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 24 D (F)
Dr. Prashant Bachina



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Kapil	30.05.2026	9635175	Narima
2	Dr. Kapil	31/05/26	9636690	(h)
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/5	Liver Transplant-profile	26054442	palash
	Tac level	26054442	
31-5-2026	Liver Transplant profile	26055185	Vindhya
	Tac level.	26055188	Vindhya
31/05	Fluid for Triglycerides	26055296	Tamal
	Urea, creatinine.	26055360	②
1/6	Post Liver transplant profile		
	tac. level		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5	INV monitor	}		9615002	Palash
	INF pump			9628817	
	S.pump			9615002	
	Alpha Bed			9630161	
30/5	inv monitor	}		9615002	mamani
	inf pump			9628817	
	inf-pump				
	syr-pump			9615002	
	alpha Bed			9630162	
31-5-2016	Inv monitor	}		9635751	Vindhya
	Inf pump.				
	Syr. pump.				
	Alpha Bed				
1/6	Inv. monitor	}		9637107	Manjusha
	Infu. pump				
	syr. pump				
	Alpha bed				

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 14 D (F)
 Dr. Prashant Bachina



2



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____ IP No. : _____ Consultant: _____ Dept : _____
 Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/5/2026	1:30 Am	OT	Ticu	<i>S. K...</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Kapsi	19.5.26	9616179	<i>Sneh</i>
2	Dr. Kapsi	20.5.26	9617470	<i>Sneh</i>
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/5/26	ET Intubation	①	9614683	} Samarita
	Central line	①	9614683	
	Catheterization	①	9614683	
	Arterial line	①	9614683	
18/5/26	IV Placement	①	9613264	S. Aus

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ACTIVITY RECORD FOR BILLING

Name : _____

UHIP No. : _____

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

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

FDH-00003949 IP5-00173939
 Baby SANGALA JYANSHI REDDY
 04-07-2023 2 Y 10 M 13 D (F)
 Dr. Prashant Bachina



Consultant: _____ Dept : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	4pm	321	OT	Kalyani

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/5/26	IV placement	①	9613264	Soema
17/5/26	pae op book	①	9613513	Kalyan
18/5	Central line placement	}	①	Thijs
18/5	Arterial line			
18/5	Catheterisation			
18/5	Blood transfusion			

ANY OTHER INFORMATION

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.....
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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 21 D (F)
Dr. Prashant Bachina



ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Kapil	27.5.26	9631868	Sheh
2	DR. Kapil	28.5.26	9631870	Sheh
3				
4				
5				
6				
7				
8				
9				
10				

MEDICAL EQUIPMENT (WARD & ICU)

PROCEDURE

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/05	TMR monitor				
	TMR pump				
	TMR pump			9615002	Parag
	S. pump			9616822	
	Oxygen			9616822	
	Alpha Bed			9615002	
26/05	TMR monitor			9615002	Parag
	S. pump				
	Alpha Bed			9615002	
27/5	Inv monitor			9615002	Anand
	Inf pump			9628821	
	Inf pump			9628821	
	SIR pump			9615002	
28/05	TMR monitor			9615002	Parag
	TMR pump			9628822	
	S. pump			9615002	
	Alpha Bed			9630162	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/05	Albumin Transfusion	①	9630153	Palash
28-05-26	Albumin Transfusion	①	9632459	Palash

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ACTIVITY RE

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 17 D (F)
Dr. Prashant Bachina



Name : _____

UHID No. : _____

Consultant: _____ Dept : _____

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

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


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Kapsil	21.05.26	9619800	[Signature]
2	DR. Kapsil	22.05.26	9624844	[Signature]
3	DR. Kapsil	23.05.26	9624847	[Signature]
4	DR. Kapsil	24.05.26	9624848	[Signature]
5	Dr. Kapsil	25.5.26	9631873	[Signature]
6	Dr. Kapsil	26.5.26	9631876	[Signature]
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/5/26	Liver transplant profile	26051455	Samarita
21/5/26	Liver Transplant profile	26051508	} Samarita
	Tae levels	26051509	
21.5.26	Doppler studies	025513	Sueh
21.5.26	Liver transplant profile	26051744	Sueh
21.5.26	Doppler studies	025653	Sueh
21/5/26	Liver Transplant profile	26051947	Samarita
22.5.26	Liver transplant profile	26052256	Sueh
22.5.26	Doppler studies	025720	Sueh
23.5.26	Liver transplant Profile	26052363	Sueh
23.5.26	Doppler studies	025913	Sueh
23.5.26	Liver transplant profile	26052693	Sueh
24.5.26	Liver transplant profile	26052781	Sueh
24.5.26	Doppler studies	026166	Sueh
24.5.26	LFT	26052976	Sueh
24.5.26	CT Triphasic Liver	026154	Sueh
25.5.26	Liver transplant profile	} 26053052	} 
	Tae level		
25.5.26	Doppler studies		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/5/26	Inv Monitor			9615002	Samarota
	Inf pump			9615002	
	Inf pump			9615002	
	Syr pump			9615002	
	Syr pump			9615002	
	Syr pump			9615002	
	Oxygen			9616822	
	Air Bed			9615002	
22.5.26	Inv monitor			9615002	Suh
	Inf Pump			9615002	
	Inf Pump			9615002	
	Syr Pump			9615002	
	Syr pump			9615002	
	oxygen			9616822	
	Air Bed			9615002	
22.5.26	Inv monitor			9615002	Suh
	Inf Pump			9615002	
	Inf Pump			9615002	
	Syr pump			9615002	
	oxygen			9616822	
	Air Bed			9615002	



IV CANNULA MONITORING CHART

SL NO	HOURS	IV MEDICATION	CANNULA SITE			INFUSION TIME	IV CANNULA CHECKED BY SISTER	IV CANNULA CHECKED BY DOCTOR
1	3pm	Meropenem	Right	hand	good	1 Hour	Sneha	Shw
2	9pm	Methylpred	Right	hand	good	1 hour	prevalika	Gl
3	10pm	meropenem	Right	hand	good	1 hour	prevalika	Gl
4								
5								
26/05/26								
6	4pm	PCM	Right	hand	good	1 hour	prevalika	Shw
7	6am	meropenem	Right	hand	good	1 hour	prevalika	Shw
8	10:40am	Methylpred	Right	hand	good	1 hour	Sneha	Gl
9	1pm	Paracetamol	Right	hand	good	1 hour	Sneha	Gl
10	2pm	Meropenem	Right	hand	good	1 hour	Sneha	Gl
11	10pm	PCM	Right	hand	good	1 hr	Ashu	KSP
12	10pm	meropenem	Right	hand	good	1 hr	Ashu	KSP
13								
27/05/26								
14	6am	PCM	Right	hand	good	1 hr	Ashu	KSP
15	6am	meropenem	Right	hand	good	1 hr	Ashu	KSP
16	11am	Methylpred	Right	hand	Good	2hr	Sneha	Shw
17	2pm	meropenem	Right	hand	good	1 hour	Sneha	Shw
18	5:30pm	octacotide	Right	hand	good	1 hour	Sneha	Shw
19	9pm	Meropenem	left	hand	good	1 hour	Palash	Shw
20	10pm	Methylpred	left	hand	good	1 hour	Palash	Shw
21								
28.05.20								
22								
23	6am	Meropenem	left	hand	good	1 hour	Palash	Shw
24	11:15am	Methylpred	Left	hand	good	1 hour	Sneha	Shw

24.5.2026

IV CANNULA MONITORING CHART

SL NO	HOURS	IV MEDICATION	CANNULA SITE			INFUSION TIME	IV CANNULA CHECKED BY SISTER	IV CANNULA CHECKED BY DOCTOR
1	10am	Methylpred	Right	hand	Good	1 Hour	Sneha	KSPR
2	11am	Ticoplanin	Right	hand	Good	1 Hour	Sneha	KSPR
3	12pm	Paracetamol	Right	hand	Good	1 Hour	Sneha	KSPR
4	1pm	Methylpred	Right	hand	Good	1 Hour	Sneha	KSPR
5	2pm	Arbidulafun	Right	hand	Good	1 Hour	Sneha	KSPR
6	3pm	mgson	Right	hand	Good	1 Hour	Sneha	KSPR
7	4pm	Meropenem	Right	hand	good	1 Hour	Sneha	KSPR
8	5pm	metronidazole	Right	hand	good	1 Hour	Sneha	KSPR
9	6pm	Tramadol	Right	hand	good	1 hour	Sneha	KSPR
10	7:10pm	Methylpred	Right	hand	good	1 hour	Sneha	K-Sarkar
11	8pm	PCM	Right	hand	good	1 hour	Pravalika	K-Sarkar
12	9pm	metronidazole	Right	hand	good	1 hour	Pravalika	K-Sarkar
13	10pm	meropenem	Right	hand	good	1 hour	Pravalika	K-Sarkar
14	11pm	Tramadol	Right	hand	good	1 hour	Pravalika	K-Sarkar
15			25/05/2026					
16								
17	11am	PCM	Right	hand	good	1 hour	Pravalika	KSPR
18	6am	meropenem	Right	hand	good	1 hour	Pravalika	KSPR
19	7am	Tramadol	Right	hand	good	1 hour	Pravalika	KSPR
20	8am	metronidazole	Right	hand	good	1 hour	Pravalika	KSPR
21	9:40am	Methylpred	Left	hand	good	1 hour	Sneha	Pravalika
22	9:40am	Arbidulafun	Left	hand	good	1 hour	Sneha	Pravalika
23	10:30am	Ticoplanin	Left	hand	good	1 hour	Sneha	Pravalika
24	12pm	Paracetamol	Right	hand	good	1 hour	Sneha	Pravalika



DR. SURESH K. MARY
DR. SURESH K. MARY
DR. SURESH K. MARY
DR. SURESH K. MARY

21.05.2026

IV CANNULA MONITORING CHART

SL NO	HOURS	IV MEDICATION	CANNULA SITE			INFUSION TIME	IV CANNULA CHECKED BY SISTER	IV CANNULA CHEKED BY DOCTOR
1	2 PM	Meropenem	Left	hand	good	1 hour	Sueha	Shay
2	3 PM	Tramadol	Left	hand	Good	1 hour	Sueha	Shay
3	4 PM	metronidazole	Left	hand	Good	1 hour	Sueha	Mona
4	8 PM	Paracetamol	Left	hand	Good	1 hour	Samarita	Mona
5	9 PM	Meropenem	Left	hand	Good	1 hour	Samarita	Shay
6	10 PM	Methylpred	Left	hand	Good	1 hour	Samarita	Shay
7	1 AM	Tramadol	Left	hand	Good	1 hour	Samarita	Shay
8	12 AM	Metronidazole	Left	hand	Good	1 hour	Samarita	Mona
9								
10			22/05/2026					
11	4 AM	Paracetamol	Left	hand	good	1 hour	Samarita	Shay
12	6 AM	Meropenem	Left	hand	good	1 hour	Samarita	Shay
13	7 AM	Metronidazole	Left	hand	good	1 hour	Samarita	Shay
14	8 AM	Tramadol	Left	hand	good	1 hour	Samarita	Shay
15	10 AM	metronidazole	Left	hand	good	1 hr	sadi	Shay
16	11 AM	Teicoplanin	Left	hand	good	1 hr	sadi	Shay
17	12 PM	Amiduronyl	Left	hand	good	1 hr	sadi	Shay
18	1 PM	PCM	Left	hand	good	1 hr	sadi	Shay
19	2 PM	meropenem	Left	hand	good	1 hr	sadi	Shay
20	3 PM	metronidazole	Left	hand	good	1 hr	sadi	Shay
21	4 PM	Tramadol	Left	hand	good	1 hr	sadi	Shay
22	5 PM	PCM	Left	hand	good	1 hr	Anu	Shay
23	9 PM	Meropenem	Left	hand	good	1 hr	Anu	Shay
24	10 PM	Methylpred	Left	hand	good	1 hr	Anu	Shay



①

19/5/2026

IV CANNULA MONITORING CHART

SL NO	HOURS	IV MEDICATION	CANNULA SITE			INFUSION TIME	IV CANNULA CHECKED BY SISTER	IV CANNULA CHEKED BY DOCTOR
1	2Am	Amidulofurgn	Left	hand	good	1 hour	Samarita	AA
2	3Am	Piptaz	Left	hand	good	1 hour	Samarita	AA
3	4Am	Meltronidazole	Left	hand	good	1 hour	Samarita	AA
4	5Am	Paracetamol	Left	hand	good	1 hour	Samarita	AA
5	10:50am	Methylpred	Left	hand	good	1 Hour	Sneha	blank
6	11:50am	Teicoplanin	Left	hand	good	1 Hour	Sneha	blank
7	12:50pm	Paracetamol	Left	hand	good	1 Hour	Sneha	blank
8	2:30pm	Metronidazole	Left	hand	good	1 Hour	Sneha	blank
9	3:30pm	Tramadol	Left	hand	good	1 Hour	Sneha	blank
10	4:30pm	Piptaz	Left	hand	good	1 Hour	Sneha	blank
11	8pm	Paracetamol	Left	hand	good	1 hour	Samarita	mouth
12	9pm	Methylpred	Left	hand	good	1 hour	Samarita	blank
13	10pm	Tramadol	Left	hand	good	1 hour	Samarita	blank
14	11pm	Meropenam	Left	hand	good	1 hour	Samarita	mouth
15	12Am	Metronidazole	Left	hand	good	1 hour	Samarita	mouth
16	1Am	Teicoplanin	Left	hand	good	1 hour	Samarita	blank
17								
18								
19	4Am	Paracetamol	Left	hand	good	1 hour	Samarita	blank
20	6Am	Meropenam	Left	hand	good	1 hour	Samarita	blank
21	7Am	Meltronidazole	Left	hand	good	1 hour	Samarita	blank
22	8Am	Tramadol	Left	hand	good	1 hour	Samarita	blank
23								
24								

20/5/2026



NURSING INITIAL ASSESSMENT FOR PICU

Date of Admission: 19/5/2026 @ 1:50am
 Source of Admission: OPD Ward Other: OT
 Reason for Admission: POST LIVER TRANSPLANT
 Admission Diagnosis: EHBA s/p KASA
 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

Past Medical History	Past Surgical History	Last Hospital Admission
Not significant of past medical history	Kasa at 28 days of age.	No history of hospital admission.

SIGNIFICANT HISTORY

Family History:
 Not significant
 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: 13kg Length: Head Circumference (< 2 years):
 Temp: 99.6°F HR: 132 RR: 40 BP: 100/56
 Pain Score: 0 Specify Site: NA (Follow Pain Assessment Sheet & Document)
 Fall Risk Assessment: Yes No Score: 13 (Document in the Humpty Dumpty Sheet)
 Risk of Pressure Sore (Braden Q Score 13) (Document in the Braden Q Assessment Sheet)



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):

Social History: Lives With Family

Siblings 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: Prathap Reddy

Orientation not given Reason:

Nurse Name: SAMARITA

Nurse Signature: S. An

Date & Time: 19/5/26 @ 1:30 AM

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: POST LIVER TRANSPLANT

Final Diagnosis: CHBA

Nurse Name: SAMARITA

Nurse Signature: S. An

Date & Time: 19/5/26 @ 1:30 AM

17/5/2023

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 17/5/23 Time: 7pm 19pm 6pm

Doctor / Nurse / Family Concern?

Temperature (F)	104			
	103			
	102			
	101			
	100			
	99			
	98	98.5°F	98.7°F*	97.4°F*
	97			
	96			
	95			
	94			

Heart Rate (bpm) and Blood Pressure (mmHg) *	190			
	180			
	170			
	160			
	150			
	140			
	130			
	120			
	110	90	92	81
	100			
	90			
	80	(74)	(63)	(56)
70				
60	60	50	74	
50				

Note: BP does not score in early warning scoring

Heart Rate (Number)	110b/m	120b/m	107b/m
Resp. Rate (bpm) (Over 1 Minute) *			
Resp Rate (Number)	26/m	22/m	20/m

Resp Distress	Mod/ Severe	None / Mild
---------------	-------------	-------------

Receiving O ₂ (l/min)			
O ₂ Saturations (%)	98%	98%	100%

Conscious Level	Normal	Altered
-----------------	--------	---------

GCS * 15/15 14/15 14

TOTAL SCORE			
Number of shaded boxes	0	0	0
Pain Score	0	0	0
Observer's Initials	PS	PS	PS

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.

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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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)

3



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: B.P / CRT: SpO₂: R.R.: Last Feed:

Pre-OP Diagnosis: Operation: Liver Tx Recipient Date:

Surgeon: Dr. Prashant Reddy Anaesthesiologist: R. J. S. N Technician:

TIME	N ₂ O / ATR / O ₂ / PM	HALO / SO / SEVO	Drugs:	Antibiotic	Suppository	Blood Loss	NOTES
11:30			1 mg/kg				
11:35			1 mg/kg				
11:40			1 mg/kg				
11:45			1 mg/kg				
11:50			1 mg/kg				
11:55			1 mg/kg				
12:00			1 mg/kg				
12:05			1 mg/kg				
12:10			1 mg/kg				
12:15			1 mg/kg				
12:20			1 mg/kg				
12:25			1 mg/kg				
12:30			1 mg/kg				
12:35			1 mg/kg				
12:40			1 mg/kg				
12:45			1 mg/kg				
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19:25			1 mg/kg				
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19:40			1 mg/kg				
19:45			1 mg/kg				
19:50			1 mg/kg				
19:55			1 mg/kg				
20:00			1 mg/kg				

LAB Values ABG GRBS Others

Equipment Checked and Functional: BP Cuff Site: Art Site: EKG Lead Temp Site FIO₂ Monitor Agent Monitor Pulse Oximeter Capnograph Ventilator Nerve Stimulator

Position: Supine Pressure Points Checked

Eye Care: Oint Tape Padding Awake

Temp: HME Fluid Warmer Cling Film OH Warmer Hugger's Cotton Wool Other

Times: Anaes Start: 1:30 pm OP Start: OP End: Leave OR: 1 pm

Anaesthesia: GA Monitored Anaesthesia Care Regional

Line (Size & Location): CVP: 18 Fr 8cm ART: 24 Fr PA IV: IV: 22 Fr IV:

Induction: IV Inhal Pre O₂ RSI Others

Mask SGA Airway Oral Nasal ETT# 4.5 at 8 cm Oral Nasal Cuff Tracheostomy Topical Drug:

Awake Direct Vision Video Laryngoscopy Stylette / Bougie Fiberoptic Blade# 2 Attempts: 1 Difficulty Why?

Bilat = BS Semi-Closed Circle Closed Circle Other

Regional: Extremity Specify: Spinal Epidural Caudal

Others: Position: Site: Needle Size: Depth: Parasthesia Yes No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to PACU ICU Other Relaxant Reversed Yes No NA Name of the Doctor: Signature of the Doctor:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Age: Sex: UHID.No :

Date: Time: Proposed Operation:

Diagnosis:

B.P / CRT: H.R: Weight: ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag:	ECG:
WBC:	Creat:	Total Bill:	HCV:	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group:	Stress/Angio:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies:

Medical History: CVS :

RESP : Diabetes :

CNS :

Renal :

Hepatic / GE : Physical Activity:

Others :

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 **Mouth Opening:** **Mentohyoid Distance:** **Neck:** **Teeth:**

Lungs :

Heart:

CNS:

Pregnant: Yes No NA **Venous Access Site :** **Spine Exam for regional :**

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: Name:

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Jiyanshi / 145 Age: 2yrs / 9m Sex: F UHID.No: FDH-3949

Date: 2/5/26 Time: 12:09PM Proposed Operation: Ureter Tx Recipient

Diagnosis: Biliary atresia s/p Kasai / compensated cirrhosis Cir

B.P / CRT: 86/56 H.R: 121 Weight: 12.6 ASA Physical Status: 1 2 3 4 5
Spo2 - 100% Pou - 4.2

Laboratory Data:	
Hgb: <u>8.2</u>	Glucose: <u>8.2</u> Protein: <u>2.5</u>
PCV: <u>25</u>	Urea: <u>13</u> Alb: <u>2.5</u>
WBC: <u>5.33</u>	Creat: <u>0.3</u> Total Bil: <u>11.6</u>
Plate: <u>150</u>	Na: <u>134</u> Dir. Bill: <u>10.2</u>
PT: <u>21</u>	K: <u>4.5</u> LDH: <u>217</u>
PTT: <u>44</u>	Ca++: <u>8.1</u> Alk phos: <u> </u>
INR: <u>1.6</u>	Mg++: <u>1.8</u> Amylase: <u> </u>
	Cl-: <u>10.8</u> SGOT/SGPT: <u>199/43</u>
	CRP-9 <u>4.7</u> <u>30</u>

VDR - NR
 CMV - IgA +ve
 HIV: X-Ray:
 HBS Ag: NR ECG:
 HCV: 2D Echo: 68%
 Blood group: B+ve Stress/Angio:
 T3: 15.8 Other:
 T4: 1.47 Ptn 6 - 26%
 TSH: 1.74 Anti III - 38%
 Ptn 5 - 85.7%

Allergies: NK

Medical History: CVS: USG - mild hepatomegaly / mild splenomegaly

RESP: → tachypnea (+) Diabetes: -

CNS: normal

Renal: Physical Activity: -

Hepatic / GE: → compensated Cir

Others:

Past Anaesthetic History: Kasai - 2yrs back @ 28 days of life. Icterus (+) clubbing (+)

Physical Exam: A s/s of → no h/o tapping / Albumen coagulation for hypoalbumine

Airway: MP 1 2 3 4 Mouth Opening: not cooperative Mentohyoid Distance: Neck: Teeth:

Lungs: - clear / r/w/s

Heart: heard

CNS: Oriented

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (+)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Aldactone</u>	<u>25mg BD</u>
<u>w/ K/D</u>	
<u>Aquasol</u>	
<u>Evion</u>	

- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - NIL ORAL: Water / ORS 2 Hours Others 6 Hours | Explained
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

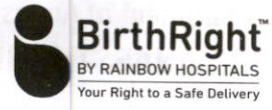
Signature: [Signature] Name: Dr. Shigeo

* CBP, ABC, Coag. profile, S.Fib, electrolytes, LF on day of surgery

* Reserve 10ml/kg - 10 aliquots, PRBC, 10ml/kg 10 aliquots PPP, 5ml/kg - 10 aliquots - cryo, 2SDP, 4RDP

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 Dr. Prashant Bachina

ANAESTHESIA CHART



Change in Patient Condition: Yes No Fasting Status: Confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 109 B.P / CRT: 93/55 SpO₂: 100% R.R: 27 Last Feed:

Pre-OP Diagnosis: Operation: direct transplant Date: 18/5/23
 Surgeon: Dr. Srinivas and Team Anaesthesiologist: Dr. Prashant Bachina Technician: Dr. Anurag

TIME	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30
N ₂ O/AIR O ₂ LPM	100	100	100	100	100	100	100	100	100	100
HALO/50 (SEVO)										
Drugs:	MIDAZOLAM 0.4mg Fentanyl 10mcg Ketamine 7mg Atracurium 7mg NAC Noread. Adr. Dextro 25g 5% Atarcurin									
Antibiotic										
Suppository										
Blood Loss										
Notes	<u>DONOR</u> PV ligation KA ligation: 5:51P m WET, 5min CLT 5:56 to 7:59 level out: 5:56 bpm Graft wt = 28g									
FI ₂ / SaO ₂	100	100	100	100	100	100	100	100	100	100
ETCO ₂	55	50	50	40	36	36	36	36	36	36
ECG	58	58	58	58	58	58	58	58	58	58
Temperature	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3	36.3
Urine Output										
Fluids	NS PRBC PRBC PRBC									
B.P	Systolic: 100, 100, 100, 100, 100, 100, 100, 100, 100, 100, 100 Diastolic: 60, 60, 60, 60, 60, 60, 60, 60, 60, 60, 60 Mean: 70, 70, 70, 70, 70, 70, 70, 70, 70, 70, 70 Heart Rate: 100, 100, 100, 100, 100, 100, 100, 100, 100, 100, 100									
LAB Values	ABG: 7.45, 125, 2.15, 2.15, 10/12 7.15, 5.1, 33, 1.1, 10/12 1.17, 5.4, 1.20 GRBS: 81 7.28, 11.33, 3.11, 1.19 8.93, 2.13, 1.06, 7.15 1.7, 1.0, 1.16, 4.1									

- Equipment Checked and Functional
- BP
- Cuff Site:
- Art Site:
- EKG Lead 5 lead
- Temp Site
- FIO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

Temp:

- HME Fluid Warmer
- Cling Film OH Warmer
- Hugger's Cotton Wool
- Other

 Times:

- Anaes Start: 1:30pm
- OP Start: 3:20 pm
- OP End:
- Leave OR:

 Anaesthesia:

- GA
- Monitored Anaesthesia Care
- Regional

 Line (Size & Location)

- CVP: R 4.5cm-8cm
- ART: LA PA
- IV: LUL-22g
- IV:
- IV:

Induction

- IV Inhal
- Pre O₂ RSI
- Others

 Mask SGA
 Airway Oral Nasal
 ETT# 4.5 at 12 cm
 Oral Nasal Cuff
 Tracheostomy Topical
 Drug:

Awake Direct Vision
 Video Laryngoscopy Stylette / Bougie
 Fiberoptic
 Blade# Attempts: 1
 Difficulty Why?

Bilat = BS
 Semi-Closed Circle
 Closed Circle
 Other

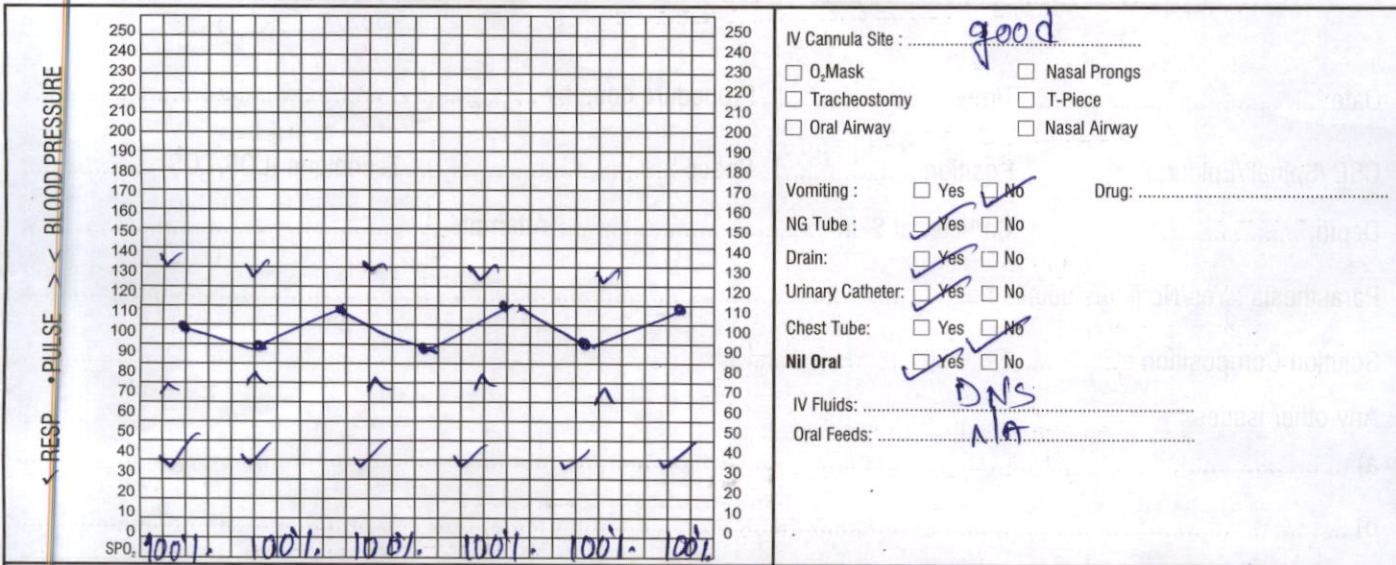
Regional:

- Extremity Specify:
- Spinal Epidural Caudal
- Others:
- Position:
- Site:
- Needle Size: Depth:
- Parasthesia Yes No
- Catheter at skin cm
- Drug Name & Conc:
- Bolus:
- Infusion:
- Block Level:
- Comments:
- Transportation to
 - PACU ICU Other
 - Relaxant Reversed Yes No NA
- Name of the Doctor: Dr. Prashant
- Signature of the Doctor:



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Samarita Time Received : 1:15 Am Time Discharged :



IV Cannula Site : good
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting : Yes No Drug:
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 NII Oral Yes No
 IV Fluids: DNS
 Oral Feeds: N/A

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	2	2	2		A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	0	0	0		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		5	5	5		

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/5	2Am	0	Inj Fentanyl	<u>S.A</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name : Dr. Shiya

Anaesthesiologist Signature:

Date & Time: 19/5/26

PACU Nurse Name : Samarita

PACU Nurse Signature: S.A

Date & Time: 19/5/26 @ 1:15 Am

Transferred to Unit by (PACU): Shravani

Date & Time: 19/5/26 @ 1:15 Am

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Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
			8	8				
			10	10				
			8	8				
			0	0				
			8	8				
			8	8				

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

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Dr. Prashant Bachina



CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Liver Tx Recipient

Anaesthesiologist: Dr. Subramanyam Surgeon: Dr. Minivas & team

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others Bleeding, Hemodynamic Instability, Post-op ventilatory support

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: S. Prashant Reddy

Name: Mr. S. Prashant Reddy

Relationship with patient: Father

Date & Time: 02/05/2023; 11:45 AM

Witness:

Signature: Sailaja

Name: Mrs. Sailaja

Date & Time: 02/05/2023; 11:45 AM

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. A. Minivas Date: 03-5-26 Time: 11:45 AM



అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్థావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లీజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా నార్మోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై రిస్క్స్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లీజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, తాత్కాలిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెన్స్ యాక్సెస్, ఆర్థోలియల్ లైన్, సపోజిటలిలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లీజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

**CONSENT FOR ADMISSION
IN PEDIATRIC INTENSIVE CARE UNIT**



FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
Name: 14-07-2023 2 Y 10 M 14 D (F)
Dr. Prashant Bachina

Age: 2 yrs. Gender: Male Female

UHD.No : 

Date: 19/5/2026

I, _____ S/o, D/o, W/o, _____ hereby
declare that our patient Master/Baby Baby Sangala Jiyanshi who is related to me as _____
is getting admitted in the Pediatric Intensive Care Unit of Rainbow Children's Hospital on 19/5/26

The doctors have explained to me in a language understood by me that my child has following health related issues :

EFPA / Post Kasai / Post OLT

The doctors have clearly explained to me that my patient Master / Baby Sangala Jiyanshi Reddy during his / her stay in the Pediatric Intensive Care Unit may undergo various medical and surgical procedures like airway management, mechanical ventilation, Central Line Insertion, Peripherally Inserted Central Catheter Line and arterial line placements, chest drain, or peritoneal drain insertion etc.

I have been told by the doctors that while performing such procedures I will be informed and a separate consent for this procedure shall be taken. However, in case of any life threatening emergency if the time is not available for taking informed consent it is implied that I give consent for various invasive procedure to save the life of my child. I understand that a sick child in Pediatric Intensive Care Unit has life threatening medical conditions.

I understand that when a child is sick in the Pediatric Intensive Care Unit with multiple medical and surgical procedures performed upon him/her, there are inherent risks due to these high risk procedures, and high risk medications, in the form of infections, bleeding, air leaks, skin and other tissue damage etc.

I give my consent to the team of doctors to go ahead and admit the child Master / Baby : Sangala Jiyanshi Reddy in the Pediatric Intensive Care Unit fully understanding the associated risk, benefits and alternatives involved from various procedures, high risk medications and infections in the Pediatric Intensive Care Unit and treat him/her with all necessary means.

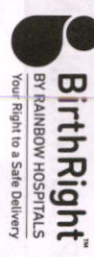
The doctors have explained to me in the language best understood to me.

Patient Attendant :
Signature: S. Prashant Bachina
Name: Prashant Bachina
Relationship with Patient: Father
Date & Time: 19/5/2026 @ 1:30 Am

Witness :
Signature: S. Das
Name: Samarita Das
Date & Time: 19/5/2026 @ 1:30 Am

Doctor (who is taking the consent) :
Signature: [Signature]
Name: Dr. Vikas
Date & Time: 19/5/2026 @ 1:30 Am

**పిల్లల ఇంటర్నల్ కేర్ యూనిట్ లో
అడ్మిషన్ కొరకు సమ్మతి**



BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.వో.ఐ.డి స/o. d/o. w/o

నేను అనే బాలుడు / బాలిక యొక్క చికిత్స చేరకు రెయిన్ఫో పిల్లల అనువత్తి లోని పిల్లల ఇంటర్నల్ కేర్ యూనిట్

తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

నూ బాలుడి / బాలిక లో ఈ కింద తెలిపిన ఆరోగ్య సమస్యల గురించి విద్య నిపుణుడు నాకు అర్థమగు భాషలో వివరించితిరి.

.....
.....
.....

రెయిన్ బో బిల్డన్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో చేరించి జడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి _____ పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిసెరల్లీ ఇన్ ఫ్లెమ్మేషన్ మరియు నెస్టల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రైయిన్ లేదా పెరిటోనియల్ డ్రైయిన్ ఇన్ సర్జన్ మొదలైనవి.

అటువంటి ప్రక్రియలు చేస్తున్నప్పుడు నాకు సమాచారం ఇవ్వబడుతుందని మరియు దీనికి ప్రత్యేక సమ్మతి ఉంటుందని వైద్యులు నాకు చెప్పారు. ఏదేమైనప్పటికీ, ఏదైనా ప్రాణాంతక అత్యవసర పరిస్థితుల్లో సమాచారం తీసుకోవడానికి సమయం లేకపోతే నా జడ్డ ప్రాణాన్ని కాపాడేందుకు ఇతర వైద్య ప్రక్రియలకు నేను సమ్మతి ఇస్తున్నాను.

పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఆనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక జడ్డ ఆనారోగ్యంతో పీడియాట్రిక్ ఇంటర్నల్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమె పై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు సస్యాల మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, పర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు. డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

నూ బాలుడు / బాలిక ను ఇంటర్నల్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అనుసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ద్వవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్) _____ సాక్షి

సంతకము సంతకము

పేరు పేరు


వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) _____ తేదీ మరియు సమయము

సంతకము

పేరు

DOCU No.: RCHBH/FRM/CLINICAL/013

CONSENT FOR BLOOD TRANSFUSION

Name: **FDH-00003949 IP5-00173939** Age: Gender: Male Female
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 24 D (F)
 UHID.No : ... **Dr. Prashant Bachina** Date: **28.5.2026**


Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
20% Albumin Red Blood Cell Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
 **- Nil -**

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):	Doctor (Who is talking the consent)
Signature: S. Prashant Reddy	Signature: Sh
Name: Prashant Reddy	Name: Sakaya Ghosh
Date & Time: 28.5.2026 @ 11am	Date & Time: 28.5.2026 @ 11am

Witness
 Signature: **Sueha**
 Name: **Sueha A**
 Date & Time: **28.5.2026 @ 11am**

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 23 D (F)
Dr. Prashant Bachina

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

CONSENT FOR BLOOD TRANSFUSION

Name: SANGALA JIYANSHI REDDY Age: 2Y Gender: Male Female
UHID.No: FDH-00003949 Date: 22/05/26

Type of Blood Product: Fresh Frozen Plasma Packed Red Blood Cells Random Donor Platelets
 Cryoprecipitate Single Donor Platelet Whole Blood
 Albumin 20% Red Blood Cell Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

n.i

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature:

Name: Sailaja

Date & Time: 22.05.26

12.30pm

Witness

Signature: Sneha

Name: Sneha

Date & Time: 22.05.26

12.30pm

Doctor (Who is talking the consent)

Signature: [Signature]

Name: Sudheer Ghosh

Date & Time: 22.05.26

12.30pm

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 14 D (F)
 Dr. Prashant Bachina



LRBC

210+200 ml.



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/5/2026 Time: 3:00 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAH26-01180 Date of Collection: 16/5/2026 Date of Expiry: 27/6/2026

Date & Time of Starting Transfusion: 18/5/2026 @ 3:25 pm Planned duration of Transfusion: 3 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Bapu Nurse 2: Theray

Before starting transfusion vitals: Temp: 36.5 HR 103 RR: 30 BP: 69/35 SpO₂ 100

PLEASE MONITOR THE FOLLOWING: @ 3:15 pm

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/5	15 Min 3:45 pm	109	36.5	89/58	100	-	-	-	-
18/5	15 Min 4:00 pm	111	36.5	78/41	100	-	-	-	-
18/5	30 Min 4:30 pm	115	36.5	88/44	100	-	-	-	-
18/5	30 Min 5:00 pm	119	36.4	76/40	100	-	-	-	-
18/5	30 Min 5:30 pm	99	36.4	74/40	100	-	-	-	-
18/5	1 Hr 6:30 pm	122	36.4	83/40	100	-	-	-	-
18/5	1 Hr 7:30 pm	112	36.4	87/40	100	-	-	-	-

Comments: Nil

Name of the Incharge-Nurse: Kumar

Name of the Nurse: Theray

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]


Date & Time: 18/5/26 @ 7:30 pm

Date & Time: 18/5/26 7:30 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 210 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A. Solution.

 Rh Positive	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01180 Blood Group: O Rh Positive Collection Date: 16/May/2026 Expiry Date: 27/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Without Atypical


There is An Appropriate Antibodies

Issue Label / CrossMatching Report	
Patient : BABY SANGALA JIYANSHI REDDY .	
Patient's Blood Group :B Rh Positive	
Hosp/Dr :Rainbow Childrens Hospital,DR. PRASHANT	
UHID No.: FDH-00003949	Wd-Bed No.:
Product : LR-PRBC	
Blood Group : O Rh Positive	Issue Dt : 18/May/2026
Unit No.: BAH26-01180	Colln. Dt :16/May/2026
XMatching Report:Compatible	Exp. Dt :27/Jun/2026
X-matched by: R.RAMESH	Issued By : K. Alok
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State Lic No. 46/HD/TS/2018/BB/G	

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LEUCO REDUCED BLOOD CELLS I.P

Qty. 200 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A. Solution.

 Rh Positive	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01184 Blood Group: O Rh Positive Collection Date: 16/May/2026 Expiry Date: 27/Jun/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Without Atypical

Issue Label / CrossMatching Report	
Patient : BABY SANGALA JIYANSHI REDDY .	
Patient's Blood Group :B Rh Positive	
Hosp/Dr :Rainbow Childrens Hospital,DR. PRASHANT	
UHID No.: FDH-00003949	Wd-Bed No.:
Product : LR-PRBC	
Blood Group : O Rh Positive	Issue Dt : 18/May/2026
Unit No.: BAH26-01184	Colln. Dt :16/May/2026
XMatching Report:Compatible	Exp. Dt :27/Jun/2026
X-matched by: R.RAMESH	Issued By : K. Alok
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State Lic No. 46/HD/TS/2018/BB/G	

FFP: 205 ml

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 14 D (F)
Dr. Prashant Bachina



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/05/2025 Time: 5-30 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+ve

Blood Bank Issue No: BAH26-01206 Date of Collection: 17/5/2026 Date of Expiry: 17/5/2027

Date & Time of Starting Transfusion: 18/5/2025 5:30 pm Planned duration of Transfusion: 4 hrs

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Bapu Nurse 2: Thejas

Before starting transfusion vitals: Temp: 36.5 HR 115 RR: 27 BP: 83/41 SpO₂ 100
5:15 pm

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/5	15 Min 5-45 pm	116	36.5	95/47	100	-	-	-	-
18/5	15 Min 6-00 pm	113	36.5	97/47	100	-	-	-	-
18/5	30 Min 6-30 pm	122	36.4	83/40	100	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: All -

Name of the Incharge-Nurse: Kumari

Name of the Nurse: Thejas

Signature of the Incharge-Nurse: Kumari

Signature of the Nurse: Thejas

Date & Time: 18/5/2025 6:30 pm

Date & Time: 18/5/2025 6:30 pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P

Qty. 205 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
 AGM Solution.

B	HIV I & II/ HBsAG/ HCV - Non reactive VDRL - Non reactive MP - Negative NAT(HIV I & II/ HBsAG/ HCV)- Non reactive
	Unit No.: BAH26-01206 Blood Group: B Rh Positive Collection Date: 17/May/2026 Expiry Date: 17/May/2027

1)administer Without Warming. 2)shake Gently Before Use.3)do Not
 Add Any Medication. 4)check Blood Group on Label & Recipient's
 Group and Name Before Administration. 5)use Sterile Transfusion Set
 With Filter. 6)do Not Dispense Without Prescription. 7)do Not Use if
 There is Any Visible Evidence. 8)store Between -30° C or Below.
 9)resuspend Thawed Precipitate Carefully & Completely Into Residual
 Plasma. 10)before Use Must Be Thawed With Agitation in a Water Bath

Issue Label / CrossMatching Report

Patient : SANGALA JYANSHI REDDY	
Patient's Blood Group : B Rh Positive	
Resp/Dr : Rainbow Childrens Hospital, DR. PRASHANT	
PHID No. : FDH-00003949	Wd-Bed No.:
Product : FFP	
Blood Group : B Rh Positive	Issue Dt : 18/May/2026
Unit No. : BAH26-01206	Colln. Dt : 17/May/2026
Matching Report: ABO Compatible	Exp. Dt : 17/May/2027
Matched by: K. Alok	Issued By : K. Alok
Rainbow Hospital Blood Centre, Rainbow Childrens Hospital	
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State Lic No. 46/HD/TS/2018/BB/G	

Date	Time	Temp	HR	RR	SpO2	BP	Flow	Filter
18/5/26	10:00	37.5	70	18	95	120/80	100	100
18/5/26	11:00	37.5	70	18	95	120/80	100	100
18/5/26	12:00	37.5	70	18	95	120/80	100	100
18/5/26	13:00	37.5	70	18	95	120/80	100	100
18/5/26	14:00	37.5	70	18	95	120/80	100	100
18/5/26	15:00	37.5	70	18	95	120/80	100	100
18/5/26	16:00	37.5	70	18	95	120/80	100	100
18/5/26	17:00	37.5	70	18	95	120/80	100	100
18/5/26	18:00	37.5	70	18	95	120/80	100	100
18/5/26	19:00	37.5	70	18	95	120/80	100	100
18/5/26	20:00	37.5	70	18	95	120/80	100	100
18/5/26	21:00	37.5	70	18	95	120/80	100	100
18/5/26	22:00	37.5	70	18	95	120/80	100	100
18/5/26	23:00	37.5	70	18	95	120/80	100	100
18/5/26	00:00	37.5	70	18	95	120/80	100	100
18/5/26	01:00	37.5	70	18	95	120/80	100	100
18/5/26	02:00	37.5	70	18	95	120/80	100	100
18/5/26	03:00	37.5	70	18	95	120/80	100	100
18/5/26	04:00	37.5	70	18	95	120/80	100	100
18/5/26	05:00	37.5	70	18	95	120/80	100	100
18/5/26	06:00	37.5	70	18	95	120/80	100	100
18/5/26	07:00	37.5	70	18	95	120/80	100	100
18/5/26	08:00	37.5	70	18	95	120/80	100	100
18/5/26	09:00	37.5	70	18	95	120/80	100	100

Signature of the Incharge Nurse: _____
 Signature of the Nurse: _____
 Date & Time: _____
 Room No. RACHH FROM CLINICAL LAB

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 14 D (F)
 Dr. Prashant Bachina

SDP. - 130 ml



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/5/26 Time: 7:pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B+

Blood Bank Issue No: BAH26-P0098 Date of Collection: 17 May 2026 Date of Expiry: 22/5/2026

Date & Time of Starting Transfusion: 18/5/26 7:pm Planned duration of Transfusion: 4:pm

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Dr. Shilpa Nurse 2: Thirya

Before starting transfusion vitals: Temp: 36.4 HR 114 RR: 30 BP: 77/38 SpO₂: 100

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/5	15 Min 7:15pm	113	36.4	86/40	100	-	-	-	-
18/5	15 Min 7:30pm	113	36.4	88/42	100	-	-	-	-
18/5	30 Min 8:00pm	115	36.2	90/43	100	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: All -

Name of the Incharge-Nurse: Kumari Name of the Nurse: Thirya

Signature of the Incharge-Nurse: Kumari Signature of the Nurse: Thirya

Date & Time: 18/5/26 @ 8:pm Date & Time: 18/5/26 @ 8:pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-I

Qty. 130 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml ± 20 ml.)

B

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative

Donor Type: Replacement

Unit No.: **BAH26-P0098**
Blood Group: **B Rh Positive**
Collection Date: 17/May/2026
Expiry Date: 22/May/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **SANGALA JIYANSHI REDDY**

Patient's Blood Group : B Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, Duty Doctor

UHID No.: FDH-00003949 Wd-Bed No.:

Product : SDP-I

Blood Group : B Rh Positive

Issue Dt : 18/May/2026

Unit No.: **BAH26-P0098**

Colln. Dt : 17/May/2026

XMatching Report: ABO Compatible

Exp. Dt : 22/May/2026

X-matched by: PILLEM

Issued By : PILLEM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

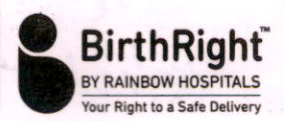
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G



BAH26-P0098

FDH-00003949 IP5-00173939
 Baby SANGALA JIYANSHI REDDY
 04-07-2023 2 Y 10 M 14 D (F)
 Dr. Prashant Bachina

Cryo - 20+20+20



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 18/10/2026 Time: 7:30 pm

Blood Group of the Patient: B+ve Blood Group on the Blood Bag: B

Blood Bank Issue No: BAH25-02283 Date of Collection: 14/10/25 Date of Expiry: 14/10/2026
BAH25-02233 17/10/25 7/10/26

Date & Time of Starting Transfusion: 18/10/26 @ 7:40 pm Planned duration of Transfusion: 4hrs
BAH25-02284 14/10/25 14/10/2026

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Bapa Nurse 2: Thiya

Before starting transfusion vitals: Temp: 98.8f HR: 101 RR: 28 BP: 90/45 SpO₂: 100

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
18/10	15 Min 8:00pm	115	36.2	90/43	100	—	—	—	—
18/10	15 Min 8:15pm	113	36.5	90/43	100	—	—	—	—
18/10	30 Min 8:25pm	118	37.2	92/50	100	—	—	—	—
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: — Nil! —

Name of the Incharge-Nurse: Kumari

Name of the Nurse: Therias

Signature of the Incharge-Nurse: Kumari

Signature of the Nurse: Therias

Date & Time: 18/10/26 @ 7:40pm

Date & Time: 18/10/26 @ 7:40pm

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

B

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH25-02283**
Blood Group: **B Rh Positive**
Collection Date: 14/Oct/2025
Expiry Date: 14/Oct/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Clotting. 8) Do Not Use if Resuspended Plasma. 9) Do Not Use if Between

Issue Label / CrossMatching Report

Patient: **SANGALA JIYANSHI REDDY**
Patient's Blood Group: **B Rh Positive**
Hosp/Dr: Rainbow Childrens Hospital, Duty Doctor
UHID No.: **FDH-00003949** Wd-Bed No.:

Product: **CRYO**
Blood Group: **B Rh Positive** Issue Dt: 18/May/2026
Unit No.: **BAH25-02283** Colln. Dt: 14/Oct/2025
XMatching Report: Group Specific Exp. Dt: 14/Oct/2026
X-matched by: **PILLEM** Issued By: **PILLEM**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

B

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH25-02284**
Blood Group: **B Rh Positive**
Collection Date: 14/Oct/2025
Expiry Date: 14/Oct/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Clotting. 8) Do Not Use if Resuspended Plasma. 9) Do Not Use if Between

Issue Label / CrossMatching Report

Patient: **SANGALA JIYANSHI REDDY**
Patient's Blood Group: **B Rh Positive**
Hosp/Dr: Rainbow Childrens Hospital, Duty Doctor
UHID No.: **FDH-00003949** Wd-Bed No.:

Product: **CRYO**
Blood Group: **B Rh Positive** Issue Dt: 18/May/2026
Unit No.: **BAH25-02284** Colln. Dt: 14/Oct/2025
XMatching Report: Group Specific Exp. Dt: 14/Oct/2026
X-matched by: **PILLEM** Issued By: **PILLEM**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

CRYOPRECIPITATE AHF I.P.

Qty. 20 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.

B

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH25-02233**
Blood Group: **B Rh Positive**
Collection Date: 07/Oct/2025
Expiry Date: 07/Oct/2026

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Clotting. 8) Do Not Use if Resuspended Plasma. 9) Do Not Use if Between

Issue Label / CrossMatching Report

Patient: **SANGALA JIYANSHI REDDY**
Patient's Blood Group: **B Rh Positive**
Hosp/Dr: Rainbow Childrens Hospital, Duty Doctor
UHID No.: **FDH-00003949** Wd-Bed No.:

Product: **CRYO**
Blood Group: **B Rh Positive** Issue Dt: 18/May/2026
Unit No.: **BAH25-02233** Colln. Dt: 07/Oct/2025
XMatching Report: Group Specific Exp. Dt: 07/Oct/2026
X-matched by: **PILLEM** Issued By: **PILLEM**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 13 D (F)
Dr. Prashant Bachina



It takes a lot to treat the little.



CONSENT FOR BLOOD TRANSFUSION

Name: Baby Sangala Jiyaneshi Reddy Age: 2y Gender: Male Female
UHID.No: FDH-00003949 Date: 18/5/26

- Type of Blood Product:**
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input checked="" type="checkbox"/> Cryoprecipitate | <input checked="" type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
..... M.I.

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: S. Prashant Reddy
Name: Prashant Reddy
Date & Time: 18/5/2026 @ 2pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Durg. Bherani
Date & Time: 18/5/2026 @ 7pm

Witness

Signature: [Signature]
Name: Thejas
Date & Time: 18/5/2026 @ 7pm

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 22 D (F)
Dr. Prashant Bachina

AL PROCEDURES

Patient Name : Jiyanshi Gender: Male Female

UHID No : FDH-00003949 Department : PICU Date : 27/5/20

I Sailaja S/D/W/O Prathap Reddy

Here by give consent for procedure of : 4cm Laesterlex line

For my patient, Named : Sangala Jiyanshi Reddy

The doctors have clearly explained to me that the procedure has following possible complications:

pain

Hematom

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: K-SATHYA

Patient Attendant :

Signature : Sailaja

Name : Sailaja

Relationship with Patient: Mother

Date & Time : 27.5.20 @ 11:50am

Witness :

Signature : Sueha

Name : Sueha

Date & Time : 27.5.20 @ 11:50am

Doctor (who is taking the consent) :

Signature : [Signature]

Name : K-SATHYA

Date & Time : 27/5/20 @ 11:50am

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FORM FOR RESTRAINT

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 15 D (F)
Dr. Prashant Bachina

Patient Name

UHID No :

Gender: Male Female

Date of Restraint : 19/5/2026 Time of Restraint @ 2Am

Type of Restraint:

Physical : NA

Chemical : Drg: fentanyl & Atropine

Duration of Restraint : continue Intusio

Any likely complications: Hypotension Bradycardia Injury to skin

Any alternatives: Yes No if 'Yes' Specify: -

I have been explained the risk, benefits and alternatives of the same in the language that I know.

Patient Attendant :

Signature : S. Anand An

Name : Anand

Relationship with Patient: Father

Date & Time : 19/5/2026 @ 2Am

Witness :

Signature : S. Das

Name : Samanta Das

Address : RCH

Contact No: -

Date & Time: 19/5/2026 @ 2Am

Doctor (who is taking the consent) :

Signature : Dr. Prashant Bachina

Name : Dr. Prashant Bachina

Date & Time : 19/5/2026 @ 2Am



నియంత్రణ కోసం సమ్మతి ఫారమ్

రోగి పేరు యు.హెచ్.ఐ.డి

వయస్సు లింగం పు స్త్రీ నియంత్రణ సమయం నియంత్రణ రకం:

నియంత్రణ రకాలు:

భౌతిక

రసాయన

నియంత్రణ యొక్క వ్యవధి

ఏదైనా సమస్యలు సంభవించే ఆస్కారం: అధిక రక్తపోటు గుండె తక్కువ వేగం తో కొట్టుకొనుట (బ్రాడీకార్డియా)

చర్మానికి గాయం

ఏదైనా ప్రత్యామ్నాయాలు అవును కాదు

నాకు తెలిసిన భాషలో వాటి వల్ల కలిగే నష్టాలు ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు వివరించబడ్డాయి

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

FDH-00003949 IP5-00173939
Baby SANGALA JIYANSHI REDDY
04-07-2023 2 Y 10 M 20 D (F)
Dr. Praashant Sachina



CONSENT FOR SPECIAL SEDATION

Patient Name: Baby Sangala Jiyanshi Reddy Gender: Male Female

UHID No: FDH-00003949 Department: PICU Date: 24/5/2026

I S/D/W/O

Here by give consent for procedure for my patient : Jiyanshi

The doctors have explained to me in language known to me the details of sedation as follows:

- Type of Sedation : IV
- Possible complications from the procedure of sedation:
Hypotension
Breath arrest

The doctors have explained to me about the benefits, risk, alternative of the procedure.

I have understood the matter mentioned above in language known to me and give consent for administering sedation for procedure.

Patient Attendant :
Signature : S. Prathap Reddy
Name : S. Prathap Reddy
Relationship with Patient: Father
Date & Time : 24/05/2026 @ 12:27pm

Witness :
Signature : Sneha
Name : Sneha A
Date & Time : 24/5/26 @ 12:30pm

Doctor (who is taking the consent) :
Signature : [Signature]
Name : Dr. KUNAL
Date & Time : 24.5.26 @ 12:20pm

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.పాచ్.ఐ.డి. విభాగము

తేదీ

నేను కుమారుడు / కుమార్తె / భార్య

..... అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

వైద్యులు నాకు తెలిసిన భాషలో మత్తుమందు వివరాలను ఈ క్రింది విధంగా వివరించారు:

● సెడేషన్ రకం

● మత్తు ప్రక్రియ నుండి తలెత్తు సమస్యలు:

.....

.....

ప్రక్రియ యొక్క ప్రయోజనాలు, ప్రమాదం, ప్రత్యామ్నాయం గురించి వైద్యులు నాకు వివరించారు.

నేను పైన పేర్కొన్న విషయాన్ని నాకు తెలిసిన భాషలో అర్థం చేసుకున్నాను మరియు మత్తుమందు ఇవ్వడానికి సమ్మతిని ఇచ్చాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

Receipt

DRUG CHART

Date of Admission: 17/5/26 Drug Allergies: NIC/DA 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 Signature



REGULAR PRESCRIPTIONS

Weight: 13.0kg Ward:
 HT = 87.5cm

DRUG : INT PIPERACILLIN + TAZABALTIM

Dose	Route	Frequency	Start Date	Date/Time
1.2gm	IV	TID	17/05	12/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INT FLUCONAZOLE

Dose	Route	Frequency	Start Date	Date/Time
130mg	IV	OD	17/05	17/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : INT PANTOPRAZOLE

Dose	Route	Frequency	Start Date	Date/Time
15mg	IV	OD	17/05	17/5

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. FOLIC ACID

Dose	Route	Frequency	Start Date	Date/Time
1tab	PO	OD	17/05	17/5

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

Additional Instructions: (1tab = 5mg)

Daily Doctor's Endorsement by a Sign

