

DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	2			
2	Discharge Summary				
3	Nursing Initial assessment	1+1			
4	Patient Transfer form	1			
5	In-patient Medical record	1			
6	Doctors progress sheets	102+2			
7	Nursing plan of care and handover sheets	4+1			
8	Consultation sheet	15+1			
9	General consent for treatment	1			
10	Consent for Surgery	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	2			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation				
29	TPR & BP chart				
30	Intake and Out take chart (fluid chart)				
31	Drug chart (Regular Prescription)	18			
32	Investigation Values (result sheet)	7			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU	1+1			
37	The Humpty dumpty scale	1			
38	Braden Q Scale	2			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Extra Billing	6+1+1			
		7+1			
	Total No. of Pages	187			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /

2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00447650
Master DHRUV YEMULA
03-08-2020
Dr. Prashant Bachina
IP5-00175792
5 Y 11 M 0 D (M)

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: Date & Time:

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: *patryushe*Name of the Doctor : *patryushe*Date & Time: *12/2/21 @ 10am*

ADMISSION SHEET

Registration Details :



Admission No : IP5-00175792 Admit Date : 01-Jul-2026 Admit Time : 03:59 AM UHID : BAH-00447650

Patient Details :

Patient Name	: Master DHRUV YEMULA	Age	: 5 Y 10 M 29 D
Guardian	: Mr YEMULA NARESH	DOB	: 03-08-2020
Gender	: Male	Religion	: Hindu
Occupation	:	Martial Status	: Single
Address (H)	: H NO: 12-2-142, B.Y. NAGAR,B.Y. NAGAR Gandhi Chowk Karimnagar Telangana INDIA 505301	Phone No	: 8499934400/ 8105452200
		E-mail	: ynareshj@gmail.com

Admission Details :

Bed Type : PICU Bed No : PICU 220 Ward Name : 2F-PICU II
Room No : PICU 220 Admission Type : First Visit

Contact Details :

Name	: Mr YEMULA NARESH	Relationship	: Father
Contact Address	: H NO: 12-2-142, B.Y. NAGAR,B.Y. NAGAR Gandhi Chowk Karimnagar Telangana INDIA 505301	Phone No	: 8499934400 / 8499934400

Signature

Doctor Details :

Doctor Name	: Dr. Prashant Bachina	Specialisation	: PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. SANDEEP REDDY/ Dr. M N V POUSHYA SAI		

Payment Details :

Payment Mode	: DC/CC Card	Deposit Amount	: 5000.00
		Payor Name	: ICICI LOMBARD GENERAL INSURANCE CO LTD

GENERAL CONSENT FOR TREATMENT

Patient Name:	Master DHRUV YEMULA	Age :	5 Y 10 M 29 D
IP No:	IP5-00175792	Sex:	Male
Consultant:	Dr. Prashant Bachina	Ward/Bed No:	2F-PICU II/PICU 220

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date:

Time:

Wittness Name:

Wittness Signature:

Patient Address:

H NO: 12-2-142, B.Y. NAGAR,B.Y.
NAGAR Gandhi Chowk Karimnagar
Telangana INDIA 505301

ADMISSION SHEET

Registration Details :

Admission No : IP5-00175792

Admit Date : 01-Jul-2026

Admit Time : 03:59 AM **UHID** : BAH-00447650

Patient Details :
Patient Name : Master DHRUV YEMULA

Age : 5 Y 10 M 28 D

Guardian : Mr YEMULA NARESH

DOB : 03-08-2020

Gender : Male

Religion : Hindu

Occupation :

Martial Status : Single

Address (H) : H NO: 12-2-142, B.Y. NAGAR,B.Y. NAGAR
 Gandhi Chowk Karimnagar Telangana INDIA
 505301

Phone No : 8499934400/ 8105452200

E-mail : ynareshj@gmail.com

Admission Details :
Bed Type : PRIVATE ROOM

Bed No : PVT 339

Ward Name : 3F-ZONE B

Room No : PVT 339

Admission Type : First Visit

Contact Details :
Name : Mr YEMULA NARESH

Relationship : Father

Contact Address : H NO: 12-2-142, B.Y. NAGAR,B.Y. NAGAR
 Gandhi Chowk Karimnagar Telangana INDIA
 505301

Phone No : 8499934400 / 8499934400

B. Vishnu
 Signature

Doctor Details :
Doctor Name : Dr. Prashant Bachina

Specialisation : PEDIATRIC GASTROENTEROLOGY AND
 HEPATOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant : Dr. M N V POUSHYA SAI

Payment Details :
Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ICICI LOMBARD GENERAL
 INSURANCE CO LTD



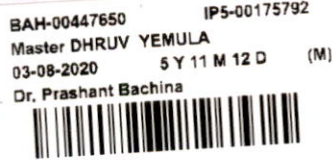
ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ charge : _____ Time: _____

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

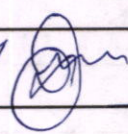
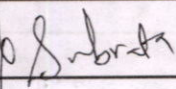
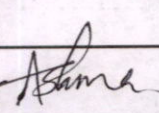
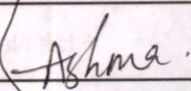
Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR Sandeep R.	16/7/26	9206923	Subrata
2	DR. Ramesh	18/7/26	9209577	Jyoti
3	DR. Vishi	18/7/26	9209578	Jyoti
4	DR. Vishi	20/7/26	9209579	Dr. Vishi
5	DR. Abhishek	21/7/26	92141128	Dr. Abhishek
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
16/7	Surv. monitor.			9683329	
	Surf. pump.			9705113	
	Int. pump.			9684598	
	Est. pump.			9705113	
	O ₂			9699558	
	Alpha bed			9695482	
17/7	Inv monitor			9683329	
	Sys Pump			9684598	
	Inf Pump			9705113	
	O ₂			9699558	
	Alpha Bed			9695482	
19/7	Inv monitor.			9683329	
	Sys. pump.			9684598	
	Alpha bed.			9695482	
	O ₂ .			9699558	
20/7	Inv monitor			9683329	
	Sys. pump			9684598	
	Alpha bed.			9695482	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/8/12	EEG	①	36341	

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

f.c

ACTIVITY RECORD FOR BILLING

Name : _____

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

BAH-00447650 IP5-00175792

Master DHRUV YEMULA

03-08-2020

5 Y 11 M 8 D

(M)

Dr. Prashant Bachina



Date of Admission: _____ T _____ Charge : _____ 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. Sandeep	12/7	9699562	
2	Dr. Ramach	13/7		
3	Dr. Akhila	13/7	9701161	
4	Dr. Sandeep	13/7		
5	Dr. Khanshid Shaik	14/7	9702439	
6	Dr. Sandeep	14/7	9703086	
7	Dr. Abhishek	15/7		
8	Dr. Kapil	15/7	9704709	
9				
10				

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
12/7	CPK	26069798	[Signature]
	ABG	26069816	[Signature]
	ME		
13/7	RP, INR, RB	26069911	[Signature]
14/7	CBP, RP, INR	26070330	[Signature]
	RB		
14/7	EEG	035056	[Signature]
14/7	NCS	035104	
14/7	Blood c/s, PCT	26070682	
15/07	RP, INR, Mg	26070743	Palash
	RB	26070744	

Date	Investigations	Order No.	Signature
12/7	CPK ABG ME	26069798 26069876	[Signature] [Signature]
13/7	RP ₁ , INR, RB ₁	26069944	[Signature]
14/7	CBP, R ₁ , INR RB ₁	26070330	[Signature]
14/7	EEG	035056	[Signature]
14/7	NCS	035104	[Signature]
14/7	Blood c/s, PCT	26070682	[Signature]
15/07	AP ₁ , TMR, Mg RBS	26070743 26070744	Palash

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7	INV 2 Monitor	}			[Signature]
	Syso Pump				
	Oxygen			9699559	
	Air bed				
13/7	INV 2 Monitor	}			[Signature]
	Syso Pump				
	O ₂			9699559	
	Air bed				
14/7	INV 2 Monitor	}		9699559	[Signature]
	Syso Pump				
	O ₂			9699559	
	Air bed				
15/7	IMV monitor	}		9683329	[Signature]
	S. pump			9684898	
	Alpha Bed			9695482	
	Oxygen			9699558	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/2/26	Blood Transfusion	①	9704710	Aed

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



ACTIVITY RECORD FOR BILLING

Name : _____

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

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 5 D (M)
Dr. Prashant Bachina

Date of Admission: _____ Time _____



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

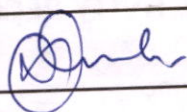
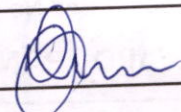
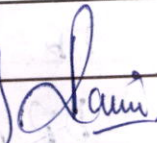
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Abhishek Jain	9/7/26	9698065	manoj
2	DR. Kapil	10/07/26	9698558	Palash
3	DR. Sandeep	11/07/26	9698143	palash
4	Dr. Kapil			
5	Dr. Kapil			
6				
7				
8				
9				
10				

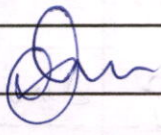
INVESTIGATIONS			
Date	Investigations	Order No.	Signature
9/7	RP, ENR, mg+, RBS	26068449	
9/7	S/E	2695665	manu
10/7	RP, ENR, mg+, RBS	26068816	
10/7	Q/RBS	26069923	
	S/E		
	PCT	26088986	
	Ferritin, S/E	26069002	} Palash
10/7	Blow c/s	26069007	
	ABG	26069913	
	CUE, Spot urine electrolyte	26069041	
11/7/26	RP, Magnesium, p/Appt	26069221	}
	RBS	26069286	
11/07	RBS	26069532	} Palash
	ABG		
	CxR		

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
9/7	RP, ENR, mg+, RBS	26068449	
9/7	S/E	2695665	manu
10/7	RP, ENR, mg+, RBS	26068816	
10/7	Q/RBS	26069923	
	S/E		
	PCT	26088986	
	Ferritin, S/E	26069002	} Palash
10/7	Blow c/s	26069007	
	ABG	26069913	
	CUE, Spot urine electrol	26069041	
11/7/26	RP, Magnesium, p/Apt	26069221	} 
	RBS	26069286	
11/07	RBS	26069532	} Palash
	ABG		
	CxR		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
9/7	Inv. monitor.	}		9683329	}
11/7	Inf. pump.			9683329	
	Syr. pump.				
	Syr. pump.			9684598	
	Syr. pump.				
	ventilator			9684598	
	Air bed.			9693793	
10/2	Inv. monitor.	}		9683329	}
	Syr. pump.				
	Syr. pump.			9684598	
	ventilator			9684598	
	Air bed.			9695683	
11/7/26	Inv. Monitor	}		9683329	}
	Inf. pump			9683329	
	Ventilator		(Lpm)	9684598	
	Alpha. Bed			9695482	
	Syr. pump			9684598	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/2	PAC (MRI)	①	9695487	

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B3
f.c

ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 1 D (M)
Dr. Prashant Bachina



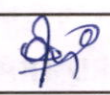
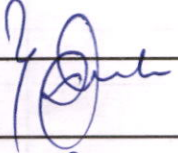
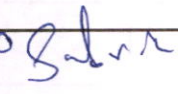
WARD TRANSFERS

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				

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Date	Investigations	Order No.	Signature
05/07	RPi, Mg, PTTNR; RBS	260 67189 260 67189	Palash
4/7	feritin, LDH RBS CRP RBS, ABG	2606724 260 67328	} 
8/7	RPi, 2NR, ASy, mg -RBS	2 26068120	} 
7/7	ABG	26068136	(A-1)
8/7	Pct, Cue, urine cl Blood cl Drain cl	26068209	} 

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
05/07	IMV monitor				
	IMF pump			9683329	
	IMF pump				
	ventilator				
	S. pump				
	S. pump				Palayh
	S. pump				
	S. pump				
	S. pump				
	S. pump			9684698	
	S. pump				
	S. pump			9688418	
8/2	Imv. monitor.			9683329	Dinh
	Inf. pump			9683329	
	inf pump.			9691254	
	Syr. pump				
	Syr. pump, Syr. pump			9694254	
	Syr. pump				
	ventilator.			9684598	
	Alpha bed.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
5/7/26	Blood Transfusion	①	9689099	} 
5.7	- CRRT 2uhrs	①	9689004	
5.7	Plasmapheresis	①	9689092	

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

B3
FL



ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Discharge : _____ Time: _____

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

BAH-00447650 IP5-00175792
 Master DHRUV YEMULA
 03-08-2020 5 Y 11 M 2 D (M)
 Dr. Prashant Bachina

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Sandeep	7/7/26	962248	mamuni
2	DR. B Kapi	7/7/26		
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
05/07	5 viral panel,	26067340	palash
	cmr quantitative real		
	time PCR		
	HSV quantitative PCR		
06/07	ABG	26067367	palash
	ABG		
	RP, Mg, PT INR,	26067386	
	ABG	26067387	
6/07/26	CBP, calcium, magnesium	26067712	B
	phosphorus, ABG , PT/INR		
	ABG	26067713	B
07/07	Liver Transplant profile	26067789	palash
7/7/26	LDH, ferritin	26067883	mamuni
7/7/26	usg, abdomen	260833649	mamuni
7/7/26	S/E, calcium, mg, phosphorus	26068016	mamuni
7/7/26	Amg — (6)	26068055	mamuni
7/7/26	cbp, PT/INR	26032087	mamuni

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
02/07	TMR monitor				
	TMF pump			96833329	
	TMF pump				
	ventilator				Palash
	S. pump				
	S. pump			9684698	
	S. pump				
	S. pump				
07/07	TMR monitor				
	TMF pump			96833329	
	TMF pump				
	TMF pump			9691255	
	ventilator				
	S. pump				Palash
	S. pump				
	S. pump				
	S. pump			9684598	
	S. pump				
	S. pump			9691255	

[illegible]

Date :

Time :

Prepared By :

Staff Nurse

Shift / Ward

Billing Assistant

Billing Supervisor

B3

ACTIVITY RECORD FOR BILLING

Name : _____

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 29 D (M)
Dr. Prashant Bachina

UHID No. : _____ IP _____ ant: _____ 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. Bhargava	3/7/26	968682	gss
2	DR. Sruethi	3/7/26	9684595	gss
3	DR. Abhishek.	3/7/26	9684595	gss
4	DR. Sandeep Reddy.	3/7/26	9686483	gss
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/7/26	Inv. Monitor			9683329	
	Inf. pump, INF. pump			9683329, 9684598	
	Ventilator			9684598	
	Alpha. Bed			—	
	Syr. pump			9684598	Lami
	Syr. pump			9684698	
	Syr. pump			9684698	
	Syr. pump			9684698	
	Syr. pump			9684698	
	Syr. pump			9684698	
	Syr. pump			9684698	
4/7/26	Inv. Monitor			9683329	
	Inf. pump			9683329	
	Inf. pump			9684598	
	Ventilator			9684598	
	Syr. pump			9684598	Lami
	Syr. pump			9684598	
	Syr. pump			9684598	
	Syr. pump			9684598	
	Syr. pump			9684598	
	Syr. pump			9684598	
	Syr. pump			9684598	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/12/26	D line placement	①	9684700	[Signature]
31/12/26	DICA transfusion	①	9686481	
3/1/27	H.O line insertion	①	9686299	

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 28 D (M)
Dr. Prashant Bachina



B3

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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
01/7/26	4:50 AM	ER	J39	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Kapil	02/07	9684894	
2	Dr. Abhishek	02/07		
3	Dr. Shrawan	02/07		
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
11/7/26	CBP, CRP, VBG } RPR, Blood C/S	5635	
11/7/26	crn'n c/s	26065646	Seema
11/7/26	USG, Abdomen	032603	Palyan'
11/7/26	urine culture 3pm	26065908	Ravathi
21/7/26	RBS - 48 mg/dl (9:40 pm)	26065976	Seema
21/7/26	RBS (5)	26066088-92	Mudhar
21/7/26	VBG	26066092	Mudhar
2/07	RP, Lipase, PCT, ABG	26066149 26066150	Palyan'
	x Ray Abdomen	032921	
	CT Abdomen	032856	
	Upper GI	032905	
	x-Ray Abdomen	032711	
	ABG , Ammonia, PT/APTT	26066268	Palyan'
	ABG, RBS	26066253	
	2D Echo	032911	
	Spot urine for Calcium, Creatinine,		
	Uric Acid	26066268	
	Fibrinogen	26066300	

[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/12	IV Placement	1	1946	Dual
2/01	Arterial line	①		fresh
	Catheterization		9689602	
	EP Intubation			
	Sedation			

ANY OTHER INFORMATION

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.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____

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Master DHRUV YEMULA
03-08-2020 5 Y 10 M 28 D (M)
Dr. Prashant Sachina





Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Shock, dehydration, sepsis

Desired goals of the treatment:

Hemodynamic stability

Planned Labs:

- CBP, CRP, ~~VBG~~ VBG
- BP-2
- Blood c/s
- Urine c/s
- Extra pain.

CVE
X-ray abdomen erect } done
on
OP
basis

USG abdomen - sag

2/5
Shivani
1/7/20

Planned Management

- IV Fluid - Dns
- Ini. Ceftriaxone
- Ini. Esomeprazole
- Ini. Ondansetron
- Tab. Terbutaline
- Tab. Domalorin
- Syf. Colace
- Syf. Diphtheria
- DOMSTAL SUSPENSION

Signature of the Doctor: Nalika

Name of the Doctor: Dr. Nandana

Date & Time: 01/07/2020, 4:15 AM

Signature of the Consultant: [Signature]

Name of the Consultant: Dr. Prashant Bachina

Date & Time: 1/7/2020 @ 10 am

Reg. No: 89808



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/20	GI/B-Gastro Team	Plan
	Acute UTI	
	Vomiting - Multiple episode, Nonbilious.	1x Drugs as per chart.
	Stool - Passed yesterday night	2x IV fluids to continue.
	Unrefrequency - 5-6 episode	3x Monitor vitals
	No fever	4x USG Abdomen - Dr. Nikh
	o/c - Hemodynamically stable	↓ SMA/SMV axis bowel.
	Chest - clear	Bladder -
	P/A - soft, No tenderness	look for cystitis
	BE (+)	
	CNS - NAD	5x Nil bolus 100ml over 1hr.
	Sunken eyes (+).	
	Tongue - dry	6x 1mg Buccopan / Paracetamol (200)
	X-ray - show up -	for pain.
	Mild - Gallbladder distention of Transverse colon.	7x Docusate Enema needed & reassessed if not passed stool
	(Non-specific)	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/26 SPM	q.i.b - go into team	Plan
OLT feb/2022 - UTI	No vomiting Pain abdomen (+) Stool - passed 100% @ 3pm	1x Dipeptidyl peptidase 2x soft diet
	o/c - Hemodynamically stable	3x send excre / u/yli/ Sent (midstream)
	P/A - soft CXR - WNL	4x change to Augmentin
	febrile	5x Satya prasad ex consultation
	Looks dull	6x ORL / coconut water
	RR - 45/min HR 160/min	7x Dulcoflex
	chest clear	8x rectal suppository twice daily x 3 days
	W good	9x Dream leg 1st half.
	fever (+)	10x stop fac
		11x steroid - ring for
		12x Revattin

repeated
Naga Venkata Pouliya
Registration No: TSMC/FMR/34701

repeated

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 28 D (M)
Dr. Prashant Bachina

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/26 10PM	qs/B Resident. q/p/w Dr. Poushpa	
	qo child dull fast breathing	Adv.:
	Issues: hypoglycemia	1) 10% dextrose
	O/E:- dull	5ml/kg bolus now.
	- responsive to voice/obeying commands.	f/b full maintenance IVF DNS.
	- vitals:	2) Shift to PICU
	PR - 160/min	Recheck sugar at 10:30
	BP - 108/60	3) GRBS monitoring
	RR - 39/min	4hly.
	GRBS - 4.8 mg/dL.	4) Upgrade antibiotics to Meropenam.
	Chest: B/L A/E equal	5) To do: CBP/PCT
	abdomens NT.	4m - 6am.
	soft	SOS VBG if not improving.
	CVS: no gallop.	

Dr. Akhila



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/07/20 @ 10pm	CLP/WR CLP/RW team <u>At</u> Post liver transplant / Separated vs 2 Sepsis <u>Exams</u> ① Hypoglycemia ② Lull activity On LHM air Preparing to sleep HR 138/min SpO₂ 96% T RA RR: 38/min Relaxant Chest: B/LAW Equal NRS PA Syst B/P CM 23V3ms Preparing to sleep Cannula with motor RR 105/ab (85)	<u>At</u> ① CxR now - to base ② ABC/ABG now ③ Check CxR now — 125mL ④ Continue Mergener ⑤ GPRS @ 11:30pm and divide on excretion to 100ms ⑥ watch for fever spikes ⑦ watch for dull activity ⑧ Continue s/pns @ 100% O₂



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10:30 AM	S/B Dr. Prashant B	Plan:
	C/O Post OLT	① Monitor sensorium.
	now with acute gastritis,	② IV fluids - full - maintenance (DNS)
	severe dehydration	③ GRBS - 6th hourly.
	? UTI	④ Inform if BP < 100/60 mmHg
	? SAIO	⑤ oral fluids as per tolerance
	Issues: Hypoglycemia	⑥ Neotomic enema now
	• multiple episodes of vomiting (non bilious)	⑦ Dulcolax suppository BD.
	1 episode - blood stained	
	• poor oral intake	⑧ Trace urine q/s.
	• Reduced urine output	⑨ Dr. Satya Prasad / Dr. Shankhi consultation
	• fever spikes.	⑩ Monitor urine output
	• Abdominal pain ①.	
	• Abdominal distension	⑪ chest
	stool: small quantity after enema.	⑫ X-Ray abdomen
	O/E: Alert, sunken eyes ①.	⑬ CBL, VBG, PCT
	Chest: clear	⑭ VBG, RPT, lipase
	P/A: mild distension ①	⑮ S. Electrolytes PCT
	soft, non tender.	⑯ Amylase, lipase.
	BS ①. sluggish.	⑰ 2D echo
	DR. PRASHANT BACHINA Registration No: 15816	⑱ Surgical Dr. Hema consultation
	itals:	⑲ Abdominal Girth - 8th hourly
	HR: 170/min	⑳ catheterize now
	SpO2: 100%	
	RR: 28/min	
	BP: 106/81 mmHg	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 12:50pm	CET AB domes → obstruction @ terminal ileum area.	40/w Radiolux Gaschol / Syringe
		① Aspirate whatever comes out via NG ↓ Push 60ml contrast via NG + 16 20cc saline ↓ In sampling port Keep NG closed Don't Aspirate. ↓ 1st Xray @ 2:30pm.
		② NPO to cont.
		③ Trace labs.
		→ Kasharlinga ↓



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 01/07/26 Day of Admission : Day 2 Today's Date & Time : 2/7/26 @ 8AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : post Liver Transplant Suspected sepsis / UTI.	Current Issues : Hypoglycemia Dull actvits. / Vomiting [constipation]
	VITAL SIGNS Today's Wt. (kg) : 14kg Temp.: 98.4°F Blood sugar issues : 91 mg/dl.	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE @, clear	
	CXR : SPO ₂ : 100% @ RA O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : pH : 7.368 / HCO ₃ : 19 / Lac : 1.5 EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :	
CARDIO VASCUL. SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR : 140/min	
	Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : CVP : Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings : Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☐ Yes ☒ No Place of art, line & its condition : Central line in situ : ☐ Yes ☒ No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care : @ Hand Cannula	
CNS	Neuro Exam : GCS - 15/15	
	Pupils : 2mm / 2mm reactive Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools <i>small quantity</i> NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <i>DNS</i> @ <i>50</i> ml / hr (<i>100%</i> - 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 <i>134</i> K <i>4.6</i> Cl <i>102</i> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <i>cl abdominal pain</i> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : <i>Inj meropenem (P2)</i> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : <i>0.3</i> Bld. Urea : <i>19</i> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : Any Coagulopathy : <i>CBP - 14-5</i> <i>13.980</i> <i>2.32</i> Relevant Transfusion History : <i>26/3/16</i> 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 : <i>Trace blood c/s</i> <i>urine c/s</i> Pending Consultations : ☐ Yes ☒ No If yes, then details :
	FINAL COMMENTS <i>Trace urine c/s</i>	

Doctor's Name (Handover given) : *Jayahn*
 Signature : *JN*
 Date & Time : *21/1/26 @ 8pm*

Doctor's Name (Handover taken) : *Dr. Prathap*
 Signature : *Prathap*
 Date & Time : *21/1/26, 8am*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/20 11pm	C/S/B Dr. Sandeep Δ: K/UO ETBRA/s/p OUT/ Intestinal obstruction. s/p Laparotomy A adhesions. Child shifted for OT at 11pm on PL: FiO₂: 40% PIP: 17 PEEP: 6, Reti: 30/min. SpO₂: 100% PR: 186/min RR: 36/min BP: 100/60. on Adrenaline 0.3mg/kg/min Blind Lav: 20ml. Input: 90ml (Cryo, AFP) Output: 100ml. 5+ Albumin Chest: B/L clear. CVS: S2 @ CNS: GVTM, Pupil: 3mm @ 3mm PA: soft. BS: ⊖. POCUS: NC collapsed. Good contractility.	Plan: - Cont antibiotics - Trac fluid q/s - Cont adrenergic - Keep Adrenaline, Norepinephrine on board. - CVP monitoring. - Fentanyl, Atropine - POCUS. 10% DNS 50ml/hr. - ABG, CRBG at 11:30pm - CBP, C. electrolytes. (now) - CR. - NPO. - NG aspirate 2hly - U.O monitoring - ABG 4m. 6am - If tachycardia persists. 5+ Albumin 100ml. - Stress dose Hydrocortisone. Ghosh



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Pat



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Date
& Time

Doctor's Order

2/2/26
Wed

clsb Dr. Sandeep

Plan

Ques- post liver transplant
acute intestinal obstruction

on room air

Tachycardia (+)

HR - 190/min

$$2\rho v_2 = 150\%$$

PR - 36/min

P/A -

Date & Time	Progress Notes	Doctor's Order
2/7/26 1pm	Δ: EABA / Post OLT / Intestinal obstruction UTI Issue: Dehydration Intestinal Obstruction Hypoglycemic. Child on warm air. SpO₂: 99% PR: 170/min RR: 24/min Chest: R/L clear PA = soft, tender BS: Shy.	C/L/B Dr. Sandeep Plan ① NPO. ② Secure iv cannule. ③ Arterial line ④ NS 10ml/h. ⑤ Trace CECT report. ⑥ Trace RP, PCF, Gpus ⑦ Shift to PICU ①. ⑧ CRBS q 4hly. Subj.
2/7/26 2pm	procedure notes Contrast 60ml + 20ml NS given @ 2pm Vitals :- HR - 180/min BP - 119/80 (94)	Plan ① X-ray abdomen at 4pm, 6pm ② ABG @ 4pm. Dr. M. S. S.

Date & Time	Progress Notes	Doctor's Order
	C/S/B. Dr. Sandeep	
2/8/16. 3pm	Δ: EHA/Post-OLT/ Intestinal obstruction/UTI.	Plan: ① Xray abdomen at 4pm 6pm.
	Issue: Intestinal obstruction Normotensive shock Hypoglycemia. Sepsis, Encephalopathy Child on room air. Spor: 99%. PR: 190/min RR: 28/min BP: 125/90. Chest: B/L clear CVS: S ₁ S ₂ (+). PA: Soft. NT. CNS: GCS 15/15. Pupil: 2x 2+. U.O: 2.1 ml/kg/hr.	② Cont 10% DNS full maintenance. ③ Add PolyB, Fluconazole ④ Give NS 150ml over 2hrs. ⑤ NPO. ⑥ Neuro consultation ⑦ Keep NG tube open. ⑧ ABG, N1/3, PT/INR. ⑨ Surgeon consultation. ⑩ GRBS q 4hrly. ⑪ keep NG open Aspirate 2hrly! ⑫ CBP, RP ₂ , PT/INR 4hr.

Date & Time	Progress Notes	Doctor's Order
2/27/26. 3pm	<u>C/SIB Dr. Kapil.</u> Δ: Intestinal obstruction/ EHRB post OLT / Septic ileus/ Shock	<u>Plan:</u> ① Add 1. Amphotericin B. ② Free NH ₃ , INR ③ Surgeon opinion ④ Arrange for central line. ⑤ If enceph worsens, plan CECT Brain ⑥ 3% NS. 1ml/hr. ⑦ Send Septic PCR panel after discussion & Gastro team
	<u>Issue:</u> Shock Sepsis. Obstruction. Encephalopathy.	
	Child on room air. SpO ₂ : 99%. PR: 194/min RR: 30/min. BP: 130/55	
		<u>July.</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 4:20pm	S/b Gastro team	Plan:
	<u>Issues:</u>	(1) Neuro consultation
	• Intestinal obstruction	(2) Monitor sensorium
	• Irritability, confused speech	(3) Place central line
	• compensated shock.	(4) strict NPO chawling
	• coagulopathy.	(5) GRBS - 4th hourly
	• fever spikes, sepsis	(6) IV fluids - 100% maintenance.
	O/E: Inevitable.	(7) Inj. Vitamin K stat
	Chest: clear	(8) NAC infusion - Hold.
	P/A: distension.	(9) To decide on laparotomy.
	Bowel sounds: ↓↓	(10) Antibiotics / Antifungal:
	HR: 170/min	• Meropenem
	BP: 132/94 mmHg	• Teicoplanin
	RR: 43/min	• Polymyxin-B
	SpO ₂ : 99%	• metronidazole
	• no bilious aspirates	• L-Amphis B.
		(11) PAC to be done.
		Dr. Dena

Date & Time	Progress Notes	Doctor's Order
2/7/26 4:50 pm	40/10 Dr. Bhargavi nam	
	Abn WtH no ventric dysfunction of opinion that trans. tachy (except 20 to 30 min.	Plan 1) Do ECG now 2) control Hypertension now. <i>N. B. J. J.</i>
	SBP DBP 5P 86 49 50P 92 59 90P 107 68 95P 110 70	<i>Stehenfing</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/7/20	Dr. Sandeep. Counselling room.	
	Child's condition is explained to parents.	
	- In view of sepsis we have upped antibiotics and	
	- Currently child is on ventilator.	
	- Urine output is trailing, we have to start dialysis if urine output doesn't improve.	
	- BP is on the lower side. we we are on 50mg MA-2 drugs to	
	- maintain Blood pressure.	
	- Condition of child is critical. There is risk of multiorgan systems with use of	
	- In post transplant child, immunosuppression makes children higher vulnerable to	
	infection.	
	- Blood report are showing that child is having low platelet platelet and WBC are coming down.	
	- So many complications can rise that we can't predict now.	
	- If blood pressure doesn't normalize, then we will have to do other things.	
	- If blood pressure doesn't stabilize on max dose, child is	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/26 2 AM	S/B Dr. Sandeep	
	① GI Sepris / Repraxony Catecholamine - Septic shock S/B Repraxony	① 1000 mcg IV over 15 mins
	② Encephalopathy with mild dilated pupils	② Start vancomycin
	③ Septis.	③ Continue Neuroprotection magnesium
		④ NO counsel for Oxiris.
		to Chamuk
		M-B How 3/02



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Dr. Sandeep

y. Naradh
Father

Prashant Bachina



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[illegible]

wt = 14 kg

Date & Time	Progress Notes	Doctor's Order
2/26 4:00 AM	C/S/B dx Kapil Sir	
	Dis - EHBA S/P OLT / intestinal Obstructions / laparotomy + Adhesiolysis	Plan
	± septic shock	- 5ml 5%. Albumin 140ml / 10 Bolus.
	current issues -	- Repeat PCT, Ferritin, S.Mg.
	- Anisocoria	- Gt score.
	- fever spikes.	- IVig 5g now.
	- sepsis	- ABG qtr 3 hr.
	- shock.	- Neuroprotective chart.
	on PC-Mode of Ventilation	- ONSD + TCD chart.
	PiO ₂ - 50%.	
	PEEP - 6	
	RR - 35/min	
	Pc above PEEP - 12	
	Vitals.	N.B
	HR - 215/min	15/2
	SpO ₂ - 95% on 50% FiO ₂	3/02/20
	BP - 98/28 (48) mmHg.	
	ETCO ₂ - 35	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 10:30 AM	S/b Gastro team Dr. Prashant B c/o Biliary Atresia S/P OLT	Plan: 1) Neuroprotective measures 2) ONSP / pupil - hly. Q4H monitoring
-	Now with small bowel obstruction	3) Continue ventilation 4) EEG
-	S/P Exploratory laparotomy / adhesiolysis POD: 1	5) Titrate inotropes based on hemodynamics 6) GRBS - Q4H
-	Sepsis / Septic shock.	7) Antibiotics / Antifungals: - Ceftazidime - dibractam D1 - Aztreonam D1 - Poly-B D2 - Ticoplanin D2 - Metronidazole D2 - L-Ampro-B D2.
	Issues: Sepsis / Septic shock. • Encephalopathy. • Coagulopathy. • Raised ICP.	8) IVlg - 10 gm 9) Hydrocortisone: 30mg TID. 10) 20% Albumin transfusion.
	O/E on A/C FiO2: 50%. PEEP: 6, PIP: 18 Rate: 35	11) CRRT with citric filter.
-	HR: 205/min SpO2: 97% WP: 8-10 BP: 104/34 mmHg ETCO2: 38 Pupils: B/L 4+ RTL Adre: 0.3 mcg/kg/min Nor-adre: 0.2 mcg/kg/min Vasopressin: 0.02 u/kg/hr.	

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N.B
H
9/9
100%
N

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/08/20	S/B Dr Sundar (Dr Kaji)	
@ 10 AM	Refractory shock / Septic 24 hrs - Dr out. Also Adhesive intertidal Obstructive - pleural effusion MODS. 24 hrs ① Catecholamine refractory shock ② Encephalopathy - ③ MODS. On mechanical Ventilation for 50+ PIP 18 PEEP 6 PPR 35 On Adrenaline: 0.3 mcg/min Noradrenaline: 0.2 mcg/min Vasopressin: 0.02 U/kg Cool	① PEEP titration ② O2 SAT 94% hourly ③ Titrate Insulin by map 50 mEq ④ 37.4 @ 1ml/kg/hr ⑤ neuroprotective measure. ⑥ stop 5% Albumin - 825 Bolus ⑦ make 2 replush. at 20ml/kg ⑧ Make drug double concentrations ⑨ Time for 2 plan for analgesia ⑩ OXIS to cancel all start ⑪ cr after stabilization

Date & Time	Progress Notes	Doctor's Order
	1/20/2020 8:15	
		① start 20% Albumin
		@ 2:00 PM by Dr
		Y. Hwang
		1/20/2020 3:15

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/20 11 AM	Parents counselled that child's CT scan and Xray done yesterday revealed block in the Intestine at the small intestine area. For which child was operated, almost a litre of fluid was poured out during procedure. Post procedure, child had very low blood pressures, for which medications called vasopressors have been started. He is on three Intubates with very high dose. Urine output is on lower side. CRRT (dialysis) with a special filter called CytoSorb or Oxisis will be started to remove the ongoing Infective material. Because of the gut chemotherapy, translocation of bacteria is ongoing, causing fulminant sepsis, for which antibiotics have been upgraded and immunomodulation started. He is extremely sick currently. Next 24-48 hours are critical. Mass review is done and they wish for EEG and CP Brain. EEG will be done today, not fit enough to shift for CP Brain. Prognosis is guarded.	Dr. Prashant Bachina
	Dr. Kishore Nagesh	Dr. Kishore Nagesh (Doctor)

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LESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026 11:00 AM	<u>PROCEDURE NOTES</u> Under aseptic precautions 40 line (0.4) was inserted at Right femoral kyon into Right femoral vein, after taking consent from the parents. procedure was Uneventful. Post procedure vitals were noted to be same as before Suleyman	Plan: 1) Xray Abdomen + thick

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>del3 Neurotrans</u>	
		<u>Divinet</u>
31/7/28	<u>EEG Review</u>	
4pm	① Background! - Nearly continuous (90-1) Rhythmic delta Activity (CDA) in BL hemispheric regions, more prominent in (L) temporal region. ② NO IEDs ③ NO ictal activity/electrographic seizures ④ No electrographic reactivity to stimulation. <u>Imp:</u> Moderate severe cerebral dysfunction with no epileptiform discharges or electrographic seizures.	
		<u>Divinet</u> 130031.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12:30 PM 03/08/20	Input	20+20+20+ 20+20+30+ 90+60+10+ 50
	① Enfamil - 360ml	
	② 3/4 - 360 ml	
	③ Infusion - 360 ml	
	- Blood product: 200 ml	
	Diure : 320ml	
	1000ml : = 1207 ml	
	Input 70 ml/hr	
<u>03/08/20</u>	<u>ABW team</u>	
<u>12am</u>	child started on	<u>Abx</u>
	CERT 2 oxycodone	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Slow D-digoxin.	
2/27/2015 @ 1:45 PM	Clot B. D. Kapil App - working Airway's Hypernatremia Hyperchloremia NaCl 0.9 Hypokalemia Hypomagnesemia BA shunting On Adv - 0.3 mg/kg/day Mood - 0.3 mg/kg/day Neuro - 0.2 mg/kg/day	Adv ① correct calcium, Potassium and Mg²⁺ ② start bicarbonate 2mEq/kg 2x per hour ③ continue 20% Albumin ④ Make 3/12 at 7mEq/L ⑤ watch for shock Sh Choudhury N.B. 3/26

~~03/07/26
3:00pm~~

Date & Time	Progress Notes	Doctor's Order
10/7/20 2:00pm	S/R Dr Anupam -> Noted RBC 61mldl	ADV -> 104 D 5ml/kg bolus 2% change to 157 Denture @ 15ml/kg @ 0.1R @ 2.6ml/kg 3% ↑ Blood flow rate 80ml/min. Wash 0mm
	IVF - 360 ml.	
	Infusions -	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/20 4pm	CLB Dr. Kapil	Plan
	As:- EHBA / S/p OLT / small bowel obstruction / S/p laparotomy + adhesiolysis POD-1 / Sepsis / Septic shock	1) ONCD, TCD, pupile - Neuromonitoring chart - 2) 2ni. MgSO ₄ / TID 3) continue oxiris 4) qRBS monitoring / Q6H 5)
	on ventilation:- Ac/pc mode FiO ₂ - 40%, Pressure - 18/6, rate - 35/min, V _T - 8ml/kg SpO ₂ - 100% ETCO ₂ - 37	
	on Adr @ 0.3 µl/kg/min noradrenaline @ 0.28 µl/kg/min vasopressin @ 0.04 u/kg/min BP - 92/40 mm Hg. CVP - 14	
	Extracorporeal hemadsorption - CPRT & oxiris filter on going QB - 80 ml/min	

11/9
Haw
3/7
4pm

Dr. Prashant

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/26	C/S/B PICU team	Plan
4:50pm		
	Ass- ETT/BA s/p Kasai/s/p out	1) continue ventilation
	small bowel obstruction/	2) discuss regarding
	s/p laparotomy + adhesiolysis/	+ PRBC transfusion
	Sepsis / septic shock/	+ methylene blue
	Sepsis-induced coagulopathy.	+ hydrocortisone infusion
	Issues:- 1) shock	3) + bicarbonate containing IV fluids, 3% NS
	on adrenaline @ 0.4 µg/kg/min	2) Add 10ml RL in IV fluids
	noradrenaline @ 0.3 µg/kg/min	4) ONSD, TCD monitoring/Q4H
	vasopressin @ 0.04 µg/kg/min	pupils monitoring/Q4H
	2) normal anion-gap metabolic acidosis	5) GBS/Q6H
	3) Hyperchloremia	6) POCUS
	hypocalcemia, hypokalemia	7) Strict neuroprotective measures
	4)	8) s/v EEG
		9)
		10) s/v EEG
		11) s/v EEG
		12) s/v EEG
		13) s/v EEG
		14) s/v EEG
		15) s/v EEG
		16) s/v EEG
		17) s/v EEG
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		23) s/v EEG
		24) s/v EEG
		25) s/v EEG
		26) s/v EEG
		27) s/v EEG
		28) s/v EEG
		29) s/v EEG
		30) s/v EEG

Mr. H
3/2/26
Dr. Prashant

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

08-2020
r. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/26 5:30pm	<u>Pancytopenia</u> learned that he is still in a very critical state. this shock has not improved. he is on three <u>inotropes</u> and <u>hydrocortisone</u>. Acid levels have increased when compared to morning. CRP (Dialysis) has been started in afternoon. he has stopped <u>spiking</u> fevers but the condition still seems to be the same. <u>Infection</u> is <u>questioned</u>.	<u>M. Narek</u> (Nathan)
	<u>Akshay</u> <u>D. Keshan</u>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/2/20 7pm	4/5B Dr. Anupama	Plan
	AS:- E+BA/ s/p OUT/ adhesive intestinal obstruct ⁿ / s/p laparotomy + adhesiolysis/ sepsis/septic shock/ sepsis-induced coagulopathy -	1) Target SBP > 85 MAP > 60 2) rapel noradrenaline first till 0.1 µ/kg/min ↓ adrenaline till 0.2 µ/kg/min
	on minimal ventilation on adrenaline @ 0.4 µ/kg/min noradrenaline @ 0.3 µ/kg/min vasopressin @ 0.04 u/kg/min normal anion gap metabolic acidosis ↑ lactate	3) Stop 3% NS if Na ⁺ > 150 — stop 3% NS 4) ABG @ 10pm & electrolytes @ 8pm 5) ↑ blood flow to 100 ml/min 6) Send CBP now 7) 10pm + ABG + VBG from central line
	IVF - 240 ml Infusions - 240 ml Correct ⁿ - 270 ml.	8) ↓ IV fluid to 10ml/hr 9) Dilute drugs with 10% Dextrose. 10) GRBS at 8:30 pm and QGH 11)

Al-B
Flow
3/2/20
8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 10M	4/5B for. 10M	
		<u>Adm</u>
		X-ray Abdomen & Chest
		Bedside
	Accidery ↓	
	Loc - 5-1	Keep neutral Balance
	40 ↓ - 20m/hr	Tapers 10m/10m
	PA - Distended	PL Erena BD
	PR - Fecal Motility	control CRP
	Puph - PL 2-3m	Trace Blood C/E
	Recite	noted by Shetu.
	chest - OIC	
	NO Temp since 10m	
	Exery	<u>Adm</u> (corr. 10m)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 10:15 pm	cd/w Dr. Anupama	Plan
	Issues:-	1) SDP transfusion
	1) thrombocytopenia - fall in platelet count from 1-6 lakhs to 12000 /mm ³	2) NO PRBC transfusion
	2) Hb - 8.9	3) can start methylene blue
	3) ScvO ₂ - 77%	4) taper noradrenaline first, followed by vasopressin and adrenaline if BP holds
	4) metabolic acidosis pH - 7.168 → 7.170 HCO ₃ ⁻ - 12.9	
	Normal anion gap	Dr. Prashant
	5) lactic acidosis - 5.9	
4/7/26 12:20 am	cd/w PICU team	Plan
	Issues:-	1) PEEP titration
	1) CVP ↑ to 21	2) ↑ ultrafiltrate to 30 ml/hr.
	2) SpO ₂ - 92% on 40% FiO ₂	
		Noted By Sanoshia 4/7/26 @ 10:15 PM Dr. Prashant

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 2/3/20 Day of Admission : D2 Today's Date & Time : 3/3/20
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 11

OVERVIEW	Diagnosis : EITBA / SIP OUT / Intestinal Obstruction / s/p laparotomy + Adhesions / Sepsis / Shock - Mild dilated and	Current Issues : 2 fever spikes - Sepsis -
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/L air entry.	
	CXR : (NS)	
	SPO ₂ : 99% O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	PC : FIO ₂ : 40% Rel : 30/min PEEP : 6 PIP : 12	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG 7.28 / 143 / 12.1 EtCO ₂ : 42 P/F ratio : 357 O.I : 2.7	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebbs : ICD ? ☐ Yes ☐ No, if Yes, details :	
	Plan of care : to continue ventilation	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Sinus HR : 192/min	
	Quality of Pulses : Good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 93/44(61) CVP :	
	Infusion of : ☐ Dopamine - mcg / kg / min - ☐ Dobutamine - mcg / kg / min	
	☐ Epinephrine 0.28 mcg / kg / min - ☐ Nor Epinephrine 0.13 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 : Lt Rad 21.	
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Rt JIV.		
Day of arterial line : D2 Day of Central line : D2.		
Plan of Care :		
CNS	Neuro Exam : EIVTMI ONSD < Rt : 0.53 Lt : 0.57	
	Pupils : 3+ 3+ sluggishly	
	Types of Sedation : Pentanyl Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☒ Yes ☐ No	
	Types of Paralysis : Atracurium	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : <u>+1386</u> / (+/-) Input : ml/k/d UO : <u>2.5</u> ml/kg/hr Stools : <u>—</u>	
	NG output : PO intake :	
	Feed Formula : Feed Schedule :	
	IV Fluids - Type of IVF : <u>10% DNS</u> @ <u>25</u> ml / hr (..... times maintenance)	
INFECTION	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 : <u>soft, NT</u>	
	Any organomegaly ? ☐ Yes ☒ No - If yes, describe :	
	Plan (G.I. & Liver) :	
		
		
NEPHROLOGY ISSUES	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>2</u>	
	Cultures Sent ? ☐ Yes ☒ No - If yes, details :	
	Describe c/s Reports :	
	Other Labs (Latex, Serology, etc) :	
	Ongoing Antibiotics :	
HEMATOLOGY	Sr. Creat : Bld. Urea : Other Relevant Labs :	
	P.D. ☐ Yes ☒ No - If yes, details :	
	Diuretics : ☒ Yes ☐ No - If yes, details : <u>Lasix 5mg stat</u>	
	Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter :	
	Relevant Radiology (USC, MCUG radioisotope scan etc) :	
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 :	
FINAL COMMENTS	Pending Lab Results : ☐ Yes ☒ No	
	If yes, then details :	
	Pending Consultations : ☐ Yes ☒ No	
	If yes, then details :	
		

Doctor's Name (Handover given) : Subhy

Signature : [Signature]

Date & Time : 31/7/16

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

Signature : [Signature]

Date & Time : 31/7/16

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes					Doctor's Order				
4/7/26	PEEP titration									
12:35 am										
PEEP	PIP	Pplat	DP	Cstat	HR	SpO ₂	BP	etCO ₂		
6	18	17	11	9.2	150	93%	81/42	30		
8	20	19	11	9.6	151	94%	82/42	31		
10	22	21	11	9.3	153	94%	88/42	33		
12	26	24	12	8.9	152	95%	89/42	31		
10	23	21	11	9.4	151	94%	88/42	31		
8	20	19	11	9.8	150	95%	88/44	31		
6	18	17	11	9.5	150	94%	89/44	32		
Optimal PEEP = 8.										
4/7/26	d/dw Dr. Anupama					Plan				
6:30 am										
Issues:-					1) match UF to					
1) coagulopathy					Input + 2 ml/kg/hr					
INR - 6.9, aPTT - 72mm					(including urine					
					output)					
					2) Stop heparin. use					
					saline flushes					

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/20 10 am	S/O Gastro team	Plan:
	40 Biliary Atresia	1) Neuroprotective measures.
	s/p OLT	2) Continue ventilation
	with small bowel obstruction	3) Titrate inotropes as per hemodynamics.
	s/p exp. laparotomy & Adhesiolysis (POD: 2)	4) Labs: GRBS - Q4H S. Electrolytes: TID ABG: SOS.
	<u>Issues:</u>	CBP, INR: BD.
	① Sepsis, Septic shock, ALF	5) Antibiotics/Antifungals:
	② DIC	Cefazidime Antibactam D ₂
	③ Metabolic acidosis (LFT)	Aztreonam D ₂
	④ Hypoglycemia (GIR: 2.3)	Metronidazole D ₃
	0/6 on AC/PO	Teicoplanin D ₃
	FiO ₂ : 40%	L-Ampho D ₃
	PEEP: 8, PIP: 18	Poly-B D ₃ .
	Rate: 35	6) Inj. Hydrocortisone 30mg Q6H
→	ongoing CRRT	7) Trace ferritin, NH ₃ .
-	Adhe: 0.24 mcg/kg/min	8) Continue CRRT
	Nov - adhe: 0.1 mcg/kg/min	9) Continue NAC infusion.
	Vasopressin: 0.01 U/kg/min	10) To decide about PLEX. (Normal volume)
	Rupils: B/L 2 + RTL.	11) USG abdomen.
	HR: 140/min P/A: Tense	12) Send blood c/s.
	SpO ₂ : 100% oral bleed ⊕	
	BP: 91/47 (69)	
	U/O: 2.6 cc/kg/hr I/O: +968 ml	
	NG: 150 ml Drains: 40ml	

DR. PRASHANT BACHINA
Registration No: 1181



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 02/07 Day of Admission : P3 Today's Date & Time : 04107

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

OVERVIEW	Diagnosis : EHBA s/p OLT Internal Obstruction s/p amotomy & adhesionolysis - POD-2 sepsis - septic shock monx	Current Issues : coagulopathy / encephalopathy lactic acidosis septic shock thrombocytopenia

VITAL SIGNS Today's Wt. (kg) : 14 kg Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : RAE (+) clear.	
	CXR : 4/7	
	SpO ₂ : 100% TmV O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details : 10% FiO ₂ , PEEP-8, Rate-35, PC above PEEP-12	
	Ventilatory Settings : Leak around ETT : Delivered Vt : 8ml/kg	
	ABG : 7.23 / 31 / 22 / 3.2 / 14 EtCO ₂ : 31 P/F ratio : 442 O.I. : 2.71 pH / pO ₂ / pO ₂ / lac / HCO ₃	
	Chest Physiotherapy Plan : Suctioning Needs : no secretion.	
	Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care : Get CXR film	

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : 120/min, S4 (+)	
	Quality of Pulses : Good cap refill Time : < 3sec Liver Edge : 3 cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 98/43 CVP : 14	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine 0.24 mcg / kg / min - ☐ Nor Epinephrine 0.1 mcg / kg / min	
	☐ Milrinone mcg / kg / min Valopressin - 0.01 u/kg/min	
	Any Other Infusions :	
	Last 2D Echo Findings : (2) biventricular function. TAPSE - 17mm, LVEF - 62%	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : left Radial	
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Right IJV		
Day of arterial line : Day of Central line :		
Plan of Care :		

CNS	Neuro Exam : E.V.M. ONSD rt-0.53 TCD - PI - 1.1 lt-0.54 PI - 0.78	
	Pupils : 2mm BLT. Slightly reacting to light Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : fentanyl 2u/kg/min Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+868</u> / (+/-) Input : _____ ml/kg/d UO : <u>2.6</u> ml/kg/hr Stools : _____ NG output : <u>150 ml bilious aspirate</u> PO intake : _____ Feed Formula : _____ Feed Schedule : _____ IV Fluids - Type of IVF : <u>20% DNE + 10ml KCl</u> @ <u>10</u> ml / hr (_____ times maintenance) TPN : ☐ Yes ☒ No - If yes, details : _____ _____ % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) _____ Cal/kg/d Nitrogen _____ Trace elements & MVI _____ Labs : Na _____ K _____ Cl _____ Ca _____ Mg _____ P _____ HCO3 _____ Sr. Amylase : _____ Sr. Lipase : _____ Latest LFT : _____ Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☐ No - If yes, describe : _____ Plan (G.I. & Liver) : _____	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>2g. ceftriaxime -</u> Cultures Sent ? ☒ Yes ☐ No - If yes, details : _____ Describe c/s Reports : _____ Other Labs (Latex, Serology, etc) : _____ Ongoing Antibiotics : <u>2g. metronidazole - 3</u> <u>2g. Teicoplanin</u> <u>2g. L-Ampho-B</u>	
	Sr. Creat : _____ Bld. Urea : _____ Other Relevant Labs : _____ P.D. ☐ Yes ☒ No - If yes, details : <u>CRPT :- UF - 80 ml/hr.</u> Diuretics : ☐ Yes ☒ No - If yes, details : _____ Catheterized : ☒ Yes ☐ 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) : _____ Any Coagulopathy : <u>INR - 6.9, aPTT > 2mins.</u> Relevant Transfusion History : <u>SDP, FFP, cryoppt, 20% albumin, 10g (10g) given in last 24 hrs.</u> Plan of Care : _____	
CARE PROTOCOLS	VAP Bundle Used ? : ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☒ NA If yes, then details : _____	
	Pending Lab Results : ☒ Yes ☐ No If yes, then details : <u>Blood cl.</u> Pending Consultations : ☐ Yes ☒ No If yes, then details : _____	
FINAL COMMENTS	<u>→ 2lv regarding HAE, continuous calcium infusions,</u>	

Doctor's Name (Handover given) : Dr. Pratyush
 Signature : _____
 Date & Time : 4/2/26, 8am

Doctor's Name (Handover taken) : Dr. Pratyush
 Signature : _____
 Date & Time : 4/2/26, 8am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/26 11 am	CLSB Dr. Sandeep.	Plan
	Asst- FHBA / s/p resail s/p OUT / Sepsis Septic shock / MODS	1) continue same antibiotics 2) Target negative balance 3) Send blood c/s
	Issues- 1) coagulopathy 2) worsening transaminiti 3) Septic shock	4) trace blood c/s, MiniBAL c/s, ascitic fluid c/s
	on adrenaline @ 0.24 µg/kg/min noradrenaline @ 0.1 µg/kg/min vasopressin @ 0.01 U/kg/min	5) R/V septic panel PCR 6) PLEX @ 12pm
	4) ongoing clot 5) Normal anion gap metabolic acidosis - improving	7) To decide about anakinra after PLEX 8) Antibiotics to give 2 hrs after PLEX
	6) Lactic acidosis - improving 7) Leukopenia Thrombocytopenia	9) BE ABG before PLEX 10) Bicarbonate - containing fluids
	8) Hyperferritinemic MODS	11) GRBS / SGH monitoring 12) 10 gm IVIg after PLEX, another 10gm early monoy 5/7/26
		13) CBP @ 4pm ABG, PT/INR @ 9pm
		14) 24. MgSO ₄ / OD
		15) 20 ml + 20ml calcium gluconate correction



Date & Time	Progress Notes	Doctor's Order
		76) Sol latex infusion during PLEX
		17) UF = input + flush volume over 3 hrs + 2ml/kg
		18) Lens 0.1mg/kg
		noted by Vanslow 4/9/26 @ 11:00am

PROGRESS NOTES AND DOCTOR'S ORDER

4/7/26

10:30 AM

Date & Time	Progress Notes	Doctor's Order
	<u>counselling notes</u> (Dr. Prashant. B)	
	He is still very sick. Compared to yesterday his heart rate, BP are better. we have reduced his BP medication support. However, compared to yesterday his platelet count has dropped. INR is (6.9) elevated and liver enzymes have increased. we will do plasmapheresis today. we have sent a repeat blood culture today, if it is negative we will continue same antibiotics, if not we will have to give further higher antibiotics. His urine output is okay. His ventilation setting are same as yesterday. His condition is still critical. we are continuing highest medical management.	
	<i>[Signature]</i> Dr. Arma.	<i>[Signature]</i> Father of <i>[Signature]</i>

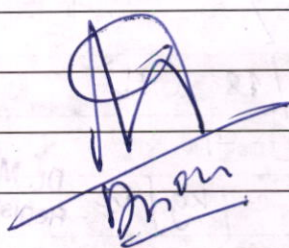
~~4:27~~
~~2:30~~

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/20 4:50pm	S/B Gastro team	Plan:
	Issues:	- Neuroprotective measures - Monitor pupils hourly
	- Sepsis - Septic shock (laxing inotropes) - MODS - DIC - Metabolic acidosis	- Titrate inotropes as per hemodynamics. - strict urine output monitoring - Continue lasix infusion
	O/E: on Ac/Pc	- labs: - ABG: SOS, S-Electrolytes - TID - CBL - after PLEX - INR at 9pm. - RP, INR, Mg - T/m
	fib: 40%. PEEP: 8 PIP: 20 Rate: 35 Adre: 0.02mcg/kg/min Nor-adre: 0.04mcg/kg/min Vasopressin: 0.006u/kg/hr PLEX ongoing	- Continue drugs as per chart - Treat biofeedback report. - w/f any bleeding from ET, NG, drain - GRAS - Q6H.
	pupils: 2+ RT HR: 160/min SpO2: 98% BP: 115/48 (71) cvp: 16 ↑ up: 0.6 cc/kg/hr ongoing lasix infusion (0.3mg/kg/hr) i/o: - 86 ml.	Noted by [Signature]
	repeat Dr. M. Naga Venkata Poushya Sai Registration No: TSMC/EMR/34701	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/2/20	<u>Fluid Calculation</u> - ICF → 360 ml - 3rd Mal → 170 ml - Pregnancy → 170 ml - Medication → 270 ml - IVFy → 100 ml <u>1070 ml</u> @ 45 ml/hour Any corrections / Blood products VF to increase <u>plan VF</u> → 45 ml + 2 ml/kg → 10 ml carb = 45 + 30 ml = 85-90 ml/hour.	
		 <u>Dr. Prashant Bachina</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2020 5:00 PM	C/S B Dr. Sandeep	
	A: EHBA / sp OLT (2 years Bact) Plan Now c Adhesive intestinal obstruction sp Adhesiolysis	① Continue Ventilation. ② Target EtCO ₂ 35-40. ③ Target MAP > 57. ④ Mean intropes Based on MAP ⑤ Continue Fentanyl ⑥ Strict Neuroprotective measures ONSD & TCD Monitoring ⑦ Target Balance → 400-450ml Net ⑧ Continue Same Antibiotics to give 2 hours gap b/w
	Sepsis / septic shock / MODS	
	<u>Issue</u> ① Sepsis / septic shock. → High intropes requirement ② Metabolic Acidosis ③ AKI / Oliguria ④ Neutropenia / thrombocytopenia ⑤ Encephalopathy ⑥ Hepatic / coagulopathy / DIC.	
	child on Pressure control Mode FiO ₂ - 40% PIP / PEEP - 19 / 8 cm H ₂ O Pc above PEEP - 11 TV - 130 ml EtCO ₂ - 36.	
	on Adx - 0.18 mg/kg/min Nor Adx - 0.08 mg/kg/min Vapopran - 0.01 vol/hour	⑨ Trace Blood clots septic panel per Noted by Sharma

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	child ACPD	(10) To start Analgesia after plex
	on 1/2 20% DMS + 35ml H ₂ O ₂	→ IVIG → 10 grams after plex
	① 10ml/hour	10 grams tomorrow morning
	0.0 - 10ml/hour	
	on 10mg 0.3mg/kg/hour	
	Balance → +35ml.	(11) CBP after plex; S-electrolytes
	- on fentanyl - 3 mg/kg/hour	ABG/PT, aPTT, LMR @ 900pm
	HR - 160/min	(12) Start p/o monitoring
	SpO ₂ - 100%	
	BP - 110/47 mmHg	
	RR - 35/min	
	CVP - 16	
	ETCO ₂ - 36.	Noted by Wardman
	Pap.b - B/L 2mm and slightly Reels	AA Drew

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
08/07/20	C/S/B - Gastro Team (Dr. Athulha)	
10:30 AM	C/O/w Dr. Prashant Bachina Sir.	
	EMBA e/p Karai e/p OLT	Plan
	Sepsis / Septic shock /	1x Continue Ventilation
	Hypertensive mon.	2x Continue Neuroprotective measures
	Issue: 1x shock.	3x ONLD & TCD monitoring - 6 hourly
	- on adrenaline @ 0.06 $\mu\text{g}/\text{kg}/\text{min}$	4x Tape inotropes - to maintain
	on Noradrenaline @ 0.04 $\mu\text{g}/\text{kg}/\text{min}$	MAP > 60.
	2x Encephalopathy	5x CRRT to continue -
	ONLD - 0.61	6x PLEX @ 2 PM
	0.62	7x IVIG after PLEX
	TCD = PI - 0.61, RI - 0.43.	8x R/v. CT Brain - Hold.
	3x Hypertensive MODI.	9x NG tube < Active culture 4 hourly
	4x Hepatobiliary dysfunction.	Keep open to drain
	5x Coagulopathy	
	1x Anemia, leucopenia,	10x Restart
	Thrombocytopenia.	CRRT after PLEX
	on Minimal Ventilation.	11x Trace sepsis panel.
	HR = 143/min,	12x R/v.
	BP = 104/54	Eucemia & Metastopromide.
		13x labs - ABG - a/pu PICV
		CBP / INR - BD
		S. Electrolyte - TID
	C/O/w - Dr. Karthik /	RPi, Mg, INR - Tfm morning.
	Dr. Rajkumar	
		Plan
		1x US Abdomen & Renal Doppler.
		2x



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[illegible]

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/20 14:30 AM	Consulting Note (Dr. Nikhil) child Blood pressure are comparatively better from yesterday. out of 3 ionotrops, 1 ionotrop is removed other 2 ionotrop are on minimal dose. NG aspirates are low & clear. drain output is low and a serous. Urine out can't be commented. as child is on CRRT, where we are optimizing ultrafiltrate based on input. we have stopped abnormum yesterday, we will try to taper fentanyl to see for sensorium. we will plan to do CT Brain based on patient condition. Respiratory with child. a minimal respiratory support. we will continue CRRT & do again a cycle of PLEX today. any change in plan will be informed to parents Dr. Kumar Dr. Prashant B	

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 02/07 Day of Admission : 4 Today's Date & Time : 05/07/26 8:00am
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 19

OVERVIEW	Diagnosis : ETTA CLPOLT & Adhesive Intestinal obstruction & SLP Adhesion lysis & Sepsis & MODS		Current Issues : $\rightarrow$ Sepsis & Septic Shove $\rightarrow$ Metabolic acidosis $\rightarrow$ Ataxia/Oliguria $\rightarrow$ Neutropenia, Thrombopenia $\rightarrow$ Encephalopathy $\rightarrow$ Hepatitis & Coagulopathy	
	VITAL SIGNS Today's Wt. (kg) : Temp. :		Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : AETTBS @ SL conducted founde @.			
	CXR : 04/07 SPO ₂ : 98+ O ₂ by NC / FM / NRB mask / Oxyhood, at L / min			
	Ventilatory Support ☒ Yes ☐ No - Day # of Vent : 3 Nitric Oxide : ☐ Yes ☒ No - If Yes, details :			
	Ventilatory Settings : Leak around ETT : Delivered Vt : 130ml/min @ 9ml/tl ABG : pH 7.27 / PaO ₂ 100 / PaCO ₂ 36.5 EtCO ₂ : 35 P/F ratio : 475 O.I. : 2.52 HCO ₃ - 12.1 Chest Physiotherapy Plan : Suctioning Needs : +nt (less frequently)			
CARDIO VASCULAR SYSTEM	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :			
	Plan of care : $\rightarrow$ continue same setting $\rightarrow$ keep child sedated $\rightarrow$ suctioning & Pre Ketamine			
	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : No murmur Quality of Pulses : low volume cap refill Time : 2 sec Liver Edge : 3 cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : 104/42mmHg CVP : 15 Infusion of : ☐ Dopamine ☐ Dobutamine ☐ Nor Epinephrine ☐ Milrinone 0.06 mcg / kg / min 0.04 mcg / kg / min Any Other Infusions : CaCl ₂ infusion, H ₂ O ₂ infusion, NAC infusion, 3 in 1 sol. 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 : @ radial Central line in situ : ☒ Yes ☐ No Place of central line & its condition : @ 13V Day 3 Day of arterial line : Day of Central line : 3 Plan of Care : $\rightarrow$ Keep target MAP of 58mmHg & titrate inotropy.			
CNS	Neuro Exam : E, V, M, 1 ONSD < 0.61 0.62			
	Pupils : bil Pupils 2mm RL @ Sedation Used ? ☐ Yes ☐ No Any paralysis ? ☐ Yes ☐ No Types of Sedation : Fentanyl 4mg/19gm Types of Paralysis : - Relevant CT Scan, MRI EEG, Neurosonogram etc. : - Plan of Care : $\rightarrow$ strict neuroprotection, minimal handling $\rightarrow$ Ketamine before suction $\rightarrow$ No handling Ramsay Sedation Score : -5			

(summet PRF)
2125ml output → 6.3ml/kg/hour

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I/O / Balance: <u>-607ml</u> / (+/-) <u>1977</u> Input: ml/k/d UO: <u>0.5</u> ml/kg/hr Stools: NG output: PO intake: Feed Formula: Feed Schedule: IV Fluids - Type of IVF: <u>1/2 201 PNI</u> @ <u>15</u> ml/hr (<u>30 f</u> times maintenance) TPN: ☐ Yes ☐ No - If yes, details: <u>201</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 <u>141</u> K <u>4.5</u> Cl <u>110</u> Ca <u>9.0</u> Mg <u>1.9</u> P HCO3 Sr. Amylase Sr. Lipase Latest LFT: <u>3409/85561</u> Abd Exam: Any organomegaly? ☒ Yes ☐ No - If yes, describe: Plan (G.I. & Liver): <u>W/ hypoglycemia</u> <u>Keep NPO.</u>				
	☐ 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:				
	☐ 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:				
	☐ 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:				
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:				
	☐ 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:				
NEPHROLOGY ISSUES	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. ☐ Yes ☐ No - If yes, details: Diuretics: ☐ Yes ☐ No - If yes, details: Catheterized: ☒ Yes ☐ No - If yes, then day of Catheter: <u>Day (4)</u> Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:				
	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. ☐ Yes ☐ No - If yes, details: Diuretics: ☐ Yes ☐ No - If yes, details: Catheterized: ☒ Yes ☐ No - If yes, then day of Catheter: <u>Day (4)</u> Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:				
HEMATOLOGY	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:				
	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:				
CARE PROTOCOLS	VAP Bundle Used? ☒ Yes ☐ No ☐ NA CRBSI Bundle Used? ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used? ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols: ☐ Yes ☐ No ☐ NA If yes, then details: Pending Lab Results: ☐ Yes ☐ No If yes, then details: <u>Blood Cs</u> Pending Consultations: ☐ Yes ☐ No If yes, then details:				
	VAP Bundle Used? ☒ Yes ☐ No ☐ NA CRBSI Bundle Used? ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used? ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols: ☐ Yes ☐ No ☐ NA If yes, then details: Pending Lab Results: ☐ Yes ☐ No If yes, then details: <u>Blood Cs</u> Pending Consultations: ☐ Yes ☐ No If yes, then details:				
FINAL COMMENTS	1) SPP → PRNC today. 2) trace LFT, ferritin, smear 3) IVlg 10 gm to give today. 4) trace sepsis panel per				

Doctor's Name (Handover given):

Signature:

Date & Time:

Doctor's Name (Handover taken):

Signature:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/8/26	CLB Dr. Sandeep	Plan
12:00 PM		
	BS:- EUBA) s/p Kasai	1) Review SOP.
	s/p OLT / Sepsis / Septic shock	2) continue ventilation
	-Hyperferritinemic MODS	3) Taper inotropes to maintain MAP > 60 mm Hg
	Issues:- 1) Shock	4) PLEX @ 2pm
	→ on adrenaline @ 0.06 µg/kg/min	5) keep CBP in recirculation from 2pm
	noradrenaline @ 0.04 µg/kg/min	6) IVIg after PLEX today
	2) Encephalopathy	7) Give antibiotics 2 hrs before PLEX
	ONSD → 0.61 0.62	8) CT brain - review - Hold
	TCD:- PI-0.61, RI-0.43,	9) keep NG tube open to drain
	3) Hyperferritinemic MODS	10) TO restart CBP after PLEX
	-hepatobiliary dysfunction	11) Trace LDH, ferritin
	Coagulopathy.	12) Trace sepsis panel PCR
	4) Anemia, leucopenia, Thrombocytopenia	13) ABG - patient & post-filter / Q6H.
	→ on minimal ventilation	14) GFRS / Q6H
	→ HR-142/min, BP-103/53,	15) CBP / Q8H - 6pm
	SpO ₂ -100%, etCO ₂ -34	PT/INR - 10pm
		16) UF = input + 2ml/kg/hr.
		17) Target - 600 ml balance
	Noted by Aneelam	Dr. Prashant

Date & Time	Progress Notes	Doctor's Order
5/10/26	counseling room no. 2	
12:45 pm		Dr. Sandeep Dr. Avinash
	Patient's attendants have been counseled about the condition of the child i.e., → child's condition has slightly improved compared to yesterday. → we are on minimal ventilation, 2 medications are being required to maintained blood pressure. → we are on continuous blood dialysis support, we will do another session of plasmapheresis today. → We have stopped sedation and to assess his neurological function. currently pupils are normal size, reacting to light. → this condition is still critical. → we are on high support with ventilation, inotropes, CRRT, plasmapheresis in view of multi-organ failure.	
	<i>S. Pratyaksh</i>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/20 @ 3pm	SB. Dr. Arinchi Newcam	
	Ben Enbal SIP Kacui Spout - 2 year ago Septic shock Hyperferritinemic MODS.	Adv. ① onco + RD monitoring ② look for ③ Continue ventilation ④ Max - 2nd cycle now ⑤ SIRS - 10 ppm SIV Our share after max
	Quay ① volume overload intolerable ② Shock - on Adrenaline ③ Encephalopathy - raised ICP ④ On mechanical ventilation for 40% PEEP 12 PEEP 7 PEEP 20. On Adrenaline - 0.02 mg/kg 40 - 0.05 mg/kg on CORT ⑤ BP 90/60 mmHg on fentanyl at 3 mcg/kg HR: 120/min for 9.6% Bp 101/50 (74) mmHg	⑥ Start heparin at 0.5 mg/kg during PEA ⑦ continue 2x fluids ⑧ NG aspirate and tube + open coarctation. ⑨ continue antibiotics ⑩ ASI. hypernatremia calcium phosphate ⑪ 5mlly ABC patient + for 15 mins. ⑫ CBP - 6 PM ⑬ PVP - 10pm ⑭ Resume SPP now ⑮ PP, 2PP, Mg ²⁺ 9M ⑯ Time Bloods & Arterial
	Input - 360ml Calcium - 240ml 3% Na : 165 ml Syringe : 100 ml Total : 450 ml + 100 Total : 550 ml	noted by handwritten L. hand

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/20 @ 2pm	Plasmapheresis Plasmapheresis procedure ① Use Rony filter & UDF machine ② RFP - 650ml. ③ 5% Albumin - 200ml. ④ Remove 800ml + 100ml (Plasma loss). ⑤ Run 4 hours ⑥ 2L AS-1, 2L Hyphacel Prior to AS ⑦ 9B - 50ml/hr ⑧ NS flush between ⑨ Sterile procedure	<i>[Signature]</i>
	Internal Jugular Vein Distensibility Index - 13.79 ITV:CC Artery Ratio - 1.53 ONSD - ① - 0.56 ② - 0.55	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7pm 05/08/20	S/B Dr. Anand/Ramteam	
	2p - + 380m CVP: 16-17 cm H ₂ O	Adh
	- 2 Jv/CCA - fluid responsive - Distensibility - 13.87 Index	① Target fluid respite by morning
	fluid responsive state	② continue ventilation
	Notes	③ stop adrenergic
	- Hepatic rh - mild abnormal	④ CVP ↑ now to send ABG
	- Bubble Rh - normal rh	⑤ watch for so land &
	- no congestion	⑥ watch for Sherry manifestation
	Chest BUA @ Equal Lungs	
	Rx: syst distended	
	CM: 120/80 R 0.42	⑦
	ON: 0.56/0.70	⑧

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8pm 03/07/20	SBP team	
8pm	Sept panel RE negative	Adv ① send cmv. for viral panel HIV serology
		the chance
12am 06/07/20	SBP team	
	Child negative by Zoon	Adv ① Bedline ultrasound to 90mch
	U/p. = 1methyls Amc 2 hour	the chance
	SBP team	
8pm 06/07/20	On CRP - negative	Adv Bedline UF to 90mch
	CEA/CA 125 1.4	
	Sto fluid exposure	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20 9:30am	9/B Gastro Team S/B Dr. Prashant B	Plan:
	9/B Biliary Atresia - Post OLT now with small bowel obstruction - S/P Emp. laparotomy/Adhesiolysis (POD: 4) with sepsis, septic shock	1) Neuroprotective measures.
	→ Issues:	2) Hourly pupil monitoring ONSD - 4th hourly
	• Sepsis / Septic shock	3) Review about CT Brain: - Hold.
	• Hyperferritinemic MODS	4) Continue CRRT
	• Encephalopathy, raised ICP	5) Strict I/O charting
	• DIC	6) GRBS - 6th hourly.
	→ on AC/PC	7) continue drugs as per chart.
	FIO ₂ : 40% PEEP: 7	8) Plan to give G-CSF today
	PIP: 19, Rate: 30	9) Shift to isolation room.
	off intubates.	10) Trace renal panel.
	CRRT ongoing.	11) watch for any bleeding from ET, NG and drain site.
	pupils: 2+ RTL	12) Start Aminocaproic 10% (1 bottle/day)
	HR: 118/min	S. Electrolytes 8th
	SPO ₂ : 100%	Ca, Mg, PO ₄ hourly
	BP: 105/60 mmHg	13) IV F - 15% 1/2 DNS.
	CVP: 11	14) Stop metronidazole
	P/A: soft.	Dr. Bachina
	I/O: -761 ml	

DR. PRASHANT BACHINA
Registration No: 11815



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/20 9:30am	C/S/B Dr. Kapil/Fachan.	
	Δ: EABA/sfp/ULT/IntuAnd obstruction/sfp/Asherich's Septic shock/mods	Plan:- ① Shift to IR-1.
	Issue: Shock resolved encephalopathy. Septic Pneumonia. Oliguria.	@ GCSF today Taper @ Stop sedation & assess neurology
	Child on PC FiO ₂ : 40%. Ret: 30 PEEP: 7 PIP: 19. sPO ₂ : 99%. PR: 112/min RR: 30/min EtCO ₂ : 32 BP: 105/53	@ Trac: CMV, HSV serology @ Trac: Adeno.
	Intra: 360ml Dro: 240ml 3% NS = 168 ml Eti 10% Amivac: 1500ml Fluids: 360ml 1028 (67ml/hr) 1278 (53ml/hr) Corrected 150. 1428 (60ml/hr)	② Balance: Isobalance on -200ml. ms Raman 6/8/20 ea: war for



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 02/7 Day of Admission : (5) Today's Date & Time : 06/9/26 8:00 AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : (28) 8

OVERVIEW	Diagnosis : EHBA s/p OLT & intestinal obstruction s/p adhesionolysis & sepsis septic shock & MODS s/p 2 cycles of PLEX & 3 cycles of CRRT (2nd organ)		Current Issues : - Pancytopenia - Encephalopathy - Volume overload - coagulopathy	
	VITAL SIGNS Today's Wt. (kg) : Temp. : Blood sugar issues :			
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BILAE (+), conductive sounds (+)			
	CXR : SPO ₂ : 100% on FIO ₂ - 40% O ₂ by NC / FM / NRB mask / Oxyhood, at L / min			
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : (4) Nitric Oxide : ☐ Yes ☒ No - If Yes, details : on PC mode of ventilation PEO ₂ - 40% PIP - 12 PEEP - 7 RR - 30/min			
	Ventilatory Settings : Leak around ETT : - NO - Delivered Vt : 100ml/min - 7ml/kg ABG : pH - 7.36 pCO ₂ - 36.4 PO ₂ - 139 Lac - 2.4 HCO ₃ - 20.9 EtCO ₂ : 40 P/F ratio : 342.5 O.I. : 2.87			
	Chest Physiotherapy Plan : Suctioning Needs : - NO - Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care : Continuous Ventilation			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1S2 (+) NO MURMUR			
	Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : - cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : 105/60 (77) CVP : 15			
	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 : Left Radial Central line in situ : ☒ Yes ☐ No Place of central line & its condition : Rt JTV Day of arterial line : (15) Day of Central line : (05) Plan of Care : keep MAP above 60 mmHg			
CNS	Neuro Exam : EIVTM, ONVS, RT 0.56, LT 0.36			
	Pupils : BIL pupils 3mm reactive to light Sedation Used ? ☒ Yes ☐ No Any paralysis ? ☐ Yes ☐ No			
	Types of Sedation : Fentanyl - 3 mcg/kg/min Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : strict Neuroprotective measures to be taken. Ramsay Sedation Score :			

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I/O/Balance: <u>-761</u> / (+/-) Input: ml/k/d UO: <u>0.63</u> ml/kg/hr Stools: <u>Not passed</u>	
	NG output: <u>some</u> PO intake:	
	Feed Formula: <u>20% 112 DNL + KCl + NaH2PO4 @ 1.5</u> Feed Schedule: <u>30%</u> times maintenance)	
	IV Fluids - Type of IVF: ml / hr (..... times maintenance)	
INFECTION	TPN: ☐ Yes ☒ No - If yes, details:	
	% of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	Cal/kg/d Nitrogen Trace elements & MVI	
	Labs: Na <u>101</u> K <u>4.3</u> Cl <u>110</u> Ca Mg P HCO3 Sr. Amylase: Sr. Lipase:	
	Latest LFT: <u>05/27 - 5407 - 6556, 5417 - 3409, Bilirubin - 4.6</u>	
NEPHROLOGY ISSUES	Abd Exam: <u>Tense abdomen</u>	
	Any organomegaly? ☐ Yes ☒ No - If yes, describe:	
	Plan (G.I. & Liver):	
	<u>IV fluids - 360ml</u> <u>infusions - 570ml</u> <u>Antibiotics & Medic - 350ml</u> <u>Correction - 300ml</u> <u>Total - 1580</u> <u>130% of Maintenance</u>	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #):	
HEMATOLOGY	Cultures Sent? ☒ Yes ☐ No - If yes, details:	
	Describe c/s Reports:	
	Other Labs (Latex, Serology, etc):	
	Ongoing Antibiotics:	
	<u>INT CEFTRIAZIDIME + AVIBACTAM - D4</u> <u>Bloods</u> <u>INT AZTREONAM D4</u> <u>Ascitic fluids</u> <u>INT POLYMYXIN B D5</u> <u>INT TEICoplanin D5</u> <u>INT LAMPHOTERICIN B - D5</u> <u>INT METRONIDAZOLE D5</u>	
CARE PROTOCOLS	Sr. Creat: <u>0.7</u> Bld. Urea: <u>32</u> Other Relevant Labs:	
	P.D. ☐ Yes ☒ No - If yes, details:	
	Diuretics: ☐ Yes ☒ No - If yes, details:	
	Catheterized: ☒ Yes ☐ No - If yes, then day of Catheter: <u>D5 of catheters</u>	
	Relevant Radiology (USC, MCUG radioisotope scan etc):	
FINAL COMMENTS	Plan of Care:	
	Relevant Labs (CBP etc):	
	Any Coagulopathy: <u>17-82 INR-1.7 APTT-48</u>	
	Relevant Transfusion History: <u>IVIC-100gm yesterday (05/27/26) SDF PRBC (most 7/26)</u>	
	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:	
CARE PROTOCOLS	Pending Lab Results: ☐ Yes ☐ No	
	If yes, then details: <u>Bloods, Ascitic fluids</u>	
	Pending Consultations: ☐ Yes ☒ No	
	If yes, then details:	
		
FINAL COMMENTS	- Trace Manual platelet count - Trace 5-ventr panel, CMV & HSV serology Trace Bloods & Ascitic fluids.	

Doctor's Name (Handover given): Jyoti
 Signature: [Signature]
 Date & Time: 06/27/26 8:01 AM

Doctor's Name (Handover taken): [Signature]
 Signature: [Signature]
 Date & Time: 06/27/26 @ 8 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order
C/S/B Dr Sandeep. Plan. Dis:- CHDA / s/p OLT. Intestinal obstruction s/p adhesionolysis. Septic shock / MODS. on PC-ventilation. FiO₂ - 40%. RR-30 PEEP-7 PIP-19. without PEEP. on Fentanyl 3mcg/kg/min. ON CRRT	1. Start low ampicillin 1gm/kg/day. 2. D/W GASTRO regarding metronidazole duration. 3. Trace cur, HSV serology. 4. Assess neurology after stopping fentanyl. 5. Jug lax 10mg/iv stat. 6. Continue metronidazole 7. Continue 0.9% NaCl & 15% 1/2ONS 8. CBP, ABG, PT, aPTT, INR, Ca²⁺, Mg²⁺, PO₄²⁻ Serum Electrolytes Evening. 9. Jug lax infusion 0.2mg/kg/hr to start

N.B

Dr. Sandeep
6/11/2016
12:00



Dr. Prashant

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/8/20 10:20 AM	Attending cancelled that he is doing marginally better. Yesterday he was briefly started on sedation. Since he was opening eyes and fighting ventilation. Yesterday, no blood products were given, Platelets are standing at 21,000. No fever, Blood culture has not isolated any bug, Biopsy was not revealed any bugs, probably antimicrobials have worked. Today no repeat work of PLEX will be done. Nutritional requirements are not high, no use of antibiotics as of now. He has not been fed for a week, US done bedside has revealed some peristaltic movements, plan is to start on Parenteral partial nutrition with Aminoacids today. RBC counts are on the lower side, for which plan is to ship to isolation room.	L. Prashant L. Prashant
Prashant Dr. Prashant		Prashant (Prashant)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Fluid calculations</u>	
	→ IVF → 360 ml	
	→ 3x/Meal → 170 ml	
	→ Infusions + ^{clonal} → 480 ml	
	→ Medication → 280 ml	
	→ Clonidine → 300 ml	
	<u>1600 ml</u>	① 66 ml/hour

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2020 4:00 PM	EHBA of OLT Adhepree / septic shock / MODS Sepsis / septic shock / MODS Plan	① Continue Ventilation - Target $EtCO_2 < 40$
	Scenes ① Sepsis / septic shock - Revolve Target MAP > 58 ② Encephalopathy - Better ③ NPO post surgery ④ Leukopenia / thrombocytopenia ⑤ Coagulopathy - improved ⑥ Oliguria - AKI	② Mean Arterial Pressure & $EtCO_2$ ③ strict Neuroprotective measures continue 31 place. 30° head and chest
	child on PC mode FiO₂ - 45% PIEPAP - 20 / 9 cm of H₂O Rate - 30 / min	④ Target Negative Balance -> continue dxn infusion.
	- on Adr - 0.08 mg/kg/min - NPO	⑤ NPO to continue Amoxicillin ⑥ 1 gm / kg / day
	on 15% VONS 1 gram / kg - Amoxicillin	⑦ Place ampicillin / gentamicin
	- on Teicoplanin - 8 mg/kg / 12 hours	

870



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Date & Time	Progress Notes	Doctor's Order
	U.O - 5ml - 10ml/hour on Lasix - 0.2mg/kg/hour. HR - 140/min SpO₂ - 100% BP - 104/52 mmHg RR - 30/min.	⑤ CBP PT, aPTT, INR ABG Cr, Mg, Poq ⑤ pm ⑤ Continue Same Antibiotics MB B. N. N. J. P. N. @ 4:20 PM <i>[Signature]</i> Dr. L. P. N.



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 2/7/2026 Day of Admission: (6) Today's Date & Time: 7/7/2026 8:00AM
PRISM - III Score in first 24hrs. of Admission: (16) Today's SOFA Score: (13)

OVERVIEW	Diagnosis: <u>CHBA / PLO / Adhesions</u> <u>interstitial obs / etc. Adhesions</u> <u>POS-S / Sepsis / Septic Shock / MODS</u>		Current Issues: <u>1) Encephalopathy</u> <u>@ Neutropenia / Thrombocytopenia / coagulopathy</u> <u>2) Cholelithiasis</u>	
	VITAL SIGNS Today's Wt. (kg): <u>28.5</u> Temp.: <u>38.5</u> Blood sugar issues: <u>None</u>			
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): <u>BAE @ No added sounds CO2 6 g Vent (labors)</u>			
	CXR: <u>Normal</u>			
	SPO ₂ : <u>100% on 40% FiO₂</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>2 L / min</u>			
	Ventilatory Support: ☐ Yes ☒ No - Day # of Vent: <u>1</u> Nitric Oxide: ☐ Yes ☒ No - If Yes, details: <u>None</u>			
	AC/PC: <u>PRP/18 PEEP-7 / Rate-30/min.</u>			
CARDIO VASCULAR SYSTEM	Ventilatory Settings: Leak around ETT: <u>None</u> Delivered Vt: <u>120ml</u>			
	ABG: <u>7.47 / PO₂-205 / HCO₃-22.5</u> EtCO ₂ : <u>30</u> P/F ratio: <u>455</u> O.I.: <u>2.4</u>			
	Chest Physiotherapy Plan: <u>NI</u> Suctioning Needs: <u>None</u>			
	Any Nebs: <u>None</u> ICD ? ☐ Yes ☒ No, if Yes, details: <u>None</u>			
	Plan of care: <u>stop sedation & wean ventilation</u>			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>HR-110/min</u>			
	Quality of Pulses: <u>Good</u> cap refill Time: <u><3sec</u> Liver Edge: <u>None</u> cm below Rt costal margin			
	Blood Pressures: NIBP: <u>110/52</u> IBP: <u>110/52</u> CVP: <u>11-12</u>			
	Infusion of: ☐ Dopamine <u>None</u> mcg / kg / min - ☐ Dobutamine <u>None</u> mcg / kg / min			
	☐ Epinephrine <u>None</u> mcg / kg / min - ☐ Nor Epinephrine <u>None</u> mcg / kg / min			
CNS	☐ Milrinone <u>None</u> mcg / kg / min			
	Any Other Infusions: <u>NAC / LASIX / Amman / Nalox / Gels.</u>			
	Last 2D Echo Findings: <u>None</u>			
	Size of the heart and lung fields in latest CXR: <u>Normal</u>			
	Arterial line in situ: ☒ Yes ☐ No Place of art, line & its condition: <u>DAY 6 Left radial</u>			
CNS	Central line in situ: ☐ Yes ☒ No Place of central line & its condition: <u>Rt IJV</u>			
	Day of arterial line: <u>(6)</u> Day of Central line: <u>(6)</u>			
	Plan of Care: <u>None</u>			
	Neuro Exam: <u>eye opening (1)</u> <u>stopped feeding (1)</u> <u>room</u>			
	Pupils: <u>Normal</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No			
Types of Sedation: <u>None</u> Types of Paralysis: <u>None</u>				
Relevant CT Scan, MRI EEG, Neurosonogram etc.: <u>None</u>				
Plan of Care: <u>None</u>				
Ramsay Sedation Score: <u>1</u>				

Calcium chloride - 17 me/hour

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO <u>-185</u> ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds
	I/O/Balance: <u>4(+/-)</u> Input: <u>0.5</u> ml/kg/d UO: <u>0.5</u> ml/kg/hr Stools: <u>0</u>
	NG output: <u>0</u> PO intake: <u>0</u>
	Feed Formula: <u>1.5/1.5/0.5 + kcl + HCO₃</u> Feed Schedule: <u>15</u> times maintenance
	IV Fluids - Type of IVF: <u>1.5/1.5/0.5 + kcl + HCO₃</u> ml/hr (<u>15</u>)
INFECTION	TPN: ☐ Yes ☒ No - If yes, details: <u>0</u>
	% of Dext, Glu Inf Rate (mg/kg/min) <u>0</u> Amino Acids (gm/kg/day) <u>1</u> Lipids (gm/kg/day) <u>0</u>
	Cal/kg/d <u>138</u> Nitrogen <u>2.5</u> Trace elements & MVI <u>0</u>
	Labs: Na <u>138</u> K <u>3.5</u> Cl <u>107</u> Ca <u>102</u> Mg <u>1.3</u> P <u>2.7</u> HCO ₃ <u>18</u> Sr. Amylase <u>0</u> Sr. Lipase <u>0</u>
	Latest LFT: <u>0</u> Abd Exam: <u>0</u>
NEPHROLOGY ISSUES	Any organomegaly? ☐ Yes ☒ No - If yes, describe: <u>0</u>
	Plan (G.I. & Liver): <u>0</u>
	Anticipated complications: <u>0</u>
	Febrile ☐ Afebrile ☒ Current Antibiotics Details (antibiotic name and day #): <u>0</u>
	Cultures Sent? ☐ Yes ☒ No - If yes, details: <u>0</u>
HEMATOLOGY	Describe c/s Reports: <u>0</u>
	Other Labs (Latex, Serology, etc): <u>0</u>
	Ongoing Antibiotics: <u>0</u>
	Sr. Creat: <u>0.4</u> Bld. Urea: <u>3.4</u> Other Relevant Labs: <u>0</u>
	P.D. ☐ Yes ☒ No - If yes, details: <u>0</u>
CARE PROTOCOLS	Diuretics: ☐ Yes ☒ No - If yes, details: <u>0</u>
	Catheterized: ☐ Yes ☒ No - If yes, then day of Catheter: <u>0</u>
	Relevant Radiology (USC, MCUG radioisotope scan etc): <u>0</u>
	Plan of Care: <u>0</u>
	Relevant Labs (CBP etc): <u>0</u>
FINAL COMMENTS	Any Coagulopathy: <u>0</u>
	Relevant Transfusion History: <u>0</u>
	Plan of Care: <u>0</u>
	VAP Bundle Used? ☒ Yes ☐ No ☐ NA
	CRBSI Bundle Used? ☒ Yes ☐ No ☐ NA
CARE PROTOCOLS	CA - UTI Bundle Used? ☒ Yes ☐ No ☐ NA
	Patient Managed as per Relevant Protocols: ☒ Yes ☐ No ☐ NA
	If yes, then details: <u>0</u>
	Pending Lab Results: ☒ Yes ☐ No
	If yes, then details: <u>0</u>
FINAL COMMENTS	Pending Consultations: ☒ Yes ☐ No
	If yes, then details: <u>0</u>
	→ plan to change to normal fluids + kcl.
	→ " " ↑ aminoven to 2 gm/kg/day.
	→ surgeon review → potphos correction
FINAL COMMENTS	→ ulg abdomen → plan to stop cef @ 12pm.

Doctor's Name (Handover given) Dr. Vikas

Signature: [Signature]

Date & Time: 7/7/2026 @ 800AM

Doctor's Name (Handover taken) Dr. Pratyush

Signature: [Signature]

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
07/08/26 9AM	4c/B-Gastro Team c/o Biliary Atresia - Post OLT Small bowel obstruction s/p Adhesiolysis - POD-5 sepsis/septic shock/ MODS / Encephalopathy issue: - 1) Encephalopathy 2) Neutropenia, Thrombocytopenia, 3) Coagulopathy 4) oligomelic AEs 5) Raised ICP	<u>Plan</u> 1) Neuroprotective measures 2) Hly pupils monitoring, sensorium monitoring ONCD - 6 Hly 3) continue CRRT till 12pm 4) strict I/O charting 5) GRBS - 6 Hly 6) Drugs as per chart 7) w/f bleeding 8) Aminoven. IV fluids to continue.
	on ACPC, $FiO_2 = 40\%$, PEEP-7, PIP=18, Rate=30/min. $SpO_2 = 100\%$ off iontophoresis - BP - 110/52. Pulse vol. good. Peripheries warm	9) labs - CBP, INR - BD S. electrolyte, Ca, Mg, P-TID Rf, INR, Mg Tfm monry (OD) 10) PRBC transfusion - to transfuse.
	Pupils - B/L 2mm RL. E, VT M, fentanyl/ stopped @ 7AM	11) stop sedation SOS - NH ₃ .
Not passed flatus	ONCD < 0.6 HR = 106/min P/A - 80/6; BS - Shyish on latex u/o - @ 0.5ml/kg/hr I/O = -185ml	12) Aion for entubation T/m. 13) stop CRRT today. - 12pm 14) 80% maint - Nutriflon Peri without lipid 20% - DRS (NG).

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 12:28 PM	ds/B Dr. Sandeep	Plan
	As:- ETT/ s/p OLT/ adhesive intestinal obstruction/ s/p laparotomy + adhesiolysis POD-5 sepsis MODS/PRAPOR	1) continue ventilation 2) 2mg methylprednisolone 1mg/kg/dose BD & stop hydrocortisone
	Issues:- 1) encephalopathy off sedation :: 7am ETT/VTM,	3) PRBC transfusion 4) GRS/OGH 5) keep off sedation today
	2) Anemia, thrombocytopenia 3) leukopenia 4) Coagulopathy - improving INR-2	6) ONSD / OGH TCD / BD ONSD pupile / slowly
	5) Hyperbilirubinemia	7) 2mg lasix stat dose & lasix infusion 0.3mg/kg to start continue
	on minimal ventilation hemodynamically stable no inotropic support.	after stopping CPRT 8) stop calcium chloride & stop after stopping CPRT
		9) ORS 20 ml/OGH.
		10) oludinomel NY cont lipid @ 30 ml/hr
		11) Restart CPRT (SOS).
		12) PEEP titration
		13) Trace LDH, ferritin
		14) vent score

Docu. No. : RCHBH /FRM / CLINICAL / 088



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes				Doctor's Order			
	PEEP TITRATION							
07/06								
12:20pm	PEEP	Comp.	PIP	Pplat	DP	HR	EtO ₂	SpO ₂ BP
	5	16.9	110	10	5	116	38	99
	7	16.6	13	12	5	108	42	99
	9	16.0	15	14	5	116	46	99
	OPTIMAL PEEP IS							



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 4pm	<u>C/S/B Dr. Sandeep.</u> Δ: ETTA / SPOUT / Adhesive intestinal obstruction / s/p laparotomy + Adhesiolysis / POD-5 MODS / Sepsis / TAMPOR <u>Issue:-</u> Encephalopathy Oliguria. Fluid overload. Pancytopenic. Coagulopathy Child on PC. FiO₂: 40% PEEP: 5 PIP: 16 Rate: 30/min SpO₂: 99% PR: 106/L RR: 30/min BP: 106/72 Chest: B/C clear. WC: GS₂ (+) CNS: E₄ VT M_L. Pupils: 2+ 2+.	<u>Plan:-</u> ① Cont ventilation. ② Cont levix infusion 0.3 mg/kg/hr ③ Stat doc Metolzone at 4pm. ④ Send ^{ABG} CBP, INR at 6pm. ⑤ Send S. electrolyte, Ca, Mg, PO₄ at 4pm. ^{ABG} at 6pm. ⑥ RPI, INR, my ^{ABG} at 6am & 4pm. ⑦ Diclofenac. @ 30ml/hr. ⑧ ORS 20ml q 2hrly. ⑨ Cont antibiotics ⑩ Input - output monitoring. ⑪ Cont methylpred BD. ⑫ Neuroprotection. ONSD q 6hr. TCD BD. ⑬ Cont dexmedetomidine. ⑭ Cont Potphos correction. ⑮ ABG at 8pm.
		N.B. mamun 7/7/26 4pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/7/26 8:50 PM	C/S/B Dr Sandeep.	
	ASIS:- ETBA /s/p OLT	
	Adhesive intestinal obstruction	
	S/p lapotomy adhesiolysis	
	POD-5	plan.
	Sepsis/MODS	1. stop 3% NS
	on pc ventilation.	2. Give K ⁺ correction
	FiO ₂ -40% PEEP-5	maintain K ⁺ > 4
	RR-30 PIP-16.	3. Change tpn diclofenac 44
		rate to 25 ml/hr
		4. Target 150 to 200 ml
		negative balance
		5. once patient negative by
		110 ml Change laxative to
		0.2mg/kg/hr.
		Noted by [Signature]
		05-07 @ 9:00 PM
		Dr. Nathan

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 2/7/2026 Day of Admission : (7) Today's Date & Time : 8/7/2026

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

OVERVIEW	Diagnosis : <u>EHBA / sepsis / sp OCT</u> <u>Adhesive intestinal obstruction</u> <u>sp Adhesions / sepsis / MODS.</u>	Current Issues : <u>① Encephalopathy</u> <u>② Neutropenia / thrombocytopenia</u> <u>③ Non-oliguric AKI</u> <u>④ 2 free spikes</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>BALLOON : No added sounds</u>	
	CXR :	
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details :	
	<u>PC Mode, FiO₂ - 40%, 10/5 cm H₂O / PEEP - 30/0 mmHg</u> Ventilatory Settings : Leak around ETT : Delivered Vt : <u>120 ml</u> ABG : <u>7.52 / pO₂ - 27 / pO₂ - 154</u> EtCO ₂ : P/F ratio : <u>385</u> O.I. : <u>2.07</u> 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.) : <u>HR - 98/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>110/60 mmHg</u> CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
Size of the heart and lung fields in latest CXR :		
Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>DAY 7</u>		
Central line in situ : ☒ Yes ☐ No Place of central line & its condition : <u>DAY 7</u>		
Day of arterial line : Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : <u>off Sedation</u>	
	Pupils : <u>2+</u> <u>2+</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☐ PO feeds ☐ NG Feeds ☒ NJ Feeds ☐ GT Feeds I / O / Balance : <u>372 ml</u> / (+/-) Input : ml/k/d UO : <u>40</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>0.9% NaCl</u> @ <u>3</u> ml / hr (times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Plan (G.I. & Liver) :	
	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>6RS - 290ml</u> Cultures Sent ? ☐ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : <u>0.15mg/kg/hour</u> Catheterized : ☐ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>8.5 / 2190 / 33,000</u> Any Coagulopathy : <u>INR 2.1</u> 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) : Dr. Vika

Signature : [Signature]

Date & Time : 8/5/2020 @ 8:00 AM

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

Signature : [Signature]

Date & Time : 8/5/20, 2020



FC-1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 8am	<u>NUTRITION REVIEW</u>	Drain = 12ml STOOL PASSED = 1/Bristol-5
	PBW: 14 kg (10th Centile)	Hb: 8.5 WBC: 2190
	REE: 812.8 kcal/d	PLT: 33000 Na: 140
	Fluids: 1200 ml/d	K: 2.8 Cl: 106 U: 117
		C: 1.1 SGPT: 848
		SGOT: 121 Alb: 3.1
TPN:	Oliclinomel N4 550 g (Baxter) Bag checked	1000 ml Bag with
	750 m Osm/L, without lipid	
	Current Rate flow = 25 ml/hr ;	Recall vol = 490 ml/d
	<u>MACROS (RECALL)</u>	
	Oliclinomel N4	Recall vol TPN 490 ml/d
	Cal: 430 (without lipid)	per kg/d
	Prot: 22	15
	Carbs: 80	10.7
	Na: 21	0.76
	K: 16	2.8 RDA
	Ca: 2	0.72 (2-5)
	Mg: 2.2	0.56 (2-4)
	Pb: 8.5 (with lipid)	0.07 (0.5-1)
	Cl: 33	0.07 (0.125-0.25)
		0.29 (0.5-1)
		1.15 (2-6)
		Present Rate of flow: 25 ml/hr
		ORS 20 ml / 2nd hourly.
		Child is on NPO

Dietitian
Maurice

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 10 AM	S/B Gastro Team S/B Dr. Prashant B No Biliary Atresia S/P OLT (2024) with small bowel obstruction S/P Emp. laparotomy & adhesiolysis (POD:6) with sepsis/septic shock	Plan: 1) Stop Dexmed. 2) Keep NPO 3) Plan intubation today. 1 dose of Naloxone to be given. 4) Stop lasix infusion 5) Strict I/O charting 6) Send PCT, Blood Cys. 7) Antibiotics/Antifungals Ceftazidime - Aribactam D6 Aztreonam D6 Poly-B D7 Teicoplanin D7 C-Ampho D7.
	<u>Issues:</u> • fever spikes • MODS. • Hypokalemia, Alkalosis	8) partial parenteral nutrition: N/A OLICINOMEL (without lipid): 30ml/hr
→	on SIMV + PS FiO2: 40% PEEP: 5 PIP: 13 Rate: 25	9) Monitor S. Electrolytes TID.
→	pupils: 2+ RTL chest: clear P/A: soft Pedal edema ⊕.	
→	HR: 103/min SpO2: 100% BP: 114/63 mmHg.	
→	I/O: = 372 ml U/O:	

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

M.B. menu
8/7/26
10 AM

Family
Centre



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

...GRESS NOTES AND DOCTOR'S ORDER

~~2/07/26~~
10 AM

Counselling Notes. (Dr. Prachant)

Child hemodynamically improving in last 24 hr. Child is breathing by itself, sensorium has mildly improved, we are giving Naloxone to reverse the sedation effect, there was improvement in sensorium. We will see till afternoon, and plan to remove from ventilator. Child passed stool, urine output is good. Blood pressure is holding good. Platelet mildly improved, INR is holding, no worsening, LFT are in improving trend. We will plan to remove ventilator according to condition in afternoon. He is coughing, moving eyes, moving limbs. Basic CNS function is preserved. Once the sedation is removed from body his sensorium will improve.

Z. Alareh

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/7/2020 12:20 PM	C/S/B Dr. Saneleep EHLBA / Sp OLT / Sepsis Septic shock	Plan Continue CPAP today In the Night CPAP - 2 hour SIMU-RT - 10/min - 2 hour
	on CPAP P _s - 3 cm g + 20 PEEP - 5 P _i - 40-1.	(2) N/F Hypertension
	Hemodynamic stable	(3) off sedation to continue MRI appointment T/night 200 PM
	CNS - eye opening (1) - intubated lung movements (1)	(4) 50% feeds - 600g 50% TPN - 200g/hr
	HR - 98/min SpO ₂ - 100% BP - 116/74 (98) PR - 16/min	(5) 100% maintenance (6) N/F fever spikes (7) Spig Abdominal exam find for culture. (8) Trace in tubes. (9) CBP, Selectable (10) Add oral calcium. (11) N/F withdrawal symptoms.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/20 4pm	U/S/B Dr. Sandeep	Plan
	As- EUBA / S/p OLT / adhesive intestinal obstruction / Sepsis / Septic shock / Tumor	1) CPAP/PS mode during day time ↓ CPAP/PS - 2 hrs SIMV rate - 10/min - 2hr.
	on minimal ventilation:- CPAP/PS mode:- FiO ₂ - 40%, PEEP-5, PS-3 SpO ₂ - 100% RR - 19/min ETCO ₂ - 35 Hemodynamically stable HR - 91/min BP - 123/67 mmHg. CVP - 14	2) MPI dot for tomorrow afternoon. 3) plan extubation tomorrow morning 4) NPO from 4am. tomorrow morning. 5) TPN @ 35 ml/hr. from 4am tomorrow morning
	feeds - 480 ml IVF - 480 ml Drugs - 200 ml Infusion - 48 ml 1200 ml 4100% m).	6) keep off sedation 7) w/f hypertension 8) CBP, & electrolytes, } 6pm PT/INR. 9) CBP, & el- ✓ RP-1, PT/INR, Mg ⁺ - 4m 10) Trace CUE, cl- 11) monitor urine output 12) w/f fever spike, S/O withdrawal. 13) w/f abdominal distension

14) Start Naloxone Infusion
from 6AM till 1m

Dr. Prashant Bachina
Signature
Date 8/7/20
Time 4pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/7/26 4:15 pm	S/B gastro team	Plan:
	- had low grade fever till 12pm	① Continue CPAP-PS
	- off sedation: eye blinking ⊕, minimal limb movements ⊕, cough during ET suction	② To plan for MRI brain 1m
	- i/o: - 600ml	③ NG feeds with replemin Jr 75ml @ 3H
	- v/o: ↑ 7.89 cc/kg/hr	④ OUCLINOMEL N455DE - 25ml/hr (without lipid)
	Polymnia till 3pm	⑤ watch for abdominal distension
	3pm - 4pm: 15 ⁵⁰ ml urine	⑥ Continue drugs as per chart.
	- passed stool twice	⑦ GRBS - 0.6H
	O/E: on CPAP/PS mode	S. Electrolytes TID.
	FiO ₂ : 40% PEEP: 5	
	PS: 3	
	HR: 94/min	
	SpO ₂ : 100%	
	BP: 125/70 mmHg.	

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

N.B. mamun
8/7/26
4:15 pm

Dr. Hema

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

BAH-00447650
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 5 D (M)
Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



Date & Time	Progress Notes	Doctor's Order
9/7/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10th Centile)	STOOL PASSED = 3 Bristol-5
	REE: 812.8 kcal/d	Hb: 8.1 WBC: 5.46 Plt: 42
	Fluids: 1200 ml/d	Na: 143 K: 3.3 Cl: 109
		Amy: 37 U: 140 C: 0.7
		SGPT: 567 SGOT: 95 Alb: 3.1
<u>TPN:</u>	Olichinamel N4 550E (Baxter)	EN: NG feeds
	Bag checked 1000 ml Bag with	Peptamen junior
	750 m Osm/L, without lipid	C1: 35 ml dilution
	Current Rate flow = 35 ml/hr	75 ml @ 3rd haly
	Recall vol = 655 ml/d	Recall vol = 300 ml/d
	<u>MACROS (RECALL)</u>	
	Olichinamel N4	TPN Recall
	Cal: 430 (without lipid)	655 ml/d
	Pot: 22	8 scoops/d
	Carbs: 80	Total
	fat: 0	per kg/d
	Na: 21	
	K: 16	
	Ca: 2	
	Mg: 2.2	
	Ph: 8.5 (with lipid)	
	Cl: 33	
		Present Rate flow = TPN - 35 ml/hr
		EN - 75 ml/3rd haly

Dietitian
Maurice

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 1/7/26 Day of Admission : day 9 Today's Date & Time : 9/7/26, 8am
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>EHBA / s/p OLT / adhesive</u> <u>intestinal obstruction / s/p</u> <u>adhesiolysis / sepsis / MODS / TAMP</u>		Current Issues : <u>Non-obligate ARF</u> <u>anemia, thrombocytopenia</u> <u>coagulopathy - improump</u>	
	VITAL SIGNS Today's Wt. (kg) : <u>14 kg</u> Temp.:		Blood sugar issues : <u>Encephalopathy</u> <u>hypokalemia</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>RAT ⊕ deal</u>			
	CXR :			
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min			
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : <u>day 7</u> Nitric Oxide : ☐ Yes ☒ No - If Yes, details : <u>CPAP/PS :- PEEP - 40%, PEEP - 5, PEEP - 3</u>			
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : EtCO ₂ : <u>35</u> P/F ratio : <u>430</u> O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :			
STEM CARDIO VASCULAR	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR - 92/min</u>			
	Quality of Pulses : <u>good vol, regular</u> cap refill Time : <u>2s</u> Liver Edge : cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : <u>120/80 mmHg</u> CVP :			
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min ☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min ☐ Milrinone mcg / kg / min <u>amlodipine, prazosin</u>			
	Any Other Infusions : Last 2D Echo Findings : <u>2 stat done given</u> Size of the heart and lung fields in latest CXR : Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>left radial A.</u> Central line in situ : ☒ Yes ☐ No Place of central line & its condition : <u>Rt. IJV</u> Day of arterial line : <u>day 8</u> Day of Central line : <u>day 8</u> Plan of Care :			
CNS	Neuro Exam : <u>ETV M2, cough ⊕</u> <u>2x levipil</u>			
	Pupils : <u>B/L 3mm, reacting to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No			
	Types of Sedation : Types of Paralysis :			
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :			

FLUIDS STATUS NUTRITION AND G.I.	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>-392</u> / (+/-) Input : ml/k/d UO : <u>5.5</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>peptamen fr</u> Feed Schedule : <u>75 ml/Q3H</u> IV Fluids - Type of IVF : @ ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : <u>oludinomel N4550 E without lipid @35ml/m</u> % of Dext, Glu Inf Rate (mg/kg/min) <u>1.6</u> Amino Acids (gm/kg/day) Lipids (gm/kg/day) <u>41</u> Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>143</u> K <u>3.3</u> Cl <u>109</u> Ca <u>9.1</u> Mg <u>2.8</u> P <u>3.7</u> HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) : <u>brain - 42 ml.</u> TPN - 600 ml feeds - 600 ml Dext - 200 ml Amino - 48 ml ----- 1448 ml (120% m)	
	INFECTION ☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>2i. poly-B Dg</u> Cultures Sent ? ☐ Yes ☐ No - If yes, details : <u>2i. Teicoplanin Dg</u> Describe c/s Reports : <u>2i. L-Ampho-B Dg</u> Other Labs (Latex, Serology, etc) : <u>2i. cet. avibactam</u> Ongoing Antibiotics : <u>2i. artemonam</u> } 7	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.7</u> Bld. Urea : <u>140</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : <u>day 8</u> Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : <u>8.1 / 5460 / 42000</u> Any Coagulopathy : <u>PT-24, INR-1.8, aPTT-46</u> Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? ☒ Yes ☐ No ☒ NA CRBSI Bundle Used ? : ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? : ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☒ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : <u>40.</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :	
	FINAL COMMENTS <u>→ manual count & peripheral smear</u> <u>→ trace c/s reports</u> <u>→ to decide about MRI brain</u>	

Doctor's Name (Handover given) : Dr. Pradyumn
 Signature : [Signature]
 Date & Time : 9/1/22, 8am

Doctor's Name (Handover taken) : Matew
 Signature : [Signature]
 Date & Time : 9/1/22 @ 8am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/20 10:00am	S/B Gastro team	Plan:
	U/O Biliary atresia - S/P OLT now with small bowel obstruction	1) Plan MRI brain 2) Neuroprotective measures.
	S/P Exp. laparotomy + Adhesiolysis (POD: 7) with sepsis / septic shock.	3) start sedation 4) Keep NPO.
	• no fever spikes • minimal oral bleed • U/O: 5.5 cc/kg/hr • I/O: - 392 ml • passed stool • Drains: 42 ml	5) Tissue cultures today 6) continue medications as per chart.
	O/E: on CRAP- PS FiO ₂ : 40% PEEP: 5 PS: 3 HR: 108/min SpO ₂ : 100% BP: 128/78 mmHg. (>95 th centile) RR: 14/min	7) watch for any bleeding from ET, NG, oral bleed 8) continue PPN 9) Remove HD line after MRI
	pupils: (R) 2+ RTL (L) 3+ RTL downward gaze (L) Decerebrate posturing (L). Cough (L). Pedal Edema (L) (R > L)	10) Doppler (R) leg 11) Post MRI - start full feeds.

N.B. Mammogram
9/7/20
10:10

DR. PRASHANT BACHINA
Registration No: 11816



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/7/2020 12:45 pm	c/s/B D: 8 p OUT Adhe 8 m gm Sepsis / Septic shock / MODS	Dr. Sandeep Plan
	Issues (1) Thrombocytopenia (2) Cerephalopathy (3) Non-oligemic ARJ child on CPAP/PS RO2 - 90+ PEEP - 5 Pc - 3	(1) continue Antibiotics Trace culture (2) sos Amlodipine. (3) MRI Brain today (4) Keep cuff deflated (5) Full feeds after MRI (6) Powers to do
	Hemodynamic stable HR - 98/min RR - 16/min BP - 116/68 SpO2 - 99+ WtS - 5.52 @ m EtCO2 - 33	(7) If NC is not coarcted then allow passive Balance (8) Based on MRI Report Plan to remove central and Hb line (9) Target Tc above 9

Noted by
Sandeep



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/08/20 @ 3:30pm	S/B Dr. Monish (new fellow) Asymptomatic / TAPOFF Biliary atresia - spout / Adhesions intestinal obstruction - sp adhesions	
	Undersuit mgs and shifted back. Chest xray extraconium and 1 tiny midclavicular.	Adv ① Remove HD catheter ② Get mgs film and reports
	On PS / CRAP. for 40% POOP-S PS 3. HR 102/min PR 15/min. SAW 35-30. BP 119/75 (94)	③ Restart feeds at 75ml 30% hydro and 100ml 80% APN - discuss regularly evaluation of feeds. ④ continue ventilation
	Chest BlA00 End mgs RA Syst B0 cm. Blue pupils End and PR	⑤ Neurology review of mgs ⑥ Tm cultures ⑦ Start NAE @ 1ml/hr ⑧ Restart Demed. Hval.

nib mnd
17/28
8:30 pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/07/26 4PM	C/S/B - Gastro Team S/P - OLT - Adhesive intestinal obstruction S/P - Adhesiolysis Sepsis / mod / TAmof No fever. U/O = ~ 3.5ml/kg/hr. Drain - 15ml, serous I/O = - 30ml Packed blood O/E - On CPAP/PE ventilation. PIP = 9, PEEP = 5 RR = 16/min. BP = 128/78. HR = 108/min Chest - clear P/A - soft. CNS - B/L purple RL E2 M3 VT	Plan 1) Drugs as per chart 2) duvet MRI E Neurology 3) Neuroprotective measure 4) Trace culture 5) R/V. NAC - continue 6) NG feeds - 100% = 150ml/3rd help 7) Stop PPN. 8) Monitor sensorium & vitals 9) RPI, INR, Mg. T/m morning N.B memo 2/7/26 upro
	Dr. Alisha Bhatia	Dr. [Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/09/20.	POOP TITRATION	✓ Smelly
POOP	MP PRAS DP	CD HR Spd Bms BP
54	15 12 7	18 148 1007 39 1137
7	17 14 7	17 146 1007 39 118
9	19 16 7	17 148 1007 39 1137
	OPTIMAL POOP IS	

BAH-00447650 IP5-00175792
Master DHRUV YEMULA (M)
03-08-2020 5 Y 11 M 6 D
Dr. Prashant Bachina

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 01/07/20 Day of Admission : 10 Today's Date & Time : 10/07/20 7:30a
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 7+

OVERVIEW	Diagnosis : KIDNEY / CIPD / Adhesive Intestinal obstruction / Adhesions / Sepsis / Monitor TAMOR		Current Issues : 1) Encephalopathy, 2) Non-oliguric AKI, 3) Thrombocytopenia, 4) Hypokalemia	
	VITAL SIGNS		Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : AETBS @ 6L conducted found @.			
	CXR : 99% on 35% FiO2			
	SPO ₂ : 99% on 35% FiO2 O ₂ by NC / FM / NRB mask / Oxyhood, at L/min			
	Ventilatory Support : ☒ Yes ☐ No - Day # of Vent : 8 Nitric Oxide : ☐ Yes ☒ No - If Yes, details :			
	CPAP/NC - FiO2 - 25%, PEEP - 5 cmH2O, PS - 2			
	Ventilatory Settings : Leak around ETT : Delivered Vt :			
	ABG : EtCO ₂ : 38 P/F ratio : O.I. :			
	Chest Physiotherapy Plan : Suctioning Needs : 1.5cc highest but thick secretion			
	Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details :			
	Plan of care : -> continue weaning protocol -> ext today & plan extubation.			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : NO murmur			
	Quality of Pulses : well felt cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : 116/70 mmHg 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 : NAC infusion.			
	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 : (L) radial removed yesterday			
CNS	Central line in situ : ☐ Yes ☒ No Place of central line & its condition : (S) Day of Central line :			
	Day of arterial line : Plan of Care : -> ct same			
	Neuro Exam : off sedation : yesterday night			
	GCS : E4 V4 M2			
	Pupils : bil 3mm RLL Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No			
Types of Sedation : Types of Paralysis : MHI brain : No Cytotoxic Edema				
Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : -> keep GCS monitoring, -> 8LV pulse MP				
Ramsay Sedation Score :				

Feeds @ 150ml/3hours. SeptamerTr

FLUIDS STATUS NUTRITION AND G.I	☒ NPO 6:00am ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I/O / Balance : <u>-109</u> / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>25</u> ml/hr (<u>504</u> times maintenance) TPN : ☐ Yes ☒ No - If yes, details : <u>Stopped PPN Yesterday</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 <u>142</u> K <u>2.9</u> Cl <u>109</u> Ca <u>9.1</u> Mg <u>2.1</u> P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : <u>improving</u> Abd Exam : Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Plan (G.I. & Liver) : <u>→ Introduce feeds after extubation</u> <u>→ stop IV fluids</u>	<u>Feeds @ 150ml/3hours</u> <u>NAC @ 1ml/hour</u> <u>ABG @ 1ml/hour</u> <u>correction @ 100ml</u> <u>1350ml @ 1124</u>
	☒ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>Day 9 Ceftriaxone</u> Cultures Sent ? ☒ Yes ☐ No - If yes, details : <u>U/C: sterile</u> Describe c/s Reports : <u>✓ Blood</u> Other Labs (Latex, Serology, etc) : <u>✓ Peritoneal fluid</u> awaited. Ongoing Antibiotics : <u>✓ Min DAC</u>	<u>Arbocan</u> <u>Wly B.</u> <u>Reco plan</u> <u>LABS</u>
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : <u>Day 10</u> Relevant Radiology (USC, MCUG radioisotope scan etc) : <u>USG abdo: Normal</u> Plan of Care : <u>USG (R) 4L doppler: SC Edema</u>	
	Relevant Labs (CBP etc) : Any Coagulopathy : <u>PT 7.7s < 64.000</u> Relevant Transfusion History : <u>71u</u> Plan of Care : <u>22/11/21 u1</u> <u>PTWPT/ALT</u>	
CARE PROTOCOLS	VAP Bundle Used ? ☒ Yes ☐ No ☐ NA CRBSI Bundle Used ? ☒ Yes ☐ No ☐ NA CA - UTI Bundle Used ? ☒ Yes ☐ No ☐ NA Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details : Pending Lab Results : ☐ Yes ☐ No If yes, then details : <u>① Culture</u> Pending Consultations : ☐ Yes ☐ No If yes, then details :	
FINAL COMMENTS	<u>1) Plan Extubation today</u> <u>2) Start feeds after Extubation.</u> <u>3) 2LV remove abdominal drain</u>	

Doctor's Name (Handover given) : Dr. Vamshi
 Signature : [Signature]
 Date & Time : 10/12/21
9:20am

Doctor's Name (Handover taken) : Dr. Prabhu
 Signature : [Signature]
 Date & Time : 10/12/21
9:20am



FC-1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/9/20	<u>NUTRITION REVIEW</u>	
8am		STOOL PASSED = 4 Bristol = 5
	PBW : 14 kg (10 th centile)	HB: 8, WBE: 7780, PLT: 64000
	REE : 812.8 kcal/d	Na: 142, K: 2.9, Cl: 109
	fluids : 1200ml/d	U: 136, Cr: 0.5, SGPT: 425
		SGOT: 106, Alb: 3.1, Amy: 40
TPN:	Oliclinomel N4 55DE [Baxter]	EN: NG feeds
	Bag checked 1000ml Bag with	peptamen junior
	750m Osm/L, without lipid	(1:35ml) dilution
	Recall vol = 210 ml/d	150 ml @ 3rd haly
		Recall vol = 625ml/d
	<u>MACROS (RECALL)</u>	
	Oliclinomel N4 (without lipid)	EN Recall
	cal : 430	18 scoops/d
	Prt : 22	657
	carbs : 80	18
	fat : 0	91.8
	Na : 21	108.6
	K : 16	23.4
	Ca : 2	21.3
	Mg : 2.2	22.98
	ph : 8.5 (with lipid)	32.82
	Cl : 33	2.34
		0.45 (0.25-0.5)
		1.67 (0.5-1)
		1.45 (2.6)
		Present feed : Child is on NPO

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/1/26 9 AM	C/S/B <u>maxim</u>	
		<u>Atten</u>
	<u>Fenta 67</u>	Taper Metax Prod to 1mg/kg/day
	<u>Drain - 3m 67</u>	Remove Drain
	40 - Adenoc	RA colobys
	colony fecy	Oral NA feed as followed
	ur ↓	HGH Protein
		Lowb Physiotherapy
		Trace C/S rem
		Send Est culture
		Neurology reval
		to decide on need for Tracheostomy
		<u>Dr. Prashant Bachina</u> C/S rem

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/3/20	S/B Gastro team	Plan:
10:30 AM	S/B Dr. Prashant-B	1) To decide about
	90 Biliary Atresia	entubation - hold
	S/P OLT	2) Currently NPO
	now with intestinal	3) strict 2/3 charting
	obstruction	4) GRASS - Q6H
	S/P Exp laparotomy / adhesiolysis	5) Monitor GRASS
	POD: 8. Sepsis / septic shock	S. Electrolytes TID
	MODS / TAMOF	6) Remove abdominal
		drains today.
	Issues:	7) Review about
	① fever spikes	antibiotics:
	② Encephalopathy	Ceftazidime - 2x daily
	③ Non oliguric AKI	Amikacin
	④ Hypokalemia.	✓ Poly-B - D10 - stop
		Teicoplanin - D10
	on CPAP-PS	✓ L-Ampho B - D10 - stop
	Fio ₂ : 35%	→ Pulse if
	PEEP: 5 PS: 3	8) steroid: cultures are
	HR: 127/min	sterile.
	SpO ₂ : 100%	9) NAC infusion:
	BP: 125/75 mmHg	stop.
	RR: 23/min	10) send PCT today
	pupils: B/L 3+ RTL	blood gas.
	chest: clear	11) feeds: 150 ml
	I/A: rope	3rd hourly
	Hema u/o: 4 cc/kg/hr	12) stop antihypertensives

DR. PRASHANT BACHINA
Registration No: 11818

Dr. Hema

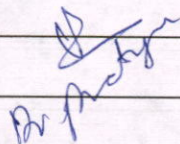
Noted by Shanta

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
10/7/20 11 am	cl/b Dr. Kapil	<u>Plan</u>
	ds:- EHRB / s/p out / s/p laparotomy + adhesiolysis for adhesive intestinal obstruction POD-8 / sepsis / septic shock / MODS Issues:- 1) encephalopathy E_aV_TM₂ pupils - Bil 3mm, reacting to light. on minimal ventilation hemodynamically stable fewer spikes (+)	1) Send PCT, blood cl. 2) <i>[Signature]</i>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/12/26 11am	Bedside counseling notes	- Dr. Kapil
	Patient's attendants have been counseled about the condition of the child i.e.,	
	→ child is currently stable on minimal ventilation support.	
	→ liver & kidney injury have improved.	
	→ MRI of brain shows swelling in brain, for which IVIg, was already given.	
	→ we will decide about high dose steroids based on his clinical condition.	
	→ we will try to take him off ventilator support tomorrow, but he has high risk of requiring re-intubation, in which case we will do tracheostomy.	
	 Dr. Kapil	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/7/20	cls/B Dr. Sandeep	<u>Plan</u>
12:30pm	Issue 2- i) encephalopathy ii) fever spikes ? 2° to sedation withdrawal PCT ↓ to 2 platelets - improving on minimal ventilation hypertension (+).	i) NG feeds 180ml/Q3H 2) regular dose amlodipine. 3) trace ferritin 4) continue ventilation today 5) trace blood ds, urine ds, MiniBAC ds. Noted by Shanta 10/7/20 Dr. Prashant
12:45PM	4D/W - Dr. Satya Prasad.	<u>Plan</u>
		1) To add T.Amlodipine 2mg 1/2 tablet / BD. 2) To send CUE - for RBC spot urine electrolyte's Noted by Shanta
		Dr. Prashant

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/17/2020 3:30 PM	CHS Dr Sandeep Di- EHBA / s/p OLT (2 years Back) Plan Adhesions intestinal obstruction s/p Adhesiolysis / sepsis Septic shock / MODS Issues ① Encephalopathy ② Day 10 of Ventilation ③ Neutropenia / Thrombocytopenia - Improving ④ AKI - Improving ⑤ HTN ⑥ Transaminitis / Coagulopathy - Improving ⑦ Fever spikes On CPAP-Ps FiO_2 - 35% PEEP - 5 cm of H_2O Ps - 2 cm of H_2O Generating $\dot{V}_T$ → 160 ml Rate → 20/min. Hemodynamically stable HTN (Currently on Amlodipine)	① Continue Ventilation Continue CPAP-Ps ② w/f Hypertension So as to Add propranolol ③ SIMV Rate of 10 in the Night ④ Continue NG feeds 180 ml 3rd hourly ⑤ Electrolytes stat hourly CRBS → stat hourly ⑥ Target iso - 200 mEq Monitor Bulame to accept ⑦ Trace cultures ⑧ w/f fever spikes

Noted by Shanti



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Neurology</u> - Spontaneous Non Meaningful eye opening (+) Not tracking - spontaneous Breathing, cough (+) - No Active Limb movements Pupils - B/L 2mm and Reacting to light Tolerating feeds well VO - Adequate HR - 70/min SpO₂ - 100% RR - 20/min BP - 122/70 mmHg <u>Line</u> (5) NG cannula (1) Arterial line (+)	(1) position change 2nd hourly - Air Bed to keep inflated (10) Electrolytes 10.00pm (11) methylpred 5mg/kg BD (12) eye care, and can do do. (13) keep ready for extubation tomorrow (14) NPO from Morning (15) 900AM tomorrow Dr. Prashant Bachina Noted by <u>Shruti</u>



FC-1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/1/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10 th Centile)	STOOL PASSED = 2 Bristol = 5
	REE: 812.8 Kcal/d	Hb: 7.5, WBC: 5070, Plt: 62000
	fluids: 1200 ml/d	Na: 145; K: 3.1, Cl: 110
		U: 133, Cr: 0.6, SGPT: 346
		SGOT: 117, Alb: 3, Amy: 38
	NG feeds	
	Peptamen junior	
	(1:3.5ml) dilution	
	180ml @ 3 rd hourly.	Recall volume = 910ml/d
	22 Scoops for REE	26 Scoops for Recall
	vol = 770 ml/d for REE	
	100ml @ 3 rd hourly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	cal: 803; 57.3 Kcal/kg/d	cal: 949; 67.7 Kcal/kg/d
	Prot: 22; 1.57 g/kg/d	Prot: 26; 1.85 g/kg/d
	carbs: 112.2; 8.01 g/kg/d	Carbs: 132.6; 9.47 g/kg/d
	fat: 28.6; 2 g/kg/d	fat: 33.8; 2.41 g/kg/d
		<u>Present feed</u> : 100ml child is on NPO

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/26 10:30 AM	C/S/B - Galin Team (Dr. Alina)	
	EHBA / EP-DLT (2x back)	Plan
	Adhesive intubation obstruction	
	EP Adhesiolysis / sepsis / septic shock / MODL	1x Plan extubation trial
	POD-9	2x Reptamin junior - NG feeds - 100% - 150 ml / 3rd hly , after NPO .
	Issue:-	3x Continue NPO . + IV fluids
	1x Encephalopathy	4x Position change - 2nd hly
	2x Day 10 of Ventilation	5x IV Methyl Prednisolone - 5mg/kg/dose BD - (D ₂)
	3x Anemia, Hemobocytopenia	6x Antimicrobials - same .
	4x AKI - improving	Cytosidine avibactam - D ₉₀
	5x HTN	Aztreonam - D ₉₀
	6x Transaminase	Teicoplanin - D ₁₀₀
	7x fever spikes	Fluconazole - D ₂
	On CPAP P _L .	
	FiO ₂ = 35 , PEEP = 5 .	
	P _L = 0 , RE = 17 / min .	
	BP = 112/65 mmHg .	
	Hemodynamically stable .	
	Chest - clear .	8x strict I/O charting
	P/A - soft .	9x GRBS - 8th hly .
	CNS - Bp 8mm R1, E ₂ M ₃ VT	10x Antihypertensive to continue
	cough (+)	
	Paired - 2 episode, resolved	11x Trous B/C/S - sent on 10/07/26
	Drain = 25ml	12x foley's - change foley .
	U/O = 3.5ml/kg/hr, I/O + 200ml	12x furosemide 10mg for 1/4 @

Family
centre
Dheuv

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]

Date & Time	Progress Notes	Doctor's Order
07/2026 WOM	S/B Dr Kapil Ays. Sepis / WORS / TAMOFF post liver transplant - ENCA.	Adv ① Get splints now. for limbs
	On Mechanical ventilation for 35% POORS Hemodynamically stable	② Latent Nursing
	Chest X-ray Equal	③ keep CRAP ready
	MA RA Spl BSO SM. Blue Purple Equal & R2	④ Total of exhibition today
		⑤ Position change
		⑥ count potassium
		Noted by Shanty
		Shanty

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/2026 12:20pm	S/B Dr. Sandeep Reddy on CPAP 10% FiO ₂ PEEP-5 P _A -0 - NPO IVF- 25ml/hr. On going Inj. ceftriaxone- avibactam astromam Ticoplanin Inj. Fluconazole	PLAN 1) Extubation now 2) keep thys for re intubation ready 3) Inform sos 4) Keep NIV mask ready
11/07/2026 4pm	Extubation notes After Spontaneous breathing trial for 2 hours, child was extubated after informing parents. post extubation pulse was started on face mask oxygen.	plan: 1) ABG after 1 hour 2:30pm 2) chest xray @ 5:30pm 3) w/f shider 4) NIV sos. 5) Inform sos
		Noted by Shanty



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/04/2020 4:00pm	else/b PICU Fellow	
	Δ EHBA S/P OLT	Plan:
	Intestinal obstruction S/p	1) Continue Potassium Correction
	Adhesiolysis.	2) Chest Xray @ 5:30pm
	Sepsis - TAMOF-DIC	3) feeds decision after chest Xray
	Sepsis shock.	4) monitor vitals
	Extubated @ 1:30 pm	5) w/f Distress & Stridor
	O/E	6) chao / trace Blood Cts.
	on N.Cannula 2L/min O ₂	7) Send 3. electrolytes @ 10pm
	Chest-clear, No stridor	8) RP-1, INR, Mg. per ^{Now as per} ^{if possible}
	Tachypnea ⊖.	tomorrow morning
	Hemodynamically stable	9) lateral position nursing & oral suctioning as required
	on Amitriptyline 1/2 Tab BD	10) w/f distress, stridor, pooling of secretions
	Feeds & Fluids	11) remove Foley's catheter & monitor tomorrow
	25ml/hr - DNS + KCl.	& monitor diaper weight.
	Npm	12) 24. methylprednisolone 1mg/kg/dose BD
	ET Cts	13) add clonidine ^{or predn}
	Drain Cts	14) NG feeds
	sterile till now	+ 50ml / Q3H → IVF - 15 ml/hr
		+ ↓
		150 ml / Q3H → stop IV fluids.
		Noted by



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/07/26 5PM	C/E/B - Gastro Team	
	HP Adhesiolysis POD-10	Plan
	sepsis / septic shock / MODS	Drugs as per chart
		2x CXR - @ 5:30PM
	Extubated @ 1:30PM	↓ To plan on extubation feeds accordingly.
	O/E: On low flow @ 2 L/min ETM 34 Vo	
	HR = 86/min RR = 22/min SpO ₂ = 100% Chest - clear P/A - soft; B (+) pupils - B/L N/R/L	BT Trace B/L/C R/v about PET now - L send. Monitor BP, antihypertensive to increase E Nephrologist consultation
	Tone (N) / (N) ↑↑ / ↑↑ [Gracile movement / Tendocutaneous]	Trace B/L/C report
	Fever spikes - 8AM - 100.5 11AM - 100.4 8PM - 100.3	RP, / INR / Mg - T/m.
	BP = 120/70 mmHg	Noted by [Signature] Shantanu
	fresh blood @ teeth & saliva (stopped) ↓ 8 oxygen flow back	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Docu. No. : RCHBH /FRM / CLINICAL / 088

Date & Time	Progress Notes	Doctor's Order
12/7/20 10:15 AM	<u>Counselling notes</u> (Dr. Poushya). He is having continuous fever spikes, hypertension (high BP) and abnormal movements called dystonia - this could be due to withdrawal from sedation or either a syndrome called PAID syndrome. PAID syndrome can be secondary to brain injury. We have asked neurology team to see him today. For fever we have done infective work up, so far it is negative. We are continuing all necessary medication. His sodium and chloride are high, which we will try to correct by titrating his fluids.	
	P. Natch Father	Dr. Hema

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/26 10 am	C/S/B - Gastro Team EHBA s/p OLT (24/05/20) Adhesions s/p Adhesiolysis Leptu/MODI/TAMOF 9 IPAD Syndrome.	<u>Plan</u> 1x O ₂ & Nasal pump to continue 2x Monitor sensorium/pupils. 3x Feeds - Peptamin Fe. 180ml/3rdly
	Issue: - 1x Continuous non-remitting fever. 2x dystonia. 3x HTN. 4x Hypochloremia. 5x Hypocapnia. 6x Stridor.	4x Electrolyte - evening TID. 5x Methyl prednisolone 15mg BD. 6x Trace B/C/S - sent on 11/07/26. 7x Neurology consultation - in v/o dystonia/autonomic changes
	O/E - on low flow O ₂ @ 2l/min FEBRILE / E ₄ M ₃ V ₁ pupils - 3mm RL B/L. Chest - occ. wheeze, crep (+), Stridor (+); MOD.	8x R/v. Propranolol @ clonidine. 9x monitor BP - antihypertensive to optimize.
	P/A - soft, BS (+).	
	BP = 95th + 6-10 mmHg U/O = 3.3ml/kg/hr. Drain = Nil I/O = +138ml	Reflex Dr. M. Naga Venkata Poushya Sai Registration No: TSMC/FMR/34701

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/2/20 1pm		C/S / B Dr Sandeep
	Δ: EXTRA/post OLT/ Adhesive intestinal obstruction / Adhesions / Sepsis / TAMOR / MODS	Plan ① Water for polyuria. ② Cont low flow oxygen.
		✓ ABG now, CPK now.
	Issue: PAID syndrome Encephalopathy Critical illness neuropathy & myopathy ITM. Fever Sticker intermittent Hypomagnesemic Hypochloremic.	③ S. electrolytes 7pm. ④ Cont feeds. ⑤ Cont antibiotics. ⑥ Less: CBP, PT/INR ⑦ RPI, PT/INR 4m.
		✓ N.B S.S.

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 11/7/26 Day of Admission : day 12 Today's Date & Time : 12/7/26, 8am

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

OVERVIEW	Diagnosis : EHBA spont adhesive intestinal obstruction s/p adhesiolysis sepsis MODS TAMOF		Current Issues : Paroxysmal sympathetic hyperactivity → Intermittent stridor, dystonia	
	VITAL SIGNS Today's Wt. (kg) : 14 kg Temp.:		Blood sugar issues : → fever spike	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE ⊕ clear → Hypernatremia, hyperchloremia			
	CXR :			
	SPO ₂ : 100% O ₂ by NC / FM / NRB mask / Oxyhood, at 2 L / min			
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details :			
	Ventilatory Settings : Leak around ETT : Delivered Vt :			
	ABG : EtCO ₂ : P/F ratio : O.I. :			
	Chest Physiotherapy Plan : Suctioning Needs :			
	Any Nebbs : ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care :			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 134/min, S1S2 ⊕			
	Quality of Pulses : good vol, regular cap refill Time : 2s Liver Edge : cm below Rt costal margin			
	Blood Pressures : NIBP : IBP : 128/69 CVP :			
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min			
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min			
	☐ Milrinone mcg / kg / min Amlodipine, clonidine, prazosin			
	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 : left radial A.			
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :				
Day of arterial line : Day of Central line :				
Plan of Care :				
CNS	Neuro Exam : Ey V2 M4 intermittent stridor a/w dystonia, tachycardia, hypertension			
	Pupils : 2+ 2+ Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No			
	Types of Sedation : Types of Paralysis :			
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : 2y-levipril			
	Plan of Care : Ramsay Sedation Score :			

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : 7 (+/-) Input : ml/k/d UO : ml/kg/hr Stools :	
	NG output : PO intake :	
	Feed Formula : peptamen Jr Feed Schedule : 150 ml / Q3H	
INFECTION	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	
NEPHROLOGY ISSUES	Labs : Na 152 K 4.2 Cl 123 Ca Mg P HCO3 Sr. Amylase Sr. Lipase	
	Latest LFT :	
	Abd Exam : soft	
	Any organomegaly ? ☐ Yes ☐ No - If yes, describe :	
HEMATOLOGY	Plan (G.I. & Liver) :	
	Sr. Creat : 0.6 Bld. Urea : 10.7 Other Relevant Labs :	
	P.D. ☐ Yes ☒ No - If yes, details :	
	Diuretics : ☐ Yes ☒ No - If yes, details :	
CARE PROTOCOLS	Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter :	
	Relevant Radiology (USC, MCUG radioisotope scan etc) :	
	Plan of Care :	
	Relevant Labs (CBP etc) :	
FINAL COMMENTS	Any Coagulopathy :	
	Relevant Transfusion History :	
	Plan of Care :	
	VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA	
CARE PROTOCOLS	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 :	
CARE PROTOCOLS	Pending Lab Results : ☐ Yes ☒ No	
	If yes, then details :	
	Pending Consultations : ☐ Yes ☒ No	
	If yes, then details :	
FINAL COMMENTS		

Date & Time	Progress Notes	Doctor's Order
	el/sb p/w team	
12/07/2026		
5pm	Δ EHBA S/P OLT 2 years ago Intestinal obstruction S/P adheridysis sepsis MONS - TAMOF 2 PAID syndrome central illness Neuropathy Dysrhythmia neuropathy O/E on 2L/min O₂ Chest - B/L Conducted sounds Stridor ⊕ Tachypnea & intercostal retractions Hemodynamically stable on clonidine Prasorin Amlodipine. 00-450ml (4ml/kg/hr)	Plan: 1) Monitor sensorium & pupils 2) Inform IF SpO₂ < 94%. RR > 45 bpm HR > 150-160 3) Trace CPK levels. 4) S/E at 7pm 5) RPZ, PT, INR T/m 6) Continue low flow O₂ & Continue w/ antibiotics
		N.B prawali

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 11/1/26 Day of Admission : 13 Today's Date & Time : 13/1/26, 8AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : EMBA / s/p OLT / Adhesive intestinal obstruction / s/p Adhesiolysis / sepsis / MODS / TAmo	Current Issues : - Stridor, dyspnea, - hyperpyrexia, - paroxysmal sympathetic hyperactivity
	VITAL SIGNS Today's Wt. (kg) : 14 Temp. : Blood sugar issues : hypernatraemia	
RESPIRATORY SYS	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/LAE ⊕, Stridor ⊕, crackles ⊕	
	CXR :	
	SPO ₂ : 100 O ₂ by NC / FM / NRB mask / Oxyhood, at 22 L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
CARDIO VASCULAR	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care :	
ITEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 130/min, S ₁ S ₂ ⊕	
	Quality of Pulses : good, cap refill Time : 2 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 110/54 CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
CARDIO VASCULAR	☐ Milrinone mcg / kg / min Ambodipine, clonidine, prazosin.	
	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 : (L) Residual a.	
CNS	Central line in situ : ☐ Yes ☒ No Place of central line & its condition :	
	Day of arterial line : Day of Central line :	
	Plan of Care :	
CNS	Neuro Exam : E4 Varmy, Hypotonic ⊕	
	Pupils : 2+ 2+ Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : 2. levipill.	
	Plan of Care : Ramsay Sedation Score :	

Doctor's Name (Handover taken) : Dr. Prebryn
Signature :
Date & Time : 13/2/26, 1:40

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/1/26 7:50am	<u>NUTRITION REVIEW</u>	
	PBW: 14 kg (10th Centile)	STOOL PASSED = 4 Bristol-5,6
	REE: 812.8 Kcal/d	Hb: 7.6 WBC: 6250
	RDA: 1480 Kcal/d	Plt: 83000 Na: 148
		K: 4 Cl: 116 U: 107
	NG Feeds	C: 0.6 SGPT: 289
	Peptamen junior	SGOT: 115 Alb: 2.9
	C1: 35 ml dilution	
	180 ml @ 3rd haly	Recall vol = 1440 ml/d (102 ccl/kg/d)
	22 scoops for REE	41 scoops for Recall
	Vol = 770 ml/d for REE	
	100ml @ 3rd haly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal : 803 ; 57.3 Kcal/kg/d	Cal : 1496.5 ; 106.8 Kcal/kg/d
	Prot : 22 ; 1.57 g/kg/d	Prot : 41 ; 2.92 g/kg/d
	Carbs : 112.2 ; 8 g/kg/d	Carbs : 209.1 ; 14.9 g/kg/d
	Fat : 28.6 ; 2 g/kg/d	Fat : 53.3 ; 3.8 g/kg/d
		<u>Present feed</u> : 180ml/3rd haly
		Dietitian Nourice

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/20 10AM	S/B Gastro team C/S/B - Alisha (D/w Dr. Prashant B) C/o Biliary stricture S/P OLT now with intestinal obstruction S/P emp. laparotomy + adhesiolysis POD: 11 Sepsis / Septic shock / MODS critical illness neuropathy Issues: • Continuous fever spikes • Inspiratory stridor • Intermittent episodes of tachycardia, tachypnea • Hypertension • Lymphopenia O/E: E & V M2, on low flow Chest: B/L wheeze P/A: soft	Plan: 1) Airway: To decide on Tracheostomy (for airway protection) 2) feeds: 180 ml / Q3H Reptamin Jr. 3) SOS Antihypertensives if BP > 111/71 mm Hg 4) Antibiotic / Antifungal Stop Sepsis: Ceftazidime Antibiotics Aztreonam Levofloxacin P3 Ticoplanin P12 Stop Antidulafungin D3 5) Steroid: M.P - 15 mg BD. 6) Bedside NCS and Bedside EEG 7) Trace blood c/s. 8) Silvadene ointment 9) To start Meopenem & Fluconazole. 10) To stop Levofloxacin after culture negative 11) Splint for ankle
	HR: 119/min SpO2: 99% BP: 117/55 mm Hg RR: 29/min U/O: 4.5 cc/kg/hr	12) Physiotherapy - TID. 13) To decide on mekwi / prednisolone dose 14) CXR 15) eplent for ankle 16) Control chills

Dr. Prashant Bachina



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date & Time	Progress Notes	Doctor's Order
13/07/26	C/S/B - Dr. Kapil	<u>Plan</u> 1x To decide on airway - 2x Splint for contracture 3x To decide on Methyl prednisolone pulse dose @ 10mg/kg Noted by Health <u>Dr. Kapil</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/9/24	Clt/B Dr. Candeeep	Plan
12 PM	AE:- EHRAT s/p OLT / adhesive intestinal suture / s/p laparotomy + adhesiolysis / POD - 11 / Sepsis / Septic shock (resolved) / TAMOF Issues:- i) continuous fever, intermittent stridor, a/w tachycardia, hypertension on O₂ = NP @ 2L/min HR - 100/min SpO₂ - 100% BP - 104/49 mm Hg RR - 27/min.	i) lateral position nursing 2) CXR 3) ABG when stable 4) clonazepam stat dose 5) chest & limb lym limb physiotherapy 6) splints 7) cluster nursing <i>Noted by Ashish</i> <i>on patient</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/20 11:00 AM	Counselling Note (Dr. Alka)	
	child apart from neurology. other systems all doing good. kidney functions good, urine output & good. child has continuous low grade fever. probably autoimmune dysfunction. child has shivering while child is awake, settle while child is asleep. also child has pooling of secretion. we we think about tracheostomy 7/8 or day after. we will monitor for today. Neurology will. child is still the same, will improve, at the time passed. Blood culture so far is negative. we will see today's culture. and if negative we will downgrade antibiotics. Neurology opinion was taken, pronysonal event & critical illness neuropathy. it will improve over the time. Parents need to get brain	

Date & Time	Progress Notes	Doctor's Order
13/1/20 11:00	C/S/B Dr. Khan	
	O/C/O Lateral by Ankle obscurin Sp LDC	
		Pop-13
	Jessy	Ach
	Persister Juey Nephary - MRD - Toxic Aute Enoch	Plan Tracrosy
	Rashray - Retraction secretly staring	Physiology - Limbs Present Contracte
	Mobily - more flexure	Send PCR Trab culture
	Garg Juey - Eyes still closed	Newdy. Review
	BH ↓	To review Immunosystem
		TM/Bedside Proxylexis
		Remove copy Noted by Anil
		Anil



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 6PM	C/S/B - Gastro Team. s/p. Adhesiolysis - POD -1 critical illness neuropathy	Plan
	Issue:- PAID Syndrome fever. intermittent stidor Tachypnea / Tachycardia - intermittent.	ix continue low flow ix fever control ix monitor BP . antihypertensive to optimize .
	o/c - on low flow @ 2 l/min .	ix iv .mp @ 5mg/kg, BD . ix S/o monitoring .
	BP = 111/60 (71) RR = 30/min SpO ₂ = 100% .	ix Monitor vitals .
	low grade fever from 6PM .	ix (L) lateral position, monitor sensorium .
		ix CBP, RD ₂ , INR T/m .
		Noted by Anshu

Date & Time	Progress Notes	Doctor's Order
26 30pm	C/S/B Dr. Sandeep	
	Δ: EHTBA / put OLT / Adhesive intestinal obstruction / y/p Adhesiolysis POD - 11. Septic shock (resolved)	Plan: ① Cont low fw w oxygen ② Pedschloyl, Clonazepam SoS.
	Issue: PAID syndrome. Fever. Spider (intermittent) ↑HR, ↑RR (intermittent)	③ Para control ④ Lateral position turning ⑤ Feeds 180ml q 3hr. ⑥ Cont antibiotics
	CKD on 2L/min oxygen. PO ₂ : 99+. PR: 104/min RR: 30/min BP: 110/67.	⑦ Labs Hm: CBP, RP ₂ , INR Gau ⑧ Cont MPS 45mg/kg BD ⑨ Input-output monitoring ⑩ Monitor vitals. ⑪ Target SBD 95-107 mmHg DBP 56-68 mmHg.
	CNS: E4 V2 M4 Pupil: 2+ 2+ Tone: ↑ in all 4 limbs.	
	Decuplamine Loro-flox (D3) Mero, Fluconazole (DL)	



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 01/07/26 Day of Admission: 14 Today's Date & Time: 14/07/26

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

OVERVIEW	Diagnosis: <u>ENTEROPLUT Adhesive intestinal obstruction / Adhesidysis / Torsion / more / Tumor</u>	Current Issues: <u>Shdov, dyspnea, fever, Hypotension</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>Shdov on stimulation but reduced relatively</u>	
	CXR: _____	
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>2 L/min</u> L / min	
	Ventilatory Support: ☐ Yes ☐ No - Day # of Vent: Nitric Oxide: ☐ Yes ☐ No - If Yes, details:	
	Ventilatory Settings: Leak around ETT: Delivered Vt:	
	ABG: EtCO ₂ : P/F ratio: O.I.:	
	Chest Physiotherapy Plan: Suctioning Needs:	
	Any Nebs: ICD? ☐ Yes ☒ No, if Yes, details:	
	Plan of care:	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>no murmur</u>	
	Quality of Pulses: <u>weak</u> cap refill Time: <u>clerk</u> Liver Edge: _____ cm below Rt costal margin	
	Blood Pressures: NIBP: IBP: <u>106/62 mmHg</u> CVP:	
	Infusion of: ☐ Dopamine _____ mcg / kg / min - ☐ Dobutamine _____ mcg / kg / min	
	☐ Epinephrine _____ mcg / kg / min - ☐ Nor Epinephrine _____ mcg / kg / min	
	☐ Milrinone _____ mcg / kg / min	
	Any Other Infusions: <u>Amla, Biazon, clonidine</u>	
	Last 2D Echo Findings:	
	Size of the heart and lung fields in latest CXR: <u>radial</u>	
	Arterial line in situ: ☐ Yes ☐ No Place of art, line & its condition:	
Central line in situ: ☐ Yes ☐ No Place of central line & its condition:		
Day of arterial line: Day of Central line:		
Plan of Care:		
CNS	Neuro Exam: <u>E4, V4, M4</u>	
	Pupils: <u>5L Pupil RU</u> Sedation Used? ☐ Yes ☒ No Any paralysis? ☐ Yes ☒ No	
	Types of Sedation: Types of Paralysis:	
	Relevant CT Scan, MRI EEG, Neurosonogram etc.:	
	Plan of Care: <u>new / Emg?</u> <u>lung lesion</u> Ramsay Sedation Score:	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds I/O / Balance : <u>+ 100</u> / (+/-) Input : <u>4.6</u> ml/k/d UO : <u>4.6</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>180ml - 0.34</u> Feed Schedule : IV Fluids - Type of IVF : @ <u>Peptamin Junior</u> ml/hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>141</u> K <u>4.4</u> Cl <u>107</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>Soft</u> Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
	INFECTION ☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : Describe c/s Reports : <u>Inj Meropenem (D2)</u> Other Labs (Latex, Serology, etc) : <u>Inj Fluconazole (D2)</u> Ongoing Antibiotics :	
	NEPHROLOGY ISSUES Sr. Creat : <u>0.5</u> Bld. Urea : <u>65</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : <u>CBP:- 7.3 / 61230 / 94 / 11.9 / 76k</u> 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	- Temp control - EEC & NCS - Chest physiotherapy	

Doctor's Name (Handover given) : Jayala
Signature : JM
Date & Time : 14/7/26 @ 8AM

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10th Centile)	STOOL PASSED = 5/B-5.6
	REE: 812.8 kcal/d	Hb: 7.3 WBC: 6230
	RDA: 1480 kcal/d	Plt: 76000 Na: 141
		K: 4.4 Cl: 107 U: 65
		C: 0.5 SGPT: 281
	NG Feeds	SGOT: 116 Alb: 2.9
	Peptamen junior	
	C1: 35 ml dilution	
	180 ml @ 3rd hly	Recall vol = 1440 ml/d (102 cal/kg/d)
	22 scoops for REE	41 scoops for Recall
	Vol = 770 ml/d for REE	
	100ml @ 3rd hly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 803 ; 57.3 kcal/kg/d	Cal: 1496.5 ; 106.8 kcal/kg/d
	Prot: 22 ; 1.57 g/kg/d	Prot: 41 ; 2.92 g/kg/d
	Carbs: 112.2 ; 8 g/kg/d	Carbs: 209.1 ; 14.9 g/kg/d
	Fat: 28.6 ; 2 g/kg/d	Fat: 53.3 ; 3.8 g/kg/d
		<u>Present Feed: 180ml/3rd hly</u>
		Diets/An Nourish

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/20 10:30 am	S/B Dr. Prashant B	Plan:
	cp EHBA port out	1) Continue low flow O ₂
	now with intestinal	2) chest physiotherapy
	obstruction	limb physiotherapy
	S/I lap. laparotomy / sclerodys	3) position change
	POD: 12	Q 2H
	± sepsis / septic shock / MODS	4) feeds: 180ml / Q 3H.
	critical illness neuropathy	5) steroid:
		methyl pred: 5mg/kg/dose
		BD.
	• fever spikes @	6) Antibiotic / antifungal
	• 2 episodes of loose stool	Meropenem D ₂
	• U/O: 4.6 cc/kg/hr	Fluconazole D ₂
	• I/O: +98 ml	7) Bedside -
		EEG
	on low flow O ₂ (2 lit)	NCS.
	chest: clear	8) Tacrolimus: 0.1mg
	P/A: soft.	BD.
		noted by health
	HR: 92/min	
	spo ₂ : 100%	
	BP: 110/59 mmHg	
	RR: 28/min	
	DR. PRASHANT BACHINA Registration No: 11816	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/07/2020 @1pm	S/O Dr. Sandeep	
	Asy Sepis/ mops/ ranoft ALW Septic Encephalopathy EMH of s/o out	✓ Better change and oral suction
	Green	✓ Physiotherapy
	① Encephalopathy	✓ EEG and <u>NCV</u> to do
	② Intermittent shiver	✓ Add Zee-D 5ml BD
	③ four spikes	✓ Need suction now
	④ loose stools	✓ continue NG feeds 180ml 3rdly
	On low flow oxygen at 2l/min	
	Hemodynamically stable	- watch for R/S shiver
	Encephalopathy	
	E ₄ V ₂ M ₄	
	BLI Rupture Epi HR	
	Chart BLOOD Epi	
	WAB	
	Pls keep BD	

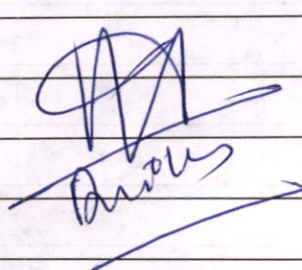
Noted by Dr. Chavhan

Dr. Chavhan

Date & Time	Progress Notes	Doctor's Order
14/7/26 3 PM	S/b Gastro team - low grade fever spikes. 3 loose stools - morning (small, no blood/mucus) <u>O/E</u> on low flow O ₂ chest: clear P/A: soft. HR: 92/min SpO ₂ : 100% BP: 99/56 mmHg RR: 25/min	Plan: ① chest physiotherapy limb physiotherapy ② SOS-suctioning ③ position change @ 2H ④ Continue NG feeds. ⑤ TO discuss EEG and NCS with neuro team. ⑥ add zinc ⑦ send RP, INR, Mg } 11 mg Am
	repealer Dr. M. Naga Venkata Poushya Sai Registration No: TSMC/FMR/34701	repealer Noted by Photo Dr. Hema



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/2026 5:00pm	c/s/B Dr. Sandeep	
	EHBA/s/p out sepsis/mods/TAMOE/ encephalopathy paroxysmal sympathetic hyperactivity	<u>Plan</u> ① continue low flow ② postpone change as hourly
	<u>Exam</u> ① paroxysmal episodes of stridor associated to fever and tachycardia.	③ continue Medulor as per chart
	② on low flow oxygen + HTN (+) → controlled on 3 Anti-HTN medications	④ oral feed Nasal Suction
	→ Tolerating feeds well 180ml 3 hourly	⑤ continue feeds 180ml 3 hourly
	U.O - 40ml/kg/hour HR - 120/min BP - 106/70mmHg PR - 20/min SpO ₂ - 100%	<i>noted by Ansh</i> 



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 01/2/26 Day of Admission : 015 Today's Date & Time : 15/2/26

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

OVERVIEW	Diagnosis : <u>EHBA s/p OLT & intestinal obstruction</u> <u>s/p Adrenalectomy & sepsis & MODS & TANOF</u>	Current Issues : <u>fever spikes (2 times yesterday)</u> <u>pancytopenia</u> <u>Encephalopathy.</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>BL AE (+) chest clear.</u>	
	CXR :	
	SPO ₂ : <u>100% on O₂ - 2L/min</u> O ₂ by NC / FM / NRB mask / Oxyhood, at L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs : <u>minimal</u>	
	Any Nebs : <u>NID</u> ICD ? ☐ Yes ☐ No; if Yes, details :	
	Plan of care : <u>To look for worsening Resp. abn</u>	
		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S/S (+) NID. Murmur</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>3 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : <u>100/54 mmHg</u> CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions : <u>on T. Clonidine</u> <u>T. Propranolol</u> <u>Amiodarone</u>	
	Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ ☒ Yes ☐ No Place of art, line & its condition : <u>(+) Radial</u>	
Central line in situ : ☐ Yes ☒ No Place of central line & its condition :		
Day of arterial line : <u>(013)</u> Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : <u>E.V.M.</u>	
	Pupils : <u>2mm equal, Reacts to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	☐ NPO ☐ PO feeds ☒ NG Feeds ☐ NJ Feeds ☐ GT Feeds	
	I / O / Balance : / (+/-) Input : ml/k/d UO : <u>3-8</u> ml/kg/hr Stools : <u>paned 6 times (loose)</u>	
	NG output : PO intake :	
	Feed Formula : Feed Schedule : <u>180ml/3hly</u>	
	IV Fluids - Type of IVF : @ ml / hr (..... times maintenance)	
	TPN : ☐ Yes ☒ No - If yes, details :	
	 % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)	
	 Cal/kg/d Nitrogen Trace elements & MVI	
	Labs : Na <u>137</u> K <u>4.0</u> Cl <u>103</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase :	
	Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☒ No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	☐ Febrile ☒ Afebrile Current Antibiotics Details (antibiotic name and day #) :	
	Cultures Sent ? ☐ Yes ☒ No - If yes, details : <u>Bloods (10/3/26)</u>	
	Describe c/s Reports : <u>INT NEROIENEM (24)</u>	
	Other Labs (Latex, Serology, etc) : <u>INT FLUCONAZOLE (13)</u>	
NEPHROLOGY ISSUES	Ongoing Antibiotics :	
	Sr. Creat : <u>0.4</u> Bld. Urea : <u>60</u> Other Relevant Labs :	
	P.D. ☐ Yes ☒ No - If yes, details :	
	Diuretics : ☐ Yes ☒ No - If yes, details :	
	Catheterized : ☒ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : <u>G.G. > 4080 < 85000</u> <u>9/1/17</u>	
	Any Coagulopathy :	
	Relevant Transfusion History : <u>PT-21 INR-1.6 BMT-36</u>	
	Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : ☐ Yes ☐ No ☒ NA	
	CRBSI Bundle Used ? : ☐ Yes ☐ No ☒ NA	
	CA - UTI Bundle Used ? : ☐ Yes ☐ No ☒ NA	
	Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA If yes, then details :	
		Pending Lab Results : ☐ Yes ☐ No If yes, then details : <u>Bloods (10/3)</u>
		Pending Consultations : ☐ Yes ☐ No If yes, then details :
FINAL COMMENTS	- TO trace Bloods - to continue low flow	

Doctor's Name (Handover given) : Dr. T4071
 Signature :
 Date & Time : 15/07/26 8:00 AM

Doctor's Name (Handover taken) : Dr. pradyum
 Signature :
 Date & Time : 15/7/26, 8:00 AM

Date & Time	Progress Notes	Doctor's Order
5/12/26 7:45am	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10th centile)	STool PASSED = 7/Bristol-6
	REE: 812.8 kcal/d	Hb: 6.6 WBC: 4080
	RDA: 1480 kcal/d	Plt: 85000 Na: 137
		K: 4 Cl: 103 U: 60
	NA Feeds	SGPT: 166 SGOT: 77
	Peptamen junior	Alb: 2.5
	(1:35 ml) dilution	
	180 ml @ 3rd haly	Recall vol = 1440 ml/d
		(102 ccl/d)
	22 scoops for REE	41 scoops for Recall
	Vol = 770 ml/d for REE	
	100 ml @ 3rd haly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 803 ; 57.3 kcal/kg/d	Cal: 1496.5 ; 106.8 kcal/kg/d
	Prot: 22 ; 1.57 g/kg/d	Prot: 41 ; 2.92 g/kg/d
	Carbs: 112.2 ; 8 g/kg/d	Carbs: 209.1 ; 14.9 g/kg/d
	Fat: 28.6 ; 2 g/kg/d	Fat: 53.3 ; 3.8 g/kg/d
		<u>Present Feed: 180 ml/3rd haly</u>
		Dietitian Mounica

Dr. Prashant BACHINA

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/26 9 AM	C/S/B - Gastro team -	
	EHBA HP-OLT -	<u>Plan</u>
	sepsis / MODS / TAMOF -	
	Encephalopathy	1x low flow - to continue -
	1 paroxysmal sympathetic activity	2x position change / 2nd half
	issue: - 1x Paroxysmal episode	3x Physiotherapy
	Stidor associated	
	fever & tachycardia	4x Oral & Nasal suctioning
	5x Persistent non settling	
	3x On low	6x feeds - R/v Holding
	4x HTN - controlled on Anti-HTN	
		6x PRBC transfusion - R/v to give
	O/E - On low flow / febrile	on not
	Stidor (+) / Tachycardia	7x Paracetamol 0.1mg
	& Tachypnea (+)	
		8x Steroids - 7mg / BD (Day 5 on total)
	U/O = 3.7ml/kg/hr	
	Stool - 7 episode - loose stool	9x IV Magnesium correction
	Mod. quantity	- R/v to give IV
	on. peptamen. 1x 180ml / 3rd half	
	(1:60 dilution)	10x Rash free + Proctofoam D -
	CNS - pupils - B/L RL	ointment
	moving (+) lower limb	
	Chest - B/L crackles (+)	
	cough (+)	

noted by Aisha

Dr. Kumar
(Signature)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 8am	cls/b <u>meperidine</u>	
		<u>Adv</u>
		Meperidine correction
	Hb - 6.6	
	Myz - 1.2	Give 1 PRBC 150ml
	Sym (+)	Mobility / Physiotherapy
	HR - 152/min	Neuro review
		Neb - Budecort Mucree
		<u>su</u> (cr 1cm)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/2/20 09:00 AM	S/B Dr. Kapil. A EMBA - slip out Adhesive @ Intubated obstructs slip adhesives Sepsis / MODS / TAMP	1. plan tracheostomy 2. lateral view 3. True EEG report 4. Physiotherapy and position change 5. Apply splints 6. NO chemo 7. Plan to taper steroids. has after d/c 8. Magnesium to give 9. Plan for PRBC transfusion
	Exu ① Encephalopathy ② 2-4 fever spikes yesterday ③ Intermittent shiver On low flow oxygen Hemodynamically stable chest B/L ACO Equal MRA RA Soft B/L cm. B/L purple 2mm PR	
	HR 106/min SpO2 104 PR 35-40/min A 128/84 (116) mm	 Noted by Nurse

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1. 10/08/2020 - 10/08/2020	1. 10/08/2020 - 10/08/2020
	2. 10/08/2020 - 10/08/2020	2. 10/08/2020 - 10/08/2020
	3. 10/08/2020 - 10/08/2020	3. 10/08/2020 - 10/08/2020
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	13. 10/08/2020 - 10/08/2020	13. 10/08/2020 - 10/08/2020
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	18. 10/08/2020 - 10/08/2020	18. 10/08/2020 - 10/08/2020
	19. 10/08/2020 - 10/08/2020	19. 10/08/2020 - 10/08/2020
	20. 10/08/2020 - 10/08/2020	20. 10/08/2020 - 10/08/2020
	21. 10/08/2020 - 10/08/2020	21. 10/08/2020 - 10/08/2020
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	26. 10/08/2020 - 10/08/2020	26. 10/08/2020 - 10/08/2020
	27. 10/08/2020 - 10/08/2020	27. 10/08/2020 - 10/08/2020
	28. 10/08/2020 - 10/08/2020	28. 10/08/2020 - 10/08/2020
	29. 10/08/2020 - 10/08/2020	29. 10/08/2020 - 10/08/2020
	30. 10/08/2020 - 10/08/2020	30. 10/08/2020 - 10/08/2020



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/08/20	of 8 (B) Neuro team	(Dr. Abhishek)
	<u>Issues</u>	<u>plan</u>
	→ persistent fever	
	→ persistent encephalopathy	
	→ Respiratory stridor	① Physiotherapy chest circle
	of eg v, m,	
	Bf popliteal scute	② to decide on tracheostomy
	↓ Doll's eye (+)	Noted by Abhishek
	facial grimace (+)	
	cough weak	
	generalized hypotonia	
	↓ TRs (-)	
	pharynx (-)	
	<u>NCE</u> motor axonal neuropathy	Abhishek DR. ABHISHEK R JAIN Registration No: 27571
	EEG diffuse slowing, no E2E, 1	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/08/2020 @ 10 AM	S/B Dr. Prashanth A sepsis / mod / tamper Sepsis. Sp out Adhere intubated Obstructive On low flow oxygen @ 2 L/min Hemodynamically stable	Adh ① Keep NPO. ② Start 10% Ammonium sulfate @ 20 mg/kg our 2 weeks ③ Remaining fluids Total: 100% ④ continue Meropenem and fluoroquinolone ⑤ PRP transfusion ⑥ Di magnesium sulfate 20 ⑦ continue methylpred at 5mg/kg dose 2 days
	Chest. Blunt Equl. MAX RA. low BP CRO. BP pump Equl 222	
	HR: 88/min RR: 34-38/min SpO2: 100% on 2L	
	Fluids: 528 ml Drops: 155 ml Ammonium: 500 ml 1183 (98%)	Noted by Anshu
	DR. PRASHANT BACHINA Registration No: 11116	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/07/26 5PM	C/S/B - Gastro Team.	Plan.
	s/p laproscopy + adhesiolysis for adhesive intestinal obstruction	1 st Continue low flow 2 nd Position change / suction as required.
	uy (+) Gnmax (+) moving lower limbs.	3 rd continue Aminoven + IV fluids.
	Persistent low grade fever @	4 th Drugs as per chart -
	requiring suctioning ≈ 8-10 times / morning	5 th Antihypertensive to optimize.
	o/c - On low flow. Hemodynamically stable BP - awake BP (131/85 mmHg)	6 th sp . Rf, , Mg , ferritin, LDH. T/m morning. Noted by Ansh
	Dr. Alisha Babbar	



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 01/07/26 Day of Admission : Day 15 Today's Date & Time : 16/7/26 @ 8 AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : EHBA / s/p OLT / Adhesive Intestinal obstruction / s/p Adhesiolysis / s/p MOSS	Current Issues : Paroxysmal Sympathetic Hyperactivity - Stridor, Tachycardia, HTN, Tachypnea.
	BACED	
VITAL SIGNS	Today's Wt. (kg) : 14 kg Temp.: 98.5°F Blood sugar issues : 141 mg/dl (1 finger spike @ 7 am)	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :	
	CXR :	
	SPO ₂ : 100% on 2 Ltr O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : _____ Nitric Oxide : ☐ Yes ☒ No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebbs : _____ ICD ? ☐ Yes ☒ No, if Yes, details : _____	
	Plan of care : Continue low flow	
	CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 28/min
Quality of Pulses : Equal cap refill Time : < 3 sec Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP : 110/70 mm Hg IBP : _____ CVP : _____		
Infusion of : ☐ Dopamine _____ mcg / kg / min - ☐ Dobutamine _____ mcg / kg / min		
☐ Epinephrine _____ mcg / kg / min - ☐ Nor Epinephrine _____ mcg / kg / min		
☐ Milrinone _____ mcg / kg / min		
Any Other Infusions : _____		
Last 2D Echo Findings : _____ On Anti HTN medications (Prazosin, Amlb)		
Size of the heart and lung fields in latest CXR : _____		
Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : (D) Hand radial		
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition : _____	
	Day of arterial line : D15 Day of Central line : _____	
	Plan of Care : (D) Hand cannula (R) Hand cannula	
	Neuro Exam : E, V, M	
	Pupils : B/L equal reactive Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____	
	Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>-386.9</u> / (+/-) Input : <u>3.3 cc</u> ml/kg/d UO : <u>4.4 cc</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>22</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Plan (G.I. & Liver) :	
	 <u>DNS - 528ml</u> <u>medication - 12.1ml</u> <u>10% AminoAcid - 4.80ml</u> <u>PRBC - 150ml</u> <u>13.28ml</u>	
	☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	 <u>On Inj. Meropenem D4</u> <u>Inj. Fluconazole D4</u>	
		
NEPHROLOGY ISSUES	Sr. Creat : <u>0.4</u> Bld. Urea : <u>8.3</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
		
		
		
		
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	 <u>CBP:- 95 / 3100 / 88,000</u> <u>90/3.8</u> <u>PRBC</u>	
		
		
		
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) : Jayal
 Signature : [Signature]
 Date & Time : 16/12/20 @ 8AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 11/12/20 @ 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 10 AM	S/B Dr. Prashant B	Plan:
	90 EHA s/p OLT	1) lateral position nursing. position change Q 2H
	now with intestinal perforation	2) chest and limb physiotherapy
	s/p laparotomy + Adhesiolysis (POD: 13)	3) Feeds: 50%.
	Sepsis, Septic shock	60ml / Q 2H (x) 80ml / Q 3H
	mops / TAMOF / critical illness neuropathy	4) I.V antibiotic / antifungal meropenem D4
	Issues: Encephalopathy / critical illness neuropathy	fluconazole D4
	Intermittent sympathetic hyperactivity	5) nacthyl pred: 5mg/kg/dose BD - Received for 3 days
	low grade fever spikes.	6) antihypertensives sos.
	Diarrhea - better.	7) TO decide about glycopyrrlate
	Hypomagnesemia	8) continue 10%.
	lymphopenia	Aminoven. 20ml/hr
	HTN; AKI	9) stop IV fluids.
	O/E: on 2 lit O ₂ E4V2M2.	10) change cannula.
	chest: clear	
	P/A: soft.	
	HR: 63/min	
	SpO ₂ : 100%.	
	BP: 106/64 mmHg	
	RR: 17/min	
	Uo: 4.4 cc/kg/hr I/O: -380 ml	

DR. PRASHANT BACHINA
Registration No: 11816

Noted by
Somyadip
16/7/26
@ 10 AM

Dr. Hema



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/21/20 12:30 PM	<u>C/S/B Dr. Sandeep</u> A: RTBA / Adhesive intestinal obstruction / HP Adhesions.	<u>Plan:</u> ① Trace culture ② Cont antibiotic. ③ Paper oxygen ④ Feeds - 80ml q 3hr
	Child on low flow 2L/min oxygen SpO ₂ : 98% PR: 118/min RR: 26/min BP: 112/76 mmHg	⑤ Cont Aminocycl. ⑥ Task ⑦ Not Glycopyrronium. (lowest dose)
	Chest: B/L air entry CNS: S/S CNS: E/V2M2 Pupil: 2+ 2+	⑧ Physiotherapy.
		⑨ <u>Noted by Dr. Sandeep</u> 10/21/20 @ 5 PM
	Feeds Total input = 100%.	

BAH-00447650

Master DHRUV YEMULA

03-08-2020

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Dr. Prashant Bachina

IP5-00175792

(M)



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

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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/20 3:15 pm	S/B Gasleo team • no fever spikes. • 1 stool: formed • u/o: 4-10cc/kg/hr On room air chest: clear P/A: soft HR: 112/min spo ₂ : 98% BP: 116/81 mmHg RR: 37/min	Plan: 1) Chest and limb physiotherapy 2) Position change Q 2H 3) Watch for: tachypnea, tachycardia, hypertension 4) Continue drugs as per chart 5) Feeds: 100 ml / 3 rd way 6) Continue 10% Aminoven: 20 ml/hr 7) R _P , INR - T/m 6 AM mg
		referred
		Noted by Sourmyadip 16/7/20 4:45 pm Dr. Hema

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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/26 @ 5 PM	Chf B Dr. Sundep / Pw team	
Adv	EMBAF sp. ver. / adhere Intestinal obstruction / sp. adhesions / Sepsis / MODS / TAMOF	Adv ① cont. Pwys position change and 2 help ord questions
	On low flow oxygen at 1 L/min and O4 is 95%	② chest physiotherapy and hand physiotherapy
	Hemodynamically stable	③ continue feeding
	Chest B/L A/C Snd MRA pla. by B/L MRA. Suprapile Spnd 2 R2	④ watch for fever spikes
	HR 90/min for 95% 14 hr	⑤ watch for RD
		⑥ Neurophenes, J to cash
		⑦ continue acinar 20 ml/hr
		⑧
		⑨
		⑩
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Noted by
 Sonam Singh
 16/7/26
 @ 6 PM
 Chandel

FAMILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : Day of Admission : Today's Date & Time : 12/8/20

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

OVERVIEW	Diagnosis : <u>Sitralout Adhesive Intermittent obstruction / SIB Adhesions sepsis / MODC / MODC</u>	Current Issues : <u>Thrombolytic pre</u> <u>Encephalopathy</u> <u>BSH - Shdov HTN, tachycardia</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues : <u>None</u>	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Acute chest clear</u> <u>occasional intermittent stridor</u>	
	CXR : <u>clear</u>	
	SPO ₂ : <u>100%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>2 L/min</u> L / min	
	Ventilatory Support : ☐ Yes ☐ No - Day # of Vent : Nitric Oxide : ☐ Yes ☐ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? ☐ Yes ☐ No, if Yes, details :	
	Plan of care : <u>Flow flow oxygen</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>No murmur</u>	
	Quality of Pulses : <u>well</u> cap refill Time : Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <u>109/70</u> IBP : <u>109/70 mm</u> CVP :	
	Infusion of : ☐ Dopamine mcg / kg / min - ☐ Dobutamine mcg / kg / min	
	☐ Epinephrine mcg / kg / min - ☐ Nor Epinephrine mcg / kg / min	
	☐ Milrinone mcg / kg / min	
	Any Other Infusions : <u>Amiodarone & Prasosin</u>	
	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 :	
CNS	Central line in situ : ☒ Yes ☐ No Place of central line & its condition :	
	Day of arterial line : <u>12/8</u> Day of Central line :	
	Plan of Care :	
CNS	Neuro Exam : <u>E₄ V₂ M₂</u> <u>Shdov</u>	
	Pupils : <u>SL 2mm EWL RLO</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>148</u> / (+/-) <u>1372</u> Input : ml/k/d UO : <u>1520</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>100ml/2 hourly</u> Feed Schedule : IV Fluids - Type of IVF : <u>Amnion</u> @ <u>20ml/h</u> ml / hr (..... times maintenance) TPN : ☐ Yes ☐ No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>137</u> K <u>3.8</u> Cl <u>105</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? ☐ Yes ☐ No - If yes, describe : Plan (G.I. & Liver) : <u>one loose stool yesterday</u> <u>tolerates feed</u>	
	INFECTION ☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☐ Yes ☐ No - If yes, details : <u>2 for spiki yesterday</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Neosporin Day 5</u> <u>Amoxicillin Day 5</u>	
NEPHROLOGY ISSUES	Sr. Creat : <u>2.7</u> Bld. Urea : <u>0.4</u> Other Relevant Labs : P.D. ☐ Yes ☒ No - If yes, details : Diuretics : ☐ Yes ☒ No - If yes, details : Catheterized : ☒ Yes ☐ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	HEMATOLOGY Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care : <u>INR = 1.5</u> <u>PT = 19</u> <u>APTT = 32</u>	
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	<u>1) Gradually ↑ feed to 120ml hourly</u> <u>2) shift to low dose methyl pred.</u>	

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

Signature : [Signature]

Date & Time : @ 8am 17/10/20

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

Signature : [Signature]

Date & Time : 17/10/20 @ 8am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 8am	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10th centile)	STOOL PASSED = 2/8-5/6
	REE: 812.8 Kcal/d	Hb: 9 WBC: 3180 Plt: 88000
	RDA: 1480 Kcal/d	Na: 137 K: 3.8 Cl: 105
		U: 87 SGPT: 173
		SGOT: 80 Alb: 2.7
	NG Feeds	Amy: 69
	Peptamen junior	Aminover 10% = 10 ml/hr
	Cl: 30 ml dilution	Recall vol = 660 ml/d
	100 ml @ 3rd hly	
	22 scoops For REE	22 scoops For Recall
	Vol = 660 ml/d For REE	
	85 ml @ 3rd hly For REE	
	<u>MACROS CREE</u>	<u>MACROS CRECALL</u>
	Cal: 803; 57.3 Kcal/kg/d	Cal: 803; 57.3 Kcal/kg/d
	Prt: 22; 1.57 g/kg/d	Prt: 66; 4.7 g/kg/d (with Aminover)
	Carbs: 112.2; 8 g/kg/d	Carbs: 112.2; 8 g/kg/d
	Fat: 28.6; 2 g/kg/d	Fat: 28.6; 2 g/kg/d
		<u>Present Feed: 100ml/3rd hly</u>
		Dietitian Mounica



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/20 10:15 am	S/B Dr. Prashant B	Plan:
	40 Biliary Atresia s/p OLT	① chest physiotherapy
	now with intestinal obstruction	② limb physiotherapy
	S/p Exp. laparotomy and	③ oromucosal stimulation
	adhesiolysis (Pop: 14)	④ position change Q 2H
	± Sepsis / septic shock / MODS	⑤ continue NG
	critical illness neuropathy	feeds 150 ml / Q 3H.
		⑥ 10% Aminoacids
		↳ stop
	• fever spikes ①	⑦ antibiotic / Antifungal
	• ¹ loose stools	Mecopenem DS
	• movements better ①	Fluconazole DS
	Eye contact ①	⑧ Kalligyl paid:
	• HTN ①	1mg/kg / dose BD.
	• U/O: 4.5 cc/kg/hr	
	• I/O: -148 ml	⑨ SOS antihypertensives.
	U/E: On 1 lit O ₂	⑩ shift to ward
	Chest: clear	with PICU nursing
	P/A: soft.	staff
	HR: 98/min	⑪ Do not remove
	spo2: 97%	arterial line.
	BP: 114/78 mmHg	
	RR: 23/min	
	DR. PRASHANT BACHINA Registration No: 11816	

Dr. Dena
N.B. Momen
17/7/20
10:30 am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/2020 12:45 PM	<u>Septic mods / encephalopathy</u> <u>Encephalopathy</u> - Improving <u>Haemodynamically stable</u> <u>To be started Nly feeds</u> HR - 120/min SpO₂ - 100% BP - 110/80 RR - 25/min	<u>Plan</u> ① Continue Nly feeds ② Noninvasive support ③ Continue low flow oxygen ④ w/f free spikes ⑤ Paper methylpred over next 5 to 7 days <u>[Signature]</u>
		N.B. morning 17/7/20 12:45 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/7/20 3:30pm	cls/B Dr. Sandeep	plan
	As:- EHBA / s/p OUT / adhesive intestinal obstruction / s/p laparotomy + adhesiolysis / sepsis / TAMOF / s/p PLEX AKI / s/p CRT	1) lateral position nursing only 2) position change / Q2H 3) air bed in zone-B 4) chest physiotherapy / Q6H 5) frequent oral suctioning, as required 6) Give antihypertensives if BP > 111 / 71 mm Hg.
	Issues:- 1) paroxysmal sympathetic hyperactivity. intermittent c/o dystonia, a/w stridor, ↑HR, ↑RR, ↑BP. 2) fever spikes	7) Limb physiotherapy 8) splints to be applied 9) oromotor stimulation 10) change levipil to oral
	on O ₂ = NP @ 1 L/min hypertension (+) on anti-hypertensives - 3 Other systemic exam ⁿ (N) CNS - E4 V2 M3	11) NG feeds - 150 ml / Q3H 12) Stop aminoven 13) s/v changing 14) MgSO ₄ to oral. enteral
	pupils - B/L 3mm, reacting to light intermittently fixing & tracking. hypertonia (+).	

N.B. mams
17/7/20
3:30pm
Dr. Prashant



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>shifting notes</u>	
17/7/20 3:00pm	patient is currently on low flow O ₂ & taking NA feeds well.	
	<u>shifting vitals.</u>	
	<u>Plan</u>	
	HR - 140/min	1.) lateral position Nursing only
	SPO ₂ - 96% on O ₂ 0.5L/min	2.) Do not remove arterial line.
	IV - good	3.) Position change @ 2 hourly
	RR - 24/min	4.) Chest physiotherapy @ 6 hourly.
	BP - 119/88 MAP - 100 mmHg	5.) Frequent oral suctioning as required
		6.) Give antihypertensive if BP > 111/71 mmHg
		7.) limb physiotherapy.
		8.) splints to be applied
		9.) NA feeds to continue 150ml/2hrly.
		10.) SLV changing IV NGSO ₄ to enteral
		11.) SPO ₂ monitoring if SPO ₂ < 94%.
		inform PICU follow.

1 NB memo
17/7/20
3pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/20 9 AM	S/B Gasless team	Plan:
	10 EMBA - S/P OLT now with	① chest physiotherapy
	Intestinal obstruction	limb physiotherapy
	S/P Exp. lap & adhesiolysis	① Oxymor stimulation
	POD: 15 . Sepsis / Septic shock	③ Position change @ 2H
	with MODS / TAMOF	④ Feeds: 150 ml / @ 3H.
	Critical illness neuropathy	⑤ Suctioning - SOS.
	Issues:	⑥ Continue all medications on per chart
	• low grade fever	④ Methyl pred: make it oral.
	? Intermittent sympathetic overactivity	⑤ Neurology review.
	- tachycardia, HTN	M.B. Gokh.
	steridor	
	(Received Midaz, clonazepam yest)	
	on low flow O ₂	
	chest: clear	
	P/A: soft.	
	Tracking ④.	
	HR: 115/min	
	SpO ₂ : 98%.	
	BT: 123/91 (795 th centile)	DR. PRASHANT BACHINA
	RR: 25/min	Registration No: 11816
	Stools: (N) U/O: 3.5cc/kg/hr	
		Dr. Hema

Date & Time	Progress Notes	Doctor's Order
18/9/25 10AM	<u>NUTRITION REVIEW</u>	
	PBW: 14kg (10 th centile)	STOOL PASSED = 3 Bristol = 5
	REE: 812-8 Kcal/d	Hb: 9-8, WBC: 3850, Plt: 1-10
	RDA: 1480 Kcal/d	Na: 133, K: 4-8, Cl: 104
		SGPT: 169, SGOT: 79, ALB: 3
		Amy: 69.
	NG feeds	Aminover 10% = 120ml/d
	Peptamen junior	(Recall volume)
	(1:35ml) dilution	
	150ml of 3 rd hely feeds.	Recall volume = 1100 ml/d
	22 scoops for REE	31 scoops for Recall
	vol = 770ml/d for REE	
	100ml / 3 rd hely for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	cal: 803 ; 57.3 kcal/kg/d	cal: 1181.5 ; 80.82 kcal/kg/d
	Prot: 22 ; 1.57 g/kg/d	Prot: 31 ; 2.2 g/kg/d
	carbs: 112.2 ; 8 g/kg/d	carbs: 158.1 ; 11.2 g/kg/d
	fat: 28.6 ; 2 g/kg/d	fat: 40.3 ; 2.8 g/kg/d
		<u>Present feed</u> : 150ml of 3 rd hely



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/07/26 5pm	C/S/B - Gastro Team. <u>HP Adhesiolysis - POD-15</u> critical illness neuropathy	<u>Plan</u>
	Issue:- 1x low grade fever. 2x intermittent sympathetic overactivity. 3x Tachycardia, HTN, Shodor	1x Drugs as per chart 2x Trace tac level 4 to 0.5mg 3x Prologuard.T + E. Daidid.B + Lignocaine for 4x YA perianal 5x E. Daidid.B - to apply alternately 6x on motor stimulation
	On low flow O ₂ / Afebrile. Chest - clear P/A - soft; pupils - B/L NIKL.	
	BP - 113 / 78 mmHg	7x Feeds - 150ml / 3rd help
Refer	Tachycardia / Shodor while passing stools 1 - 2 ductopans Perianal rash.	8x monitor vitals. 9x Refer 10x Dr. M. Naga Venkata Potshya Sai Registration No: TSMC/FMR/34701 N. B. Jothi
		<i>(Signature)</i> Dr. Ke.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 9:30 am	S/B Gastro team	Plan:
	4. Biliary atresia / Post OLT now with small bowel obstruction: S/I Adhesiolysis	① chest physio limb physio own motor stimulation
	POD: 16. Sepsis, Septic shock MODS / TDMOF	② Suctioning - SO S.
	critical illness neuropathy	③ Position change Q 2H
		④ Continue NG feeds 150 ml / @ 3H.
		⑤ watch for abnormal movements, stridor, tachycardia, tachypnea, fever.
	• no fever	⑥ Continue medication as per chart.
	• Stridor - better	
	• Encephalopathy - better	
	• loose stools, diaper rash ⊕.	
	• U/O: 4.3 cc/kg/hr	
	O/E: Eye contact ⊕ Smiling ⊕	⑦ RPI ! NR, Mg Tacrolimus level
	limb movements better	T/m 6 am
	chest: clear	
	P/A: soft.	
	Diaper rash ⊕.	
	HR: 135/min	
	SpO2: 100%	
	RR: 32/min	
	BP: 115/85 mmHg.	

DR. PRASHANT BACHINA
Registration No: 11846

Dr. Hema

235

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/24 9am	<u>NUTRITION REVIEW</u>	
	PBW: 14kgs (10 th centile)	STOOL PASSED = 9 Bristol = 5
	REE: 812.8 kcal/d	Hb: 10.8 WBC: 3.99 Plt: 98
	RDA: 1480 kcal/d	Na: 129 K: 4.9 Cl: 100
		SGPT: 166 SGOT: 71 Alb: 3.2
	NG feeds	Amu: 66
	Peptamen junior (1135ml) dilution	
	150 ml @ 3 rd hly feeds	Recall volume = 1200 ml/d (85 ccl/kg/d)
	22 scoops for REE	34 scoops for Recall
	vol = 770ml/d for REE	
	100ml 3 rd hly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 803 ; 57.3 kcal/kg/d	Cal: 1241 ; 88.6 kcal/kg/d
	Prot: 22 ; 1.57 g/kg/d	Prot: 34 ; 2.4 g/kg/d
	Carbs: 112.2 ; 8 g/kg/d	Carbs: 173.4 ; 12.3 g/kg/d
	Fat: 28.6 ; 2 g/kg/d	Fat: 44.2 ; 3.1 g/kg/d
		<u>Present feed</u> : 150ml @ 3 rd hly

M. K. Bachina
Dietitian

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/20 10:20 Am.	S/B Gastro team	Plan:
	40 Biliary Atresia / Post O/U	① Chest physio
	• intestinal obstruction	limb physio
	S/P Exp lap & adhesiolysis	② oromotor stimulation
	POD: 17 / Sepsis / septic shock	③ SOS suctioning
	MODS / critical illness	④ continue NG feeds - 150 ml / Q 3H. (1: 25 ml)
	neuropathy	⑤ Antibiotic / Antifungal Meropenem } - stop Fluconazole } P8
	• 1 low grade fever spike at 6pm.	⑥ Immunosuppression; Steroid: 15 mg BD. to continue
	• ? Subcutaneous tremors.	Tac: Evening dose based on level.
	• loose stools: 9 episodes semi-solid / no blood / mucus	⑦ Neuro review
	• U/O: 4.2 cc/kg/hr.	
	O/E: E4 V3 M4	
	Chest: clear	⑧ watch for abnormal movements, staccato; flushing, tachycardia, tachypnea
	P/A: soft.	
	HR: 126/min	
	SpO2: 99%	
	BP: 115/81 mmHg	
	RR: 24/min	

DR. PRASHANT BACHINA
Registration No: 11816

noted by
Ansu.

Dr. Dena.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/20 3 pm	S/B Gastro team	Plan:
	• no fever spikes	① chest physiotherapy limb physiotherapy OMS.
	• no loose stools	
	• no abnormal movements	② continue NG feed 150ml/e 2H (1:25ml dilution)
	O/E on room air	③ EEG to be done
	chest: clear	④ Neuro review after EEG
	P/A: soft.	⑤ Tac dose: 1mg BD
	HR: 121/min	
	SpO ₂ : 99%	⑥ continue medication as per chart.
	RR: 26/min	⑦ Inform in case of tachycardia/ tachypnea, HTN, abnormal movements.
	Tac level: 2.99	⑧ S. Electrolytes T/m 6 am
	referred	noted Ansu
	Dr. M. Naga Venkata Poushya Sai Registration No. TSMC/MP/34701	Dr. Hema



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/20 9:40 AM	S/B Gastro team	Plan:
	40 Biliary Atresia / Post OLT	1) Chest physiotherapy
	now with small bowel	limb physiotherapy
	obstruction / Post adhesiolysis	2) somatosensory stimulation
	VOD: 18 / Sepsis / Septic shock	3) Continue NG
	MOPS / critical illness	feeds 150ml / Q 3H
	neuropathy	4) Continue medications
		as per chart.
	• low grade fever today	5) BIS training to
	morning	be given to parents.
	• loose stools - better.	6) RP ₁
	• U/O: 2.6 cc/kg/hr	INR, Mg
	• I/O: + 202 ml.	Tac level
		T/W
		6 AM
	O/E: E4 V3 MA.	Noted by
	chest: clear	Shanfy
	P/A: soft.	
	HR: 121/min	
	SpO ₂ : 98%	
	BP: 118/91 mmHg	
	RR: 30/min	

DR. PRASHANT BACHINA
Registration No: 11818

Dr. Derra

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/20 9:30 AM	S/B Gastro team. (2024) 1. Biliary Atresia / Post OLT Intestinal obstruction. S/P Adhesiolysis (Pop: 19) Sepsis / Septic shock / RAOPS critical illness neuropathy • low grade fever spikes. • 1 episode of vomiting • Stools: 7 episodes. normal consistency • UO: 3.1 cc/kg/hr. O/E: on room air chest: clear P/A: soft. febrile. HR: 145/min. SpO2: 98%. BP: 119/89 mmHg. RR: 31/min	Plan: 1) chest physio limb physio OMS. 2) continue NG feeds 150ml / Q 3H 3) Immunosuppression: steroid: 10mg BD. Tac: evening dose based on tac level. 4) I.V Mg correction Noted by Shant 5) Send PCT in same sample. Noted by Shant Dr. Hema

DR. PRASHANT BACHINA
Registration No: 11816

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/24 9:50 am	<u>NUTRITION REVIEW</u>	
	PBW: 14kgs (10 th centile)	STOOL PASSED = 7 / Bristol = 5
	REE: 812.8 kcal/d	Hb: 12.4, WBC: 8009, Plt: 1.51
	RDA: 1480 Kcal/d	Na: 133, K: 5.4, Cl: 102
		U: 49, Cr: 0.2, SGPT: 152
		SGOT: 98, Alb: 3.7, Amy: 75
	NG feeds	
	peptamen junior	
	(1:25 ml) dilution	
	150ml @ 3 rd hly	Recall volume = 1200 ml/d
	22 scoops for REE	48 scoops for Recall
	Vol = 550ml/d for REE	
	70ml @ 3 rd hly for REE	
	<u>MACROS (REE)</u>	<u>MACROS (RECALL)</u>
	Cal: 803 ; 57.3 kcal/kg/d	Cal: 1752 ; 125.1 kcal/kg/d
	Prt: 22 ; 1.57 g/kg/d	Prt: 48 ; 3.4 g/kg/d
	Carbs: 112.2 ; 8 g/kg/d	Carbs: 244.8 ; 17.4 g/kg/d
	Fat: 28.6 ; 2 g/kg/d	Fat: 62.4 ; 4.45 g/kg/d
		Present feed: 150ml / 3 rd hly

Alexander
Dietitian

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 8 Y 11 M 17 D (M)
Dr. Prashant Bachina



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/20 9:40 AM	S/B Gastro team	Plan:
	40 Biliary Atresia / lost out	① Discharge today.
	Intestinal obstruction:	Review: 1 week.
	S/P Adhesiolysis (POD: 20)	- To continue physiotherapy and oms at home
	Sepsis / Septic shock / MODS.	- NG feeds
	Critical illness neuropathy	- • Zipran
	lost fever spike 10 AM yesterday	• Omnicotil force: 3.5 ml BD
	1 loose stool	• Tac: 1.2 mg BD
	U/O: 3.3 cc/kg/hr.	• Loripil
	O/E on room air	• Lacosamide
	Chest: clear	• clonidine, Prazosin, Amlodipine
	P/A: soft.	• Mito-Q7
		• Magnion.
		- Swallow assessment
		- <u>Neuro review</u>
	HR: 127/min	- Repeat S. Electrolysis,
	BP: 112/78 mmHg	Ca, Mg - after 2 days.
	SpO2: 98%	PO ₄
	RR: 20/min	(Saturday)
		Dr. Alma.

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



RESULT SHEET

Date	21/7	21/7	22/7	23/7/20		
Time	6AM	10AM	5AM	6AM		
Hb			12.4			
PCV			36.7			
RBC			4.26			
WBC			8009			
N/L			83.2/4.9			
Platelets			1.51 Lakh			
CRP						
ESR						
PCT			0.2			
RBS						
Na	130		133	133		
K	4.5		5.4	4.1 ↓		
Cl	98		102	103		
Ca/Mg	1.8	1.8	9.7/1.3	1.1		
Phosphate			4.0			
Urea			49			
Creatinine			0.2			
ALP			344	269 ↓		
SGPT			152 ↓	129 ↓		
SGOT			98 ↑	84 ↓		
T.Bill/Conj			2.1/1.5	1.6/0.5 ↓		
T.Protein			6.6	5.5 ↓		
S.Albumin			3.7	3.1 ↓		
S.Globulin			2.9	2.4		
A/G Ratio			1.2	2.4		
Uric Acid			2.6			
S.Amylase			75			
Sr.Lipase						
Blood Lactate						
S.Cholesterol			240			
PT/INR			16/1.2			
APTT			30			
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc..) :



RESULT SHEET

Date	14/7/26	15/7/26	16/7/26	17/7/26	18/7/26	20/7/26
Time	6pm	5:00AM	5AM	5AM	5AM	6am
Hb		6.6 ↓	9	9.8		10.8
PCV		21.2	26.8	29.2		31.9
RBC		2.36	3.06	3.32		3.64
WBC		4080 ↓	3180	3850		3.99
N/L		91/1.7	90/3.8	86.5/3.9		84/4.8
Platelets		85000 ↑	88000 ↑	1.10 L		98,000
CRP						
ESR						
PCT	0.200 ↓					
RBS						
Na		137	132	137	133	129
K		4.0	4.2	3.8	4.8	4.9
Cl		103	101	105	104	100
Ca/Mg		8.6/1.2	9/1.3	1.3	1.2	1.3
Phosphate		2.3	3.3			
Urea		60 ↓	83 ↑	87 ~		41 ↓
Creatinine		0.4 ↓	0.4	0.4		0.3
ALP		154 ↓	132	173 ↑	205	.
SGPT		166 ↓	173 ↑	175 ↑	169 ↓	166 ↓
SGOT		77 ↓	80 ↑	94 ↑	79 ↓	71 ↓
T.Bill/Conj		21/1.8 ↓	2/1.4	2.4/1.8	2.3/1.7	1.9
T.Protein		4.8	4.9	5.3	5.4	5.4
S.Albumin		2.5 ↓	2.7 ↑	3.0	3.0	3.2
S.Globulin			2.2	2.29	2.4	2.5
A/G Ratio			2.2	1.3	1.2	1.2
Uric Acid		3.2	3.2			2.6
S.Amylase		50	69			66
Sr.Lipase						
Blood Lactate						
S.Cholesterol		99	112			
PT/INR		21/1.6		19/1.5		17/1.3 ↓
APTT		36		32		32
CSF Protein / Sugar						
LDH			574			
ferritin			240			



RESULT SHEET

Date	11/7/26	11/7/26	12/7/26	12/7/26	13/7/26	14/7/26
Time	6 AM	6 PM	4:00 AM	4 PM	4 AM	6 AM
Hb	7.5 ↓		7.4		7.6	7.3 ↓
PCV	23.6		23.4		24.6	23.7
RBC	2.75		2.64		2.70	2.58
WBC	5070 ↓		5180		6250	6230
N/L	80/4		84/2.7		92/2.1	94.1/1.9
Platelets	62000 ↓		73000 ↑		83000	76,000 ↓
CRP	(72000)					
ESR - Procalcitonin(2-4)		1.14 ↓				
PCT						
RBS						
Na	145 ^{oral} - 150		152 ↑	152	148 ↓	141 ↓
K	3.1 ↓	4.3	4.2	3.8	4	4.4
Cl	110	121	123 ↑	119	116 ↓	107
Ca/Mg	9.2 / (1.6)		9.3 / 2.0		8.8	
Phosphate	4.1		3.1		4.0	
Urea	133 ↓		107 ↓		67 ↓	65 ↓
Creatinine	0.6 ↑		0.6		0.6	0.5
ALP	108		107		161	
SGPT	346 ↓		289		281	
SGOT	117 ↑		115		116	
T.Bill/Conj	3.7/2.7		2.8/2.5		2.7/2.4 ↓	
T.Protein	5.8		5.6		5.4	
S.Albumin	3.0		2.9 ~		2.9	
S.Globulin	2.8		2.7		2.5	
A/G Ratio	2.8					
Uric Acid	8.5		7.0		4.2	
S.Amylase	38		39		42	
Sr.Lipase						
Blood Lactate						
S.Cholesterol	107		103		102	
PT/INR	19/1.5		26/2.1 ↑		25/2.0	21/1.6 ↓
APTT	42		31.85		40	38
CSF Protein / Sugar						
Cells						
N/L	Bicarb					26



RESULT SHEET

Date	8/7/26	09/07	09/07	10/07	10/7	10/7/26
Time	6pm	12:00 AM	4:30 AM	4:00 AM	200pm	11 pm
Hb	9.4		8.1	8.0		
PCV	27.5		24.6	24.6		
RBC	3.47		3.07	2.96		
WBC	6310		5460 ↓	7780 ↑		
N/L	61/11		65/10	71/49		
Platelets	54000 ↑		42000 ↓	64,000 ↑		
CRP			(60/1000)			
ESR						
CT				2.04 ↓		
RBS						
Na	141	142	143	142	147	145
K	(2)	(2.6)	(8.3)	(2.9)	3.6	3.4
Cl	104	107	109	109	113	111
Ca/Mg			9.1/2.8	9.2/2.1		
Phosphate			3.7	5.0		
Urea			140 ↑	136 ↓		
Creatinine			0.7 ↓	0.5 ↓		
ALP			94	1006		
SGPT			567 ↓	425 ↓		
SGOT			95 ↓	106 ↑		
T.Bill/Conj			4.4/3 ↓	3.7/2.5		
T.Protein			6	5.9		
S.Albumin			3.1	3.1		
S.Globulin			2.9	2.8		
A/G Ratio						
Uric Acid			6.2	8.3.		
S.Amylase			37	40		
Sr.Lipase						
Blood Lactate						
S.Cholesterol			79	130		
PT/INR			24/1.8	22/1.7		
APTT			46	41		
CSF Protein / Sugar						
Cells						
N/L						

ferritin

431

Date	10/7/26					
Time	5pm					
CUE - Alb	trace					
CUE - Sugar	NR					
CUE - Ketones	Negative					
CUE - PUS Cells	4 to 5					
CUE - RBC Cells	0					
CUE						
epithelial cells	3 to 4					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : 10/7/26 spot urine electrolytes

Cl⁻ - 78

K⁺ - 27.7

Na⁺ - 107

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



RESULT SHEET

Date	6/7/26	7/7/26	7/7/26	7/7/26	8/7/26	8/7/26
Time	5:00pm	6:00AM	4pm	7pm	5:30AM	10 AM
Hb	7.3	7.1		8.4	8.5	
PCV	22.7	22.3		25.6	25.3	
RBC	2.78	2.68		3.12	3.18	
WBC	2610 ↑	2170		1970 ↓	2190 ↑	
N/L	71/7.0	66/12		64/17	58/20	
Platelets	24,000 ~	25,000 ~		26000	33000 ↑	
CRP						
ESR						
PCT						7.52 ↓
RBS						
Na		138	143		140	
K		3.5	3.7		2.8 ↓	
Cl		107	108		106	
Ca/Mg	8.8/2.7	10.2/1.3	9.6/1.7		7.9/2.1 ↓	
Phosphate	3.0	2.7	4.8		5.6	
Urea		3.7			11.7 ↑	
Creatinine		0.7			1.1 ↑	
ALP		106			102	
SGPT		1220 ↓			848 ↓	
SGOT		391 ↓			121 ↓	
T.Bill/Conj		8.7/5.9 ↑			6.4/4.1	
T.Protein		5.9			6.1	
S.Albumin		3.0			3.1	
S.Globulin		2.9			3.1	
A/G Ratio					3.1	
Uric Acid		1.0			4.3	
S.Amylase		65			48	
Sr.Lipase						
Blood Lactate						
S.Cholesterol					78	
PT/INR	27/2.1 ↑	25/2.0	22/1.7	22/1.7 ↓	27/2.1 ↑	
APTT	42	46	43	43	45	
CSF Protein / Sugar						
Cells						
feritin		315 ↓				
LDH		424 ↓				

RESULT SHEET

POD-2

POD-3

Date	04/07	4/7/26	4/7/26	05/07/26	05/07/26	06/07/26
Time	4 Am	5:30 PM	8:00 PM	6:00 AM	7 PM	5:00 AM
Hb	8.7	7.3		7.1	7.5	7.4
PCV	28.2	24.0		23.3	24.6	23.7
RBC	3.4	2.84		2.74	2.89	2.81
WBC	2,220	1860 ↓		2760 ↑	1330 ↓	1270 ↓
N/L	66/10	87/70		83/11	72/11	75/8
Platelets	27000	16,000 ↓		21,000	20000	24000
CRP		SDP.		SDP (25000)		
ANC	1452					958
PCT						
RBS						
Na	144			141		139
K	4.1			4.3		3.4
Cl	115			110		107
Ca/Mg	6.0/2.6			9.0/1.9	10.0	9.6/1.5
Phosphate	4.3			4.6		3.6
Urea	19			28 ↑		32
Creatinine	0.5			0.9 ↑		0.7 ↓
ALP	158					109
SGPT	3188 ↑			3409 ↑		1604 ↓
SGOT	7017 ↑			6556 ↓		1450 ↓
T.Bill/Conj	3.9/2.2 ↑			4.6/3.1		7.2/4.4
T.Protein	6.0			6.2		6.4
S.Albumin	3.7			3.5 ~		3.2
S.Globulin	2.3			2.7		3.2
A/G Ratio						
Uric Acid	2.2			1.8		
S.Amylase	56					61
Sr.Lipase						
Blood Lactate						
S.Cholesterol	50			64		75
PT/INR	18/6.9	30/2.4	28/2.3	21/1.6	22/1.7	
APTT	>2min	109	68	80	48	
CSF Protein / Sugar	FFP.			PLEX		
Cells	24000			2 cycle		
N/L	ferritin	4240		21000	2260	



yemula

DRUG CHART

Date of Admission: 01/07/2020 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <u>ly Buccopan</u>				Date/Time
Dose	Route	Frequency	Start Date	
10mg IV		TID (C601)	1/7 2:10 am	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>[Signature]</u>	
Additional Instructions:				
<u>if 40pamabdom</u>				

DRUG : <u>ly PARACETAMOL</u>				Date/Time
Dose	Route	Frequency	Start Date	
160mg IV		TID (C601)	1/7 9:20 am	
Doctor's Signature		Valid Period	Pharm.	
<u>[Signature]</u>			<u>[Signature]</u>	
Additional Instructions:				
<u>if 40pamabdom</u>				

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



REGULAR PRESCRIPTIONS

Weight. 14 Kg Ward. puw

DRUG : <u>INS. ESOMEPRAZOLE</u>				Date	Time
Dose	Route	Frequency	Start Date		
15mg	IV	OD	01/07/26		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>INS. ONDANSETRON</u>				Date	Time
Dose	Route	Frequency	Start Date		
2.5mg	IV	TID	01/07/26		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>INS. LEFTRIAXONE</u>				Date	Time
Dose	Route	Frequency	Start Date		
700mg	IV	BD	01/07/26		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>TAXEROLIMUS TABLET</u>				Date	Time
Dose	Route	Frequency	Start Date		
0.5mg	PO	BD	01/07/26		
Name & Signature of the Doctor					
Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
01/07/20	10 am	NS . bolus	100ml over 1hr	IV	[Signature]	Kalyani, Supriya, Annapurna, Andrew, Subash
1/7	9:30 pm	10% dextrose	70 ml.	IV	[Signature]	Annapurna, Andrew, Subash
2/7	12 AM	Syr SURAFAN	10 ML	P.O.	[Signature]	Subash
2/7	9:30 am	NEOTOMIC ENEMA	1 unit	PR	[Signature]	Subash, Annapurna, Andrew, Supriya
2/7	1 pm	NS	150 ml	iv over 30 min	[Signature]	Annapurna, Andrew, Supriya
2/7	1:40 pm	NS	150 ml	iv over 1 hr	[Signature]	Annapurna, Andrew, Supriya
2/7	3 pm	NS	150 ml	iv over 2 hr	[Signature]	Annapurna, Andrew, Supriya
2/7	4:15 pm	Syr, VITAMIN K	5 mg	iv over 2 hrs	[Signature]	Annapurna, Andrew, Supriya



I.V. FLUIDS CHART

Weight. 14 kg Ward.

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
1/7/26	5:30 AM	IVF. DNS (80% Maintenance)	IV	40 ml/hr	<u>Malt</u>	seema shiksha	1/7	<u>A</u>	<u>MS</u> <u>so</u>
1/7	9:50 PM	DNS 100% maintenance	IV	50	<u>A</u>	seema Anaguma	2/7	<u>S</u>	<u>MS</u> <u>so</u>
2/7	1:45 PM	10% DNS	iv	50 ml/hr	<u>Sp</u>	<u>MS</u> <u>hls</u>	2/7	<u>S</u>	<u>MS</u> <u>so</u>
2/7	3 PM	3% NS	iv	14 ml/hr	<u>Sp</u>	<u>MS</u> <u>hls</u>	7/7	<u>Y</u>	<u>MS</u> <u>Si</u>
2/7	3 PM	10% DNS	iv	45 ml/hr 50 ml/hr	<u>Sp</u>	<u>MS</u> <u>hls</u>	02/07	<u>U</u>	<u>MS</u> <u>Hakim</u>
03/07	3 PM	15% DNS e GIP 2.6 ml/hr	IV	10 ml/hr	MS				
3/7/26	3 PM	15% DNS + 10 ml KCl	IV	15 ml/hr	<u>prashant</u>	<u>MS</u> <u>hls</u>	3/7	<u>MS</u>	<u>MS</u> <u>hls</u>
3/7/26	10 PM	2% METHYLENE BLUE	IV	2.8 ml/hr	<u>prashant</u>	<u>MS</u> <u>hls</u>	3/7	<u>MS</u>	<u>MS</u> <u>hls</u>
04/7/26	7:00 AM	IVF - 20% DNS + 10 ml KCl	IV	10 ml/hr	<u>MS</u>	<u>MS</u> <u>hls</u>	4/7	<u>MS</u>	<u>MS</u> <u>hls</u>
4/7/26	7:20 AM	2% N-ACETYL CYSTEINE 7 ml + 17 ml NS	IV	1 ml/hr	<u>prashant</u>	<u>MS</u> <u>hls</u>	5/7	<u>MS</u>	<u>MS</u> <u>hls</u>



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14 kg

Ward puw

DRUG: TAB. OMNACORIEL				Date/Time <u>1/7</u>
Dose <u>2.5mg</u>	Route <u>PO</u>	Frequency <u>OD at Night</u>	Start Dt. <u>01/07/20</u>	<i>Change dose 01/07/20 Dr. Kumar</i>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: SyP. COLA X				Date/Time <u>1/7</u>
Dose <u>10ml</u>	Route <u>PO</u>	Frequency <u>OD HS</u>	Start Dt. <u>01/07/20</u>	<i>Stop 2/7</i>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan.</u>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: SyP. DUPHALAC				Date/Time <u>1/7 4:30</u>
Dose <u>25ml</u>	Route <u>PO</u>	Frequency <u>OD HS</u>	Start Dt. <u>01/07/20</u>	<i>Stop 2/7</i>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan.</u>				
Additional Instructions: <u>To reduce to 20ml, if go loose stools</u>				
Daily Doctor's Endorsement by a Sign				
DRUG: DOMSTAL SUSPENSION				Date/Time <u>01/07/20 4:2</u>
Dose <u>3ml</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Dt. <u>01/07/20</u>	<i>Stop 2/7</i>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nandan.</u>				
Additional Instructions: <u>1mg/1ml</u>				
Daily Doctor's Endorsement by a Sign				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14 kg Ward 210

DRUG: <u>DULCOFLEX RETAL SUPPOSITORIES</u>				Date/Time	<u>11/7</u>	<u>2/7</u>
Dose	Route	Frequency	Start Dt.			
<u>5mg</u>	<u>PR</u>	<u>BD</u>	<u>01/07</u>	<u>11/7</u>	<u>2/7</u>	<u>2/7</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>Kumar</u>				<u>11/7</u>		
Additional Instructions:				<u>1 suppository - 5mg</u>		
Daily Doctor's Endorsement by a Sign						
DRUG: <u>1g AUGMENTIN</u>				Date/Time	<u>11/7</u>	
Dose	Route	Frequency	Start Dt.			
<u>1g</u>	<u>IV</u>	<u>TID</u>	<u>01/07</u>	<u>11/7</u>	<u>2/7</u>	<u>2/7</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>Sharma</u>				<u>11/7</u>		
Additional Instructions:				<u>10mg/kg/day</u>		
Daily Doctor's Endorsement by a Sign						
DRUG: <u>540 OMNOCORTIL</u>				Date/Time	<u>11/7</u>	<u>2/7</u>
Dose	Route	Frequency	Start Dt.			
<u>5mg</u>	<u>PO</u>	<u>OD</u>	<u>11/7</u>	<u>11/7</u>	<u>2/7</u>	<u>2/7</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>Sharma</u>				<u>11/7</u>		
Additional Instructions:				<u>(5mg/5mg)</u>		
Daily Doctor's Endorsement by a Sign						
DRUG: <u>1g MEROPENAM</u>				Date/Time	<u>11/7</u>	<u>2/7</u>
Dose	Route	Frequency	Start Dt.			
<u>1g</u>	<u>IV</u>	<u>q8h</u>	<u>11/7</u>	<u>11/7</u>	<u>2/7</u>	<u>2/7</u>
Name & Signature of the Doctor Starting the Drugs:						
<u>Sharma</u>				<u>11/7</u>		
Additional Instructions:				<u>40mg/kg/dose</u>		
Daily Doctor's Endorsement by a Sign						

VERIFIED BY : Name Signature

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 28 D (M)
Dr. Prashant Sachina



O +ve

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RESULT SHEET

POD-0

POD-1

Date	1/7/26	2/2/26	2/7/26	3/7/26	3/7/26	3/7/26
Time	4:45 AM	11 AM	11:50 PM	6 AM	9:00 AM	9 PM
Hb	14.5	15	13.1 ↓	13.8 ↑		8.9
PCV	43.6	45.9	39.9	42.1		28.4
RBC	5.62	5.82	5.01	5.26		3.44
WBC	13.98 ✓	4,110	2220 ↓	5120		2580
N/L	76.3/16.5	58/29	41/52	85/5.5		80/10
Platelets	232	1.75 lakh ↓	1.31 lakh ↓	1.61 lakh		19000
CRP	5.0 ~					SDP
ESR						
PCT		6.13			15.5 ↑	
RBS						
Na	134	131	140 ↑	143		147
K	4.6	3.6	2.7 ↓	2.9		3.6
Cl	102	103	116	119		122
Ca/Mg				8.4	1.4	
Phosphate		3.8		2.7		
Urea	19	34 ↑		29		
Creatinine	0.3	0.4		0.7 ↑		
ALP		187		131		
SGPT		29		42 ↑		
SGOT		37		76 ↑		
T.Bill/Conj		1.5/0.3 ↑		1.5/0.9		
T.Protein		6.2		4.7		
S.Albumin		3.6		2.5 ↓		
S.Globulin		2.6		2.2		
A/G Ratio		2.6		2.2		
Uric Acid		5.3		6.6		
S.Amylase		40		30		
Sr.Lipase		17				
Blood Lactate						
S.Cholesterol		87		68		
PT/INR		37.3		25/2.0 ↓		
APTT		57		47 ↓		
CSF Protein / Sugar		17				
Celle	Ricarbonate	17				
ferritin						166

CUL - RBC - 20-25 ✓

pus cells - 3-4

epi cells - 2-3

turbid in appearance

Blood - Non hemolyzed

Nitrate / leucocyte - neg

2/17

plasma transposed - 4/17

2/17

spot creatinine - 7.6.6 (24-392)

refine for uric acid - 80.1

spot calcium - 1.0



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14kg Ward PW

DRUG : <u>2% PARACETAMOL</u>				Date Time	<u>2/7/26</u>															
Dose	Route	Frequency	Start Dt.																	
<u>200mg</u>	<u>iv</u>	<u>TID</u>	<u>2/7/26</u>	<u>6 AM</u>	<u>X</u>	<u>Sub</u>														
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Prashant Bachina</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>2% TRAMADOL</u>				Date Time	<u>2/7/26</u>															
Dose	Route	Frequency	Start Dt.																	
<u>15mg</u>	<u>iv</u>	<u>TID</u>	<u>2/7/26</u>	<u>12 AM</u>	<u>X</u>	<u>Sub</u>														
Name & Signature of the Doctor Starting the Drugs:																				
<u>Dr. Prashant Bachina</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INT POLYMYXIN B</u>				Date Time	<u>2/7/26</u>	<u>3/7/26</u>	<u>4/7/26</u>	<u>5/7/26</u>	<u>6/7/26</u>	<u>7/7/26</u>	<u>8/7/26</u>	<u>9/7/26</u>	<u>10/7/26</u>							
Dose	Route	Frequency	Start Dt.																	
<u>2.8g</u>	<u>iv</u>	<u>BD</u>	<u>2/7/26</u>	<u>6 AM</u>	<u>X</u>	<u>Sub</u>														
Name & Signature of the Doctor Starting the Drugs:																				
<u>Suby.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>INT FLUCONAZOLE</u>				Date Time	<u>2/7/26</u>															
Dose	Route	Frequency	Start Dt.																	
<u>140mg</u>	<u>iv</u>	<u>OD</u>	<u>2/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs:																				
<u>Suby.</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14 kg Ward 14

DRUG: INJ CEFTRIAZIDIME

Dose: 700mg Route: iv Frequency: TID Start Dt. 3/7

Name & Signature of the Doctor Starting the Drugs: Sukhey

Additional Instructions:

Date	Time	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7
6 AM	8am											
2 PM	4pm											
10 PM	10pm											

Stop 13/07/26

Daily Doctor's Endorsement by a Sign

DRUG: INJ AZTREONAM

Dose: 700mg Route: iv Frequency: TID Start Dt. 3/7

Name & Signature of the Doctor Starting the Drugs: Sukhey

Additional Instructions:

Date	Time	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7
6 AM	8am											
2 PM	4pm											
10 PM	10pm											

Stop 13/07/26

Daily Doctor's Endorsement by a Sign

DRUG: INJ CARNITINE

Dose: 500mg Route: iv Frequency: TID Start Dt. 3/7

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

Additional Instructions:

Date	Time	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7
6 AM	8am											
2 PM	4pm											
10 PM	10pm											

Stop 10/07/26

Daily Doctor's Endorsement by a Sign

DRUG: INJ PANTOPRAZOLE

Dose: 20mg Route: iv Frequency: TID Start Dt. 3/7

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

Additional Instructions:

Date	Time	3/7	4/7	5/7	6/7	7/7	8/7	9/7	10/7	11/7	12/7	13/7
6 AM	8am											
2 PM	4pm											
10 PM	10pm											

Stop 10/07/26

Daily Doctor's Endorsement by a Sign



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14 kg

Ward ICU

DRUG : <u>Syr. UDILIV</u>				Date/Time	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Dt.																
4.5ml	PO	BD	7/7		10 AM	8 AM	9 AM	10 PM	11 PM	12 PM	1 PM	2 PM	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:				10 PM <u>Stop</u>															
Daily Doctor's Endorsement by a Sign				<u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u>															

DRUG : <u>Syr. ANAKINRA</u>				Date/Time	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Dt.																
50mg	IV	BD	7/7		6 AM	6 PM													
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:				6 PM <u>Stop</u>															
Daily Doctor's Endorsement by a Sign				<u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u>															

DRUG : <u>Syr. METHYL PREDNISOLONE</u>				Date/Time	7/6	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Dt.																
50mg	IV	BD	7/7		10 AM	10 PM													
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:				10 PM <u>Stop</u>															
Daily Doctor's Endorsement by a Sign				<u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u>															

DRUG : <u>Syr. VITAMIN-K</u>				Date/Time	7/7	8/7	9/7	10/7	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7
Dose	Route	Frequency	Start Dt.																
5mg	IV	OD	7/7		1 PM	1 PM													
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:				18/10/26 <u>Stop</u>															
Daily Doctor's Endorsement by a Sign				<u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u> <u>✓</u>															



Sheet No:

REGULAR PRESCRIPTIONS

Weight 34 kg

Ward PICU

DRUG : <u>2x METHYLPREDNISOLONE</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>140 mg</u>	<u>IV</u>	<u>OD</u>	<u>10/7/26</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>				<u>Change dose to not more than 10/7/26</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>INJ METHYLPREDNISOLONE</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>70 mg</u>	<u>IV</u>	<u>BD</u>	<u>10/7</u>	<u>10 AM</u>	<u>21/7</u>	<u>11/7</u>														
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Notman</u>				<u>change dose to 11/7/26</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>SYP. RITCHARD</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>7.5 ml</u>	<u>PO</u>	<u>TID</u>	<u>11/7</u>	<u>6 AM</u>	<u>X</u>	<u>11/7</u>	<u>11/7</u>													
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Notman</u>				<u>STOP</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>Tab. CLONIDINE</u>				Date Time																
Dose	Route	Frequency	Start Dt.																	
<u>50 mcg</u>	<u>PO</u>	<u>TID</u>	<u>11/7</u>	<u>6 AM</u>	<u>X</u>	<u>12/7</u>	<u>13/7</u>	<u>14/7</u>	<u>15/7</u>	<u>16/7</u>	<u>17/7</u>	<u>18/7</u>	<u>19/7</u>	<u>20/7</u>	<u>21/7</u>	<u>22/7</u>	<u>23/7</u>			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant</u>				<u>change dose to 11/7/26</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14/5 Ward puw

DRUG: INT METHYPREDNISOLONE				Date Time	11/7	12/7	13/7													
Dose	Route	Frequency	Start Dt.																	
15mg	1/v	BD	11/7	10 AM																
Name & Signature of the Doctor Starting the Drugs:				Dr. Tyoti Dr. Vankar 17/10/20																
Additional Instructions:				1mg/kg/dose 10mg 10mg 10mg																
Daily Doctor's Endorsement by a Sign				Dr. Tyoti																
DRUG: INT LEVOFLOXACIN				Date Time	11/7	12/7	13/7													
Dose	Route	Frequency	Start Dt.																	
100mg	1/v	OD	11/7	10 PM																
Name & Signature of the Doctor Starting the Drugs:				Dr. Tyoti Dr. Vankar 14/7																
Additional Instructions:				10mg 10mg 10mg																
Daily Doctor's Endorsement by a Sign				Dr. Tyoti																
DRUG: INT ANIDULAFUNGIN				Date Time	11/7	12/7	13/7													
Dose	Route	Frequency	Start Dt.																	
40mg	1/v	OD	11/07/20	10 PM																
Name & Signature of the Doctor Starting the Drugs:				Dr. Tyoti Dr. Vankar 13/07/20																
Additional Instructions:				40mg for first dose then 20mg OD.																
Daily Doctor's Endorsement by a Sign				Dr. Tyoti																
DRUG: Tab. PRAZOSIN				Date Time	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7				
Dose	Route	Frequency	Start Dt.																	
1.5mg	PO	BD	12/7/20	10 AM																
Name & Signature of the Doctor Starting the Drugs:				Dr. Prashant Dr. Vankar 18/7 19/7 20/7 21/7 22/7 23/7																
Additional Instructions:				1.5mg 1.5mg 1.5mg 1.5mg 1.5mg 1.5mg 1.5mg 1.5mg																
Daily Doctor's Endorsement by a Sign				Dr. Prashant																



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14.....

Ward D1W.....

DRUG : <u>Tab. AMLODIPINE</u>				Date Time	11/7	12/7	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7	21/7	22/7	23/7
Dose	Route	Frequency	Start Dt.														
2.5mg	PO	BD	11/7/20		Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am	Am
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant Bachina</u>																	
Additional Instructions:																	
Daily Doctor's Endorsement by a Sign																	

DRUG : <u>REFRESH EYE DROPS</u>				Date Time	12/7	13/7	14/7	15/7	16/7	17/7
Dose	Route	Frequency	Start Dt.							
2 drops	Each eye	BD	12/07		Am	Am	Am	Am	Am	Am
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kunal</u>										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										

DRUG : <u>TAB. CLONIDINE</u>				Date Time	12/7
Dose	Route	Frequency	Start Dt.		
1 TAB	PO	BD	12/07		Am
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kunal</u>					
Additional Instructions: 1 Tab = 100 mg.					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>INF. MEROPENEM</u>				Date Time	13/7	14/7	15/7	16/7	17/7	18/7	19/7	20/7
Dose	Route	Frequency	Start Dt.									
560mg	IV	TID	13/07		Am	Am	Am	Am	Am	Am	Am	Am
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kunal</u>												
Additional Instructions:												
Daily Doctor's Endorsement by a Sign												



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14 kg

Ward PLW

DRUG : INT FLUCONAZOLE.				Date Time	13/7/21	15/7/21	16/7/21	17/7/21	18/7/21	19/7/21				
Dose	Route	Frequency	Start Dt.											
140mg	IV	OD	13/07											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kunal</u>				2pm 4pm 6pm 8pm 10pm 12pm 2pm 4pm 6pm 8pm 10pm 12pm										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : INT METHYL PREDNISOLONE				Date Time	13/7/21	14/7/21	15/7/21	16/7/21	17/7/21					
Dose	Route	Frequency	Start Dt.											
70mg	IV	BD	13/07											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Vamika</u>				6pm 8pm 10pm 12pm 2pm 4pm 6pm 8pm 10pm 12pm										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : T. TACROLIMUS				Date Time	14/7/21	15/7/21	16/7/21	17/7/21	18/7/21					
Dose	Route	Frequency	Start Dt.											
0.1mg	PO	BD	14/7											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Dharma</u>				10am 12pm 2pm 4pm 6pm 8pm 10pm 12pm										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														
DRUG : ZAC - D				Date Time	14/7/21	15/7/21	16/7/21	17/7/21	18/7/21	19/7/21	20/7/21	21/7/21	22/7/21	23/7/21
Dose	Route	Frequency	Start Dt.											
5ml	PO	BD	14/7											
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Kunal</u>				12pm 2pm 4pm 6pm 8pm 10pm 12pm 2pm 4pm 6pm 8pm 10pm 12pm										
Additional Instructions:														
Daily Doctor's Endorsement by a Sign														



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14

Ward PICU

DRUG: <u>Syr. ZINCONIA</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>5ml</u>	<u>NG</u>	<u>OD</u>	<u>14/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Bachina</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: <u>Di. MANORUM</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>1.4ml</u>	<u>NG</u>	<u>OD</u>	<u>15/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Bachina</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: <u>T. GLYCOPYROLATE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>70mg</u>	<u>NG</u>	<u>TID</u>	<u>16/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Vijay</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: <u>INJE MEPRATE</u>				Date	Time
Dose	Route	Frequency	Start Dt.		
<u>15mg</u>	<u>IV</u>	<u>OD</u>	<u>17/7</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Vamsi</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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Sheet No:

REGULAR PRESCRIPTIONS

Weight 14kg Ward Prec

DRUG: <u>DI METAMUPROD</u>				Date/Time: <u>17/7</u>
Dose: <u>10mg</u>	Route: <u>PO</u>	Frequency: <u>BD</u>	Start Dt.: <u>17/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>10mg PO BD</u>				
Daily Doctor's Endorsement by a Sign: <u>[Signature]</u>				

DRUG: <u>Lyp. LEVITERACETAM</u>				Date/Time: <u>17/7</u>
Dose: <u>1.5ml</u>	Route: <u>PO</u>	Frequency: <u>BD</u>	Start Dt.: <u>17/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant Bachina</u>				
Additional Instructions: <u>(5ml / 500 mg)</u>				
Daily Doctor's Endorsement by a Sign: <u>[Signature]</u>				

DRUG: <u>547 CALCIUM PLUS</u>				Date/Time: <u>17/7</u>
Dose: <u>10mg</u>	Route: <u>PO</u>	Frequency: <u>BD</u>	Start Dt.: <u>17/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>				
Additional Instructions: <u>[Blank]</u>				
Daily Doctor's Endorsement by a Sign: <u>[Signature]</u>				

DRUG: <u>VitD3 sachets 60,000 IU</u>				Date/Time: <u>17/7</u>
Dose: <u>1 sachet</u>	Route: <u>PO</u>	Frequency: <u>once weekly</u>	Start Dt.: <u>17/7</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Prashant Bachina</u>				
Additional Instructions: <u>Upnke D3 60K IU (sachets)</u>				
Daily Doctor's Endorsement by a Sign: <u>[Signature]</u>				



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14

Ward

DRUG : <u>Syp. OMNACORTIL FORTE</u>				Date	18/7	19/7	20/7	21/7	22/7						
Dose	Route	Frequency	Start Dt.	Time											
5ml	PO	BD	18/7	AM											
Name & Signature of the Doctor Starting the Drugs:				 Dr. Dema											
Additional Instructions:				<u>5ml / 15mg</u> Dr. Dema 22/7											
Daily Doctor's Endorsement by a Sign				 Dr. Dema											
DRUG : <u>T. TACROLIMUS</u>				Date	18/7	19/7	20/7								
Dose	Route	Frequency	Start Dt.	Time											
0.5mg	PO	BD	18/7	10 AM											
Name & Signature of the Doctor Starting the Drugs:				 Dr. Poushaya Sai											
Additional Instructions:				<u>10 PM</u> Dr. Dema 20/7											
Daily Doctor's Endorsement by a Sign				 Dr. Dema											
DRUG : <u>Syp. ZIPRAX</u>				Date	20/7	21/7	22/7	23/7							
Dose	Route	Frequency	Start Dt.	Time											
3.5ml	NG	BD	20/7	12 AM											
Name & Signature of the Doctor Starting the Drugs:				 Dr. Dema											
Additional Instructions:				<u>5ml / 100mg</u> Dr. Dema											
Daily Doctor's Endorsement by a Sign				 Dr. Dema											
DRUG : <u>T. LANZOL JR</u>				Date	20/7	21/7	22/7	23/7							
Dose	Route	Frequency	Start Dt.	Time											
15mg	NG	OD	20/7	6 AM											
Name & Signature of the Doctor Starting the Drugs:				 Dr. Dema											
Additional Instructions:															
Daily Doctor's Endorsement by a Sign				 Dr. Dema											

Signature

VERIFIED BY : Name

Sheet No:

REGULAR PRESCRIPTIONS

Weight 14kg Ward PICU

DRUG : T. TACROLIMUS				Date Time																
Dose 1mg	Route PO	Frequency BD	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. TACROLIMUS				Date Time	20/7	21/7	22/7													
Dose 1mg	Route PO	Frequency BD	Start Dt. 20/7	10 AM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Symp. LACOSAMIDE				Date Time	21/7	22/7	23/7													
Dose 2.5ml	Route PO	Frequency BD	Start Dt. 21/7	6 AM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : Symp. LEVIPIL				Date Time	21/7	22/7														
Dose 1.5ml	Route PO	Frequency HS	Start Dt. 21/7	10 PM																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

Weight 14kg Ward PIW



CROSS CONSULTATION FORM

Doctor Name: Dr. Abhishek R. Jain Date: 9/7/26 Time: 10 am

Diagnosis:

Hospital: RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

1/2 Neuroteam

Dr. Abhishek R. Jain
Dr. Vinet

Neurological issues:-

Acute onset encephalopathy

subacute progression
-persistent clonus gaze
with ocular bobbing

Asymmetry in pupil
without RAPD

Generalized evoking reactivity

Systemic issues:-

-laparotomy +
Adrenalectomy

-sepsis with septic
shock CRRT
mod GALT AKI

-Hypoglycemia
was on GTR

Consultant :

Name: Dr. Abhishek R. Jain

Signature: Dr. Abhishek R. Jain

Date & Time: 9/7/26 10 am

Adm:
Mr & Brian with her contract.

↓

Review:

1st 1/2

Case Reviewed.

Neurological examination (G1/H2).

-trans → E, V, M2, B₄, R₄.

cn → Eom full, B₄ - pupils equal & reactive
Blinks to bright light (+).

-Tone: Cerebral hypotonia

- on deep stimulation → extensor response
@ RL elbow joint.
- NO response.

- B₄, T₄ → grade 1 positivity.

- Hypo reflexia → L₄, A₄ - S14.

- Breeding episodes:

- significant insp stridor

- tachycardia

- hyperthermia

- tach. chloride

- Se. CPK in next
pink.

- Counters mifed.

- Seclude NCS

- tach. chloride

- ECG abnormal.

Adm:

2nd 1/2



CROSS CONSULTATION FORM

Doctor Name : DR. Abhishek Date : 21/7/26 Time : 10:30AM

Diagnosis :

Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

Shenoy for left

Plaxox 750mg every 12hrs - yesterday night (Non epileptic)
eye closed, orythmic limb moving

EEG - slow 9.84

old child concern
alert
fix & tracking (interested in learning)
partial Agm @

- PL
- ① CF levipil & lecosone
 - ② Flu After 1 week
 - ③ CF physiotherapy
 - ④ parents taper levipil on flu

Consultant :

Name : Dr. Abhishek P. Jain Signature : Dr. Abhishek P. Jain Date & Time : 10:30AM

DR. ABHISHEK R JAIN
Registration No: 2757



CROSS CONSULTATION FORM

Doctor Name: Dr. Vdli Date: 20/7/26 Time: 12:30 pm

Diagnosis: Feeding difficulties secondary to encephalopathy

Hospital: ECHE Bayana

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

Feeding & swallowing review

Signature: Dr. Vdli

Findings and Recommendations: Child was active, but not much cooperative

* OPME has inadequate functionality, restricted oral movements

* started feeding therapy with oral subs
* used chewing tube to improve oral movements
* intracranial strength in muscles

* took 2-3 bites of food, has difficulty in making bolus & swallowing

Plan: 1. Parents were trained with the techniques & asked to follow same for 3-4 times a day before feeding
2. Plup

Consultant :

Name: Dr. Vdli

Signature: Dr. Vdli

Date & Time: 20/7/26 @ 12:30

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CHOOSE YOUR REFERRAL TYPE

Doctor Name : Dr. Vidhi Navandhe Date : 18/7/26 Time : 1:30 pm

Diagnosis : Feeding difficulties & (1) Encephalopathy

Hospital : RCH; Banjara

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

Feeding & Swallowing Assessment Signature: Dr. Vidhi

Findings and Recommendations : * Child was active, but not cooperative well

* OME evaluated structurally adequate & functionally (1) restricted oral movements

* Initiated with lukewarm water & amixed
child took 2-3 spoons well but didn't cooperate later

* vomit sensation & emesis was observed

Plan: 1. Encourage oral feeds
2. Routine HA feeds
3. Oral placement stimulation (non-feeding oral smbs)

4. Parent were counselled for the same

Consultant :

Name : Dr. Vidhi Signature : Dr. Vidhi Navandhe Date & Time :

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CROSS CONSULTATION FORM

Doctor Name : DR. Ramesh Konki Date : 18/07/26 Time : 9:40 AM

Diagnosis :

Hospital :

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

18/7/26 c/o fever & dystonia & ↑HR
↑RR

video reviewed
not like seizure / dystonic
can be d/t fever induced ↑RR
↑HR
stidor
↓
arrhythmia

Consultant :

Name : Dr Ramesh Konki Signature : [Signature] Date & Time : 18/7/26

plu

① T. clonidine
100 ug
1/4 — x — 1/4

② cont-sau R



CROSS CONSULTATION FORM

Doctor Name : Sahil Venkatesh Date : 17/7/26 Time : 3pm

Diagnosis : EHBA

Hospital : RLH - Banyan hills

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Physiotherapy

Signature:

Findings and Recommendations :

S/B physiotherapist

40 → EHBA = Septic shock /
not

Post OLT = intrauterine obstruction

S/P → Adhesions

child on low flow O₂ (1L).

→ moves ^{body} to pain -

↑ tenderness (+) in BL gastrocnemius
hamstrings

→ chest at groin

→ Stitches for BL gastrocnemius
hamstring suture

→ PROM ex. for BL VC suture.

→ APO → G-Straps intermittent
splinting

Consultant :

Name : Sahil Venkatesh Signature : Sahil Date & Time : 17/7/26 3pm



CROSS CONSULTATION FORM

Doctor Name : Khushid . Shaik (PT) Date : 14/7/26 Time : 12:15 pm

Diagnosis : ETBA

Hospital : RCH; Banjara

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

Type of Referral :

- ☐ Emergency
☐ Urgent
☐ Non Urgent

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

physiotherapy

Signature: _____

Findings and Recommendations :

S/p physiotherapist

C/O:- ETBA - septic shock / mns.

Post- OCT - intestinal obstruction.

S/p - Adhesiolysis.

O/E:- child on ~~room~~ air low flow O₂ (2L)

Mild TA tightness (R >> L)
Doesn't follow commands.

S:- sketches

- PROM Ex'l

- Gentle chest physio.

- frequent change of position

Consultant :

Name : Khushid . Shaik (PT) Signature : Khushid Date & Time : 14/7/26; 12:15



Patient Sticker

CROSS CONSULTATION FORM

Doctor Name: Dr. Satya Prasad Date: 7/5/2020 Time: 5 PM

Diagnosis: _____

Hospital: RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

CERT prescription

Signature: _____

Findings and Recommendations :

Citrate
Aspirin

Plan
① M60 piltree
② BF → 60ml
PBP → 600ml
Postpump - 100ml
DF - 600ml

DR. V V R SATYA PRASAD
Registration No: 43599

Consultant:

Name: Dr. Satya Prasad Signature: _____ Date & Time: 4/7/2020
2:50 PM



CROSS CONSULTATION FORM

Doctor Name : Sahila Venkayya Date : 12/7/26 Time : 5pm

Diagnosis : BRB

Hospital : RCH Bangalore

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Physio therapist

Signature:

Findings and Recommendations :

S/L physio therapist

40 Assessment

obs + 1 tone @ 15 Bk M

- PROM exs for Bk VC ex.
- chest pr gunn
- frequent change of position

Consultant :

Name : Sahila Venkayya Signature : Sahila Date & Time : 12/7/26 5pm

CROSS CONSULTATION FORM

Doctor Name : Dr. Ramesh Date : 13/2/26 Time : 9 AM

Diagnosis :

Hospital : Reh

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

Signature: _____

Findings and Recommendations :

For review

0/2

E4 N1 M1 B4 R4

B/c pupils 2mm RTL
Doll's eye (+), No fixing/tracking

cough weak
inspiratory stridor (+)
generalized hypotonia

DTRs (-)

plantar (-) (-)

(R) < (L) weakness (LL)

Consultant :

Name : Dr. Ramesh Sonawati

Signature : [Signature]

Date & Time : 13/2/26
9 AM

Issues

→ Encephalopathy → ∴ cortical + thalamus +
BS (RAS)
→ CSF → critical illness
→ bulbar d/f → medulla

→ Fever

Anemia + ↓ platelets
transaminitis
sepsis

plu
① physiotherapy
chest limb

② stop T. clonidine

③ (sus) T. clonazepam
(or)
T. Risperidone

④ EEG

⑤ NCS

⑥ 2 main parents



CROSS CONSULTATION FORM

Doctor Name: Khushid. Shaik Date: 11/7/26 Time: 4:45pm
(PT)

Diagnosis: EMBA;

Hospital: RCH, Banjara

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

physiotherapy

Signature: _____

Findings and Recommendations :

8/B physiotherapist

cf:- Adhesiolysis

o/e:- Tone - mild ↑ in B/L TA.
child on low flow O₂ 2l/min.

fp:-
- PROM Ex's
- stretches to TA & Hamstrings
- frequent change of position.

Consultant :

Name: Khushid. Shaik Signature: Khushid Date & Time: 11/7/26; 4:45pm
(PT)

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03-08-2020 5 Y 11 M 0 D (M)
Dr. Prashant Bachina



ION FORM

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Date : Time :

Diagnosis :

Hospital :

Type of Referral :

☐ Emergency

☐ Urgent

☐ Non Urgent

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

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

[Signature]
Signature:

Findings and Recommendations :

Septic shock.
Post-har transplant

Adv

- ① Prasugrel - Ovaris
- ② Rime E Albumin
- ③ IB: 60ml/min
- ④ ~~Reparin~~ Heparin @ 100 units
- ⑤ Gd: ⁶ 300ml/hr
 Pr- 300ml/hr Repleum 300ml/hr
- ⑥ 10-15 fr catheters

Consultant :

Name : Signature : Date & Time :

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CROSS CONSULTATION FORM

Doctor Name: DR. Bhargavi Date: 31/7/26 Time: 10am

Diagnosis:

Hospital: RCH1

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

Signature:

Findings and Recommendations :

Biliary atresia
S/P OLT (2024)

Now with sepsis

Had Adhesion and dense

ECHO

LVC - collapsed

Laparotomy

Hypotension

Multiple

TAPSE = 13 mm

Mitral septal S' = 7.2 cm/sec.

Endotropes

Mild Dilated LV.

AV vel 0.8 m/sec.

Consultant :

Name: BHARGAVI Signature: [Signature] Date & Time: 31/7/26 @ 10am

ECG → Sinus Tachycardia

Adv

1. Input → Fluids & Albumin

2. Mg levels

K⁺ correction

Munoz
Cor. Brainerd



CROSS CONSULTATION FORM

Doctor Name: Dr. Shanthi Date: 2/7/26 Time: 10:30 am

Diagnosis: Post OLT / with acute gastritis / Hematuria

Hospital: RCH

Type of Referral :

☐ Emergency

☒ Urgent

☐ Non Urgent

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

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

Hematuria

Signature: Dr. Prashant

Findings and Recommendations :

High coloured urine } ∴ 1 week
Dysuria

no terminal hematuria
poor oral intake

O/E: Dehydration ①

BP ~ 90th centile.

ur - (N)

USG - kidneys (N)

Plan:

① Trace urine c/s.

② VBG

③ If $\text{HCO}_3^- < 18$ -
to supplement
in I.V fluids.

④ spot urine for
Ca, creatinine &
uric acid

Dr. SRUTHI BALLA
Registration No: APMC/FMR/79729

Consultant :

Name: DR. SRUTHI (567393) Signature: [Signature] Date & Time: 2/7/26

10:30 AM

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Dr. Prashant Bachina



CROSS CONSULTATION FORM

Doctor Name: Dr. Abhishek R. Jain Date: 21/7/26 Time: 10am

Diagnosis: s/p liver transplant / adhesive intestinal obstruction

Hospital: RCH

Type of Referral :

- ☐ Emergency
☒ Urgent
☐ Non Urgent

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

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

Encephalopathy

Signature: [Signature]

Findings and Recommendations :

Neurological issues

Encephalopathy - irrelevant
talks → fluctuating
No seizures
No motor deficits

Systemic issues

- post-OLT (CBA)
- small bowel
- periodic obstruction
- hypoglycemia
- Ammonia (N)
- hypernatremia (P)

Imp: Acute onset encephalopathy with acute onset small bowel obstruction

Consultant :

Name: Dr. Abhishek R. Jain

DR. ABHISHEK R JAIN
Registration No: 2757
Signature: [Signature]

Date & Time: 21/7/26
10am

P-7-3

EEG - vitals $\rightarrow$ (N)

- Arousal $\rightarrow$ 1u/15, 4u/15, 4u/15 - Impaired comprehension
- (N) flurried
- Impaired memory
- Behavioural - delirious

- CN $\rightarrow$? photophobia

8/1 pupils equal & reactive

- (N) tone, (N) power $\rightarrow$ * $\frac{2\frac{1}{2}}{2\frac{1}{5}} / \frac{2\frac{1}{2}}{2\frac{1}{5}}$

(N) reflexes

- No neurological signs

- No cerebellar signs

1. HTN - PRES.
2. septic

Differentials :-

1. ? ATP

2. ? lead

3. ? toxine

4. ? Autoimmune

5. ? Contingency

Adm :-

- cargo ahead with exploratory laproscopy
- Nerve sweep after intervention

- Advice $\rightarrow$ ~~not~~ Brain 6 EEG / no sedation

~~Dr. Mohan~~



CROSS CONSULTATION FORM

Doctor Name: Dr. Vidhi Navandher Date: 28/2/26 Time: 1:30pm

Diagnosis: Feeding difficulties due to spiro.

Hospital: RCH; Bapatner

Type of Referral :

☐ Emergency

☐ Urgent

☒ Non Urgent

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

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

Feeding & Swallowing Review Signature: Dr. Vidhi

Findings and Recommendations : Thanks for the referral
* child was well active
* Initiated with orally & lukewarm water using spoon. where child was able to chew well. Fair oral movements
* Fair rotatory movements were observed
* Plan: To continue proprioceptive input using red chewing tube before feed for 2-3 times a day
(2) Parents were counselled with the same

Consultant :

Name: Dr. Vidhi Signature: _____ Date & Time: _____



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: ☐ Patient ☒ Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. LAPARATOMY
2. _____

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<u>IMPROVEMENT IN SEPSIS</u> <u>RELIEF OF OBSTRUCTION</u>	

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

- a. Bleeding / sepsis / Infection / Anaesthesia complication / Prolonged Hospital stay / Re-operation /
b. Stoma / Resection Anastomosis / Prolonged Ventilator Support / Need for CRRT /

- .. I authorize Dr. Mohd Anwar Raddy and his / her team to perform the procedural sedation upon the patient / myself.
2. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
3. 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: N. Nareh
Name: Nareh Yemula
Relationship with patient: Father
Date & Time: 2/7/26 @ 7:10pm

Witness:

Signature: [Signature]
Name: Vikram Beni
Date & Time: 2/7/26 @ 7:10pm

Doctor (who is taking consent):

Signature: [Signature] Name: Dr. Kanam Date: 2/7/26 Time: 7 PM

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: ☐ రోగి ☐ రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స (లు) / ప్రాసీజర్ (లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

- క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
- ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి.
ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

- ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ గానీ, రక్తప్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీషియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు.
అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.	
b.	

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
- వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
- పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు.
ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

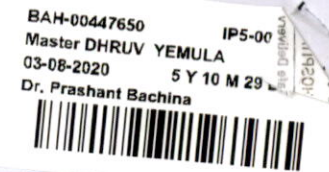
డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Gopal
Asst. Surgeon : Dr. Sathya
Anaesthetist : Dr. Selpa
Scrub Nurse : Rama Devi

Patient Name : Dhruv Yemula Age : 54 Gender : m
UHID No. BAH-000447650 Surgery Name : Laprotomy
Date : 02/04/21 In-time : 7:00pm Out-time : 10:45pm



Before Induction of Anaesthesia >>

SIGN IN	Time:.....
Patient Has Confirmed	
Identity	☒ Yes ☐ No
Site	☒ Yes ☐ No
Procedure	☒ Yes ☐ No
Consent	☒ Yes ☐ No
Site Marked	☒ Yes ☐ No ☐ NA
Anaesthesia Safety Check Completed	☒ Yes ☐ No
Pulse Oximeter on Patient & Functioning	☒ Yes ☐ No
Does Patient have a:	
Known Allergy?	☐ Yes ☒ No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	☒ Yes ☐ No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	☒ Yes ☐ No ☐ NA
Blood Units Reserved	☒ Yes ☐ No ☐ NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	
	☒ Yes ☐ No ☐ NA
Signature : <u>Amu</u>	
Name : <u>Dr. Anjeeta</u>	

Before Skin Incision >>

TIME OUT	Time: <u>7:48pm</u>
Confirm all team members have introduced themselves by Name and Role ☒ Yes ☐ No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	☒ Yes ☐ No
Correct Site	☒ Yes ☐ No
Correct Procedure	☒ Yes ☐ No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, <u>3hrs</u> Anticipated Blood Loss? <u>100ml</u> ☒ Yes ☐ No ☐ NA	
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns? <u>coagulopathy</u> ☒ Yes ☐ No ☐ NA	
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☒ Yes ☐ No ☐ NA	
Is Essential Imaging Displayed?	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	☒ Yes ☐ No
Signature : <u>Sathya</u>	
Name : <u>Sathya</u>	

Before Patient Leaves Operating Room

SIGN OUT	Time: <u>10 Pm</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	☒ Yes ☐ No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	☒ Yes ☐ No ☐ NA
The Specimen is Labelled (including patient name)	☐ Yes ☒ No ☐ NA
Whether there are any Equipment Problems to be addressed	☐ Yes ☒ No ☐ NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient? ☒ Yes ☐ No	
Signature : <u>Rama Devi</u>	
Name : <u>Dr. Raj Gopal</u>	

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Dr. Prashant Bachina



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BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BUNDLE CARE CHECKLIST TO PREVENT SURGICAL SITE INFECTION (SSI)

To Be Filled In By Assigned Nurse :

Date : 02/07/2020

Department : P.O.T - I Duration of Procedure : 3 hrs

Name of Surgeon : Dr. Raj Bahadur Date of Admission : 01/07/20

Bundle Care Criteria : (Tick (✓) if done)

		Staff Signature
1.	Antibiotic given prior to surgery ? ☒ Yes ☐ No ☒ Single Dose Antibiotic or Long Antibiotic Regime Antibiotic administered within 60 minutes prior to incision ? ☒ Yes ☐ No Name of the Antibiotic : Drip. Meropenem	See
2.	Hair Removal ☐ Yes ☒ No if Yes : Surgical Clipper Department where Hair Removed : ☐ Ward ☐ Operating Room ☐ Other : _____ Skin preparation done (cleanse surgical area with antiseptic agent)? ☐ Yes ☐ No	See
3.	Patient's body temperature immediately post operation (Recovery Room) 37 °C ☐ Oral Or ☒ Axilla (Goal : 36-37 °C)	See
4.	Name of doctor or staff administering the antibiotic : Dr. Prashant Date & Time of antibiotic administration : 02/07/20 @ 2pm Date & Time procedure started : 02/07/20 @ 7:48pm	See

- Ensure form is filled in completely by assigned staff whenever patient had surgery
- If any bundle care criteria has not been observed or unmet, assigned staff must inform infection control nurse for management
- All forms (Bundle care and when required SSI form) are completed properly
- Forms must always be kept in Infection Control folder in respective department

Docu. No. : RCHBH/ FRM / CLINICAL / 038

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 29 D (M)
Dr. Prashant Bachina



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Maitray. Dhruv Yemula Age : 5y Gender : ☒ Male ☐ Female

UHID No. : BAH-00447650 Weight : Height :

Surgeon : <u>Dr. Shilpa</u>	Asst. Surgeon : <u>Dr. Prashant Bachina</u>	
Anesthetist : <u>Dr. Shilpa</u>	OT Nurse : <u>Pamela Devi</u>	OT Technician : <u>Shobaleela</u>

Pre-Operative Diagnosis:

Surgical Procedure : Exploratory Laparotomy ↓ GA.

Indications for Surgery : Acute Intestinal Obstruction.

Date : <u>02/08/26</u>	Start Time : <u>7:48pm</u>	End Time : <u>10 pm.</u>
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Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications: Re-exploration / Relook laparotomy,
Sepsis, Prolonged ICU stay

Operation Notes: - Abdomen entered through midline vertical incision extending 7 cm above umbilicus to 7 cm below it.

- Findings → Distended small bowel loops with patchy discoloration with collapsed large bowel.
- Transition area at distal ileum with clear demarcation
- Mild-to-moderate free fluid.
- No obvious perforation / turbid fluid / debris.
- Few (2) other bands present.

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POST-SURGICAL CARE PLAN FORM

Procedure Done: Exp. laparotomy & GA

Post-Surgical Diagnosis: -do-

Post-Operative Monitoring Parameters /Frequency: Hourly / ICU protocol.

Wound Care: Standard.

n /Special Lines/Catheters: Standard.

Special Patient Positioning and Requirements: -

Nutritional Instructions: - NBM
- RTA continuous drainage.

When to Start Mobilization: To be decided in daily rounds.

Special Referrals: -

The new order for all required medications documented in the doctor order/medication sheet:

☒ Yes ☐ No

Any Other Post-Operative Care Needed including Required Follow Up -

Treating Surgeon [Signature]
(Signature & Stamp)

Date: 02/02/2020 Time: 10.00 pm

Note: Plan of care will be readjusted if necessary.



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 11/7/26 Time: 9:00am

Weight: 14kg Centile: 5th

Height: 90cm Centile: < 5th

Inference: underweight child

RDA: — Calories: 1400kcal/d Protein: 24gm/d

Diet Recommendations: Soft diet & plenty of liquids

Re-Assessment: Avoid spicy, chilled & outside foods

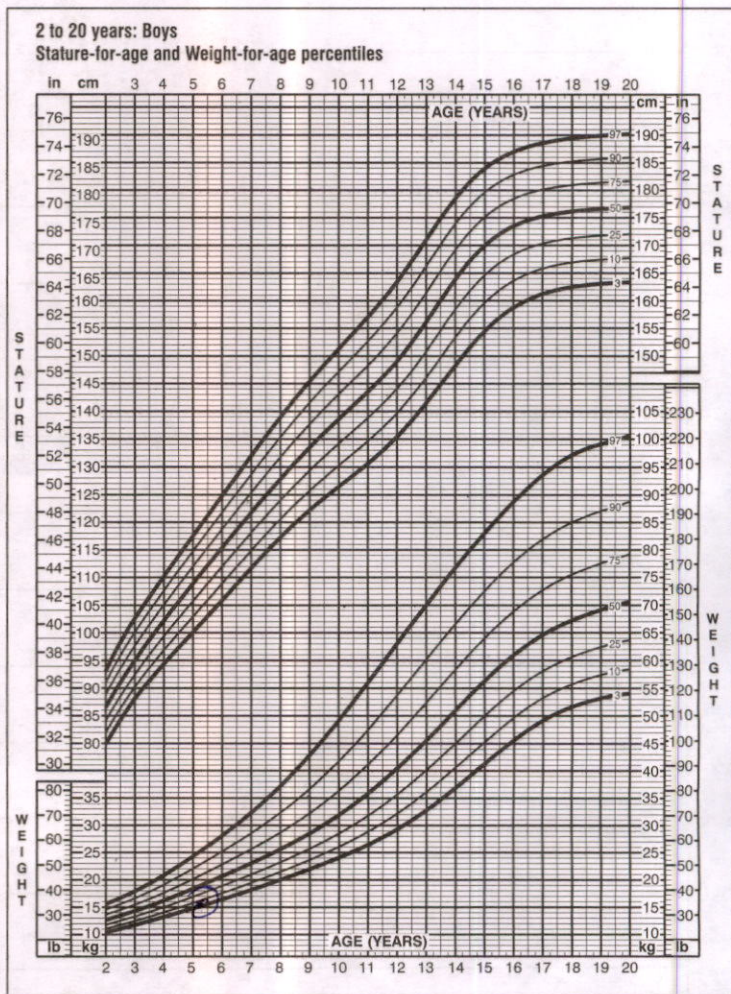
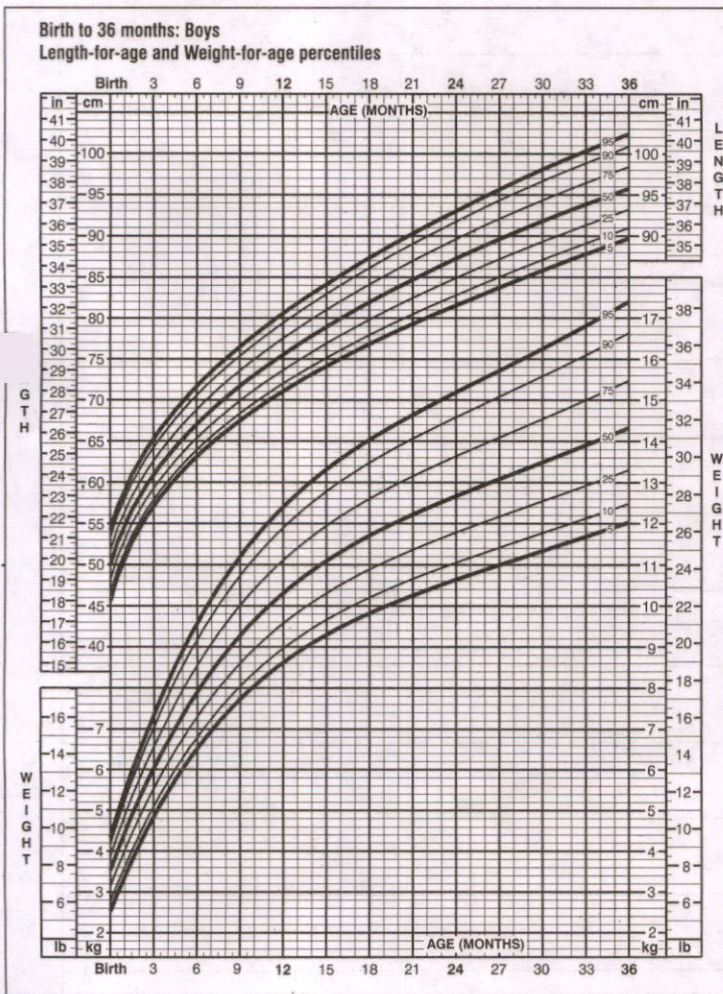
Food Allergies: Wheat flour Veg/Non-veg: Veg

Diagnosis: UTI

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: B. Guj

GROWTH CHART (BOYS)



Dietician's Name: Sachin Dietician's Signature: Sachin

Daily Notes:



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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/7/26 Time: 9am

Weight: 14kgs Centile: <5th

Height: 103cms Centile: <5th

Inference: underweight child

RDA: - Calories: 1400 kcal/d Protein: 24g/d

Diet Recommendations: Child is on NG feeds peptamen junior (1:35ml)

Re-Assessment: dilution 150ml of 3rd haly feeds

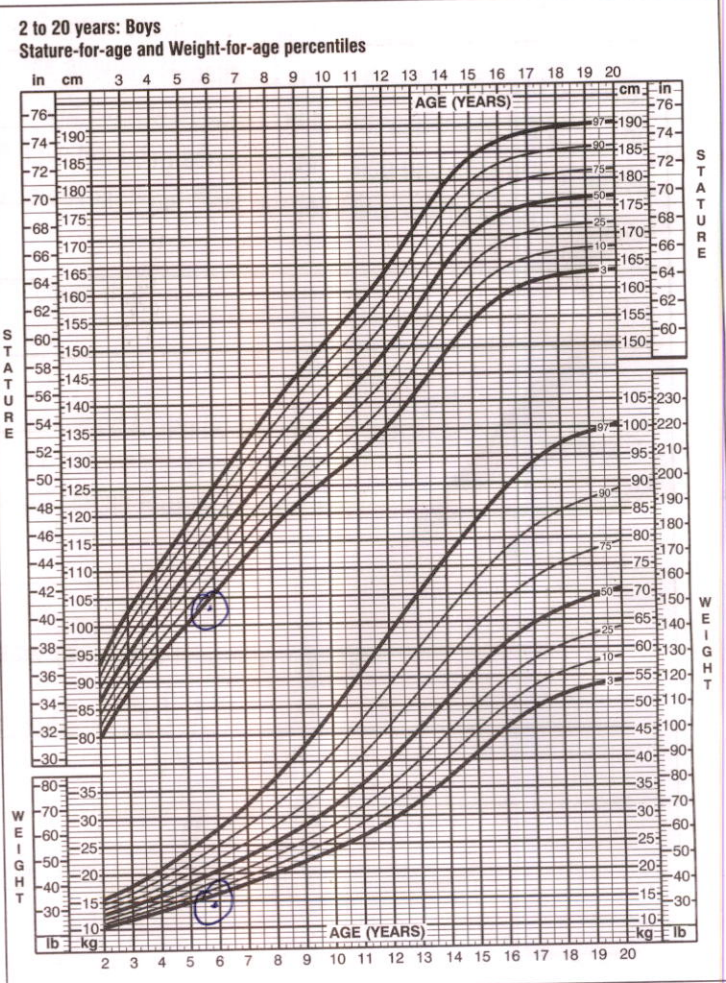
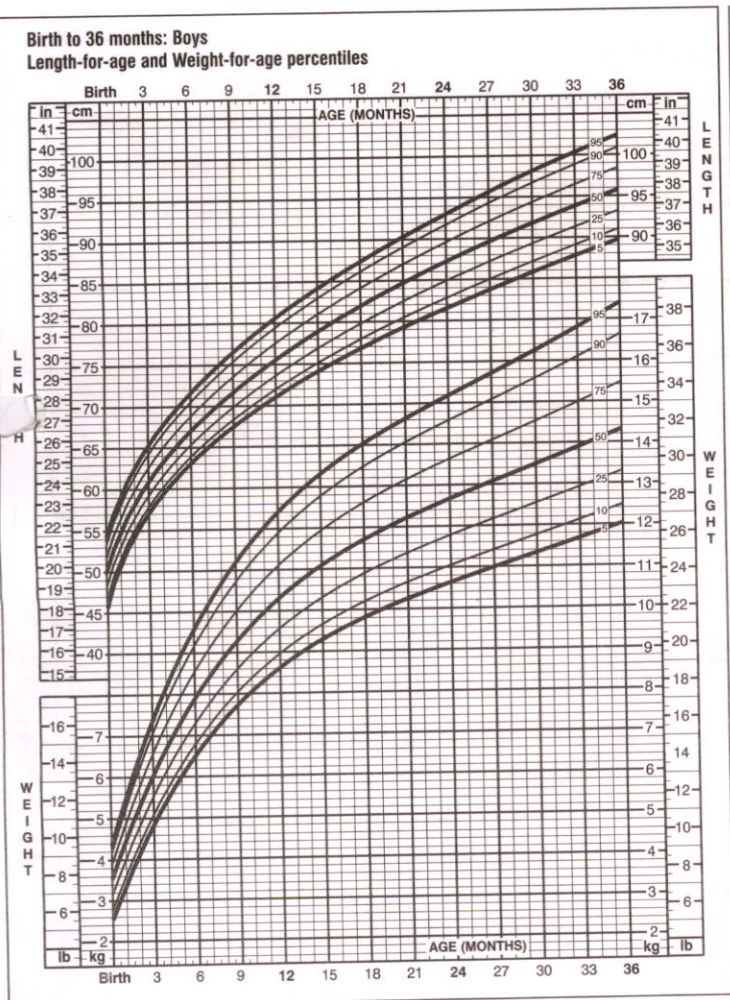
Food Allergies: ~~allergic~~ NO Veg/Non-veg Non-Veg

Diagnosis: C/O HBA - s/p OLT now ~ Intestinal obstruction

Nutritional Intervention - ☐ Oral ☒ Enteral ☐ Parenteral

Patient's Signature: y. n. k. r. k.

GROWTH CHART (BOYS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

(P.T.O.)

Docu. No. : RCHBH / FRM / CLINICAL / 160

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
తేదీ:
UHID. సంఖ్య:

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా	☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు	☒ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్	☐ ఒకే ధాత ప్లేటిలెట్స్	☐ Whole Blood
☐ మొత్తం రక్తం	☐ ఎర్ర రక్త కణం	☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్ఫేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడిన అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 15/07/26 Time: 11 AM
Blood Group of the Patient: O + ve Blood Group on the Blood Bag: BAH-26-01609 (ave)
Blood Bank Issue No: BAH-26-01609 Date of Collection: 5/7/26 Date of Expiry: 16/8/26
Date & Time of Starting Transfusion: 15/07/26 Planned duration of Transfusion: 4 hours
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: Akash Nurse 2: Riganta
Before starting transfusion vitals: Temp: 98.6°F HR 104 RR: 28 BP: 110/62 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
15/07/26	15 Min	112	98.9°F	112/70	100%	—	—	—	—
15/07/26	15 Min	109	99.0°F	120/60	100%	—	—	—	—
15/07/26	30 Min	120	99.1°F	113/63	100%	—	—	—	—
15/07/26	30 Min	126	99.2°F	109/59	100%	—	—	—	—
15/07/26	30 Min	101	99.1°F	117/68	100%	—	—	—	—
15/07/26	1 Hr	92	99.0°F	122/72	100%	—	—	—	—
15/07/26	1 Hr	95	98.9°F	119/70	100%	—	—	—	—

Comments: NIL

Name of the Incharge-Nurse: Dhruva Name of the Nurse: Akash
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 15/07/26 Date & Time: 15/07/26

Rainbow Hospital Childrens Hospital D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road Banjara Hills, Hyderabad, Telangana State 1st floor, 46/HD/TS/2018/RB/C	
Rainbow Hospital Blood Centre, Premalatha X-matched By: Premalatha Unit No.: EAH26-01609 Blood Group: O Rh Positive Product: LR-PRBC Pedia-2 UHID No.: BAH-00447650 Hosp/Dr: Rainbow Childrens Hospital, DR.mamnak Job	
Issue Dt: 15/Jul/2026 Colln. Dt: 05/Jul/2026 Exp. Dt: 16/Aug/2026 Issued By: Premalatha Wd-Bad No.:	
Issue Label / Cross Matching Report Ant: Rh Positive Ap: Rh Positive Throm: A Add Any Medication. 4) Check Blood Group on Label & Recipients Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense w/o.	
1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Not Use if	
Unit No.: BAH26-01609 Blood Group: O Rh Positive Collection Date: 05/Jul/2026 Expiry Date: 16/Aug/2026	Rh Positive 
NAT(HIV I & II/HBSAG/HCV)-Non MP - Negative VDRL - Non reactive HIV I & II/HBSAG/HCV - Non	reactive reactive reactive
LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2 Qty. 180 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./ SAGM Solution.	
Rainbow Hospital 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 1st floor, 46/HD/TS/2018/RB/C	

CONSENT FORM FOR RESTRAINT

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 4 D (M)
Dr. Prashant Bachina

Patient No:



UHID No:

Gender: ☒ Male ☐ Female Age: 5 Date of Restraint: Time of Restraint:

Type of Restraint:

Physical:

Chemical: Morphine

Duration of Restraint:

Any likely complications: ☒ Hypotension ☐ Bradycardia ☐ Injury to skin

Any alternatives: ☒ Yes ☐ No if 'Yes' Specify: Phyrel

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

Patient Attendant:

Signature: y. nareh

Name: Nareh Yemula

Relationship with Patient: Father

Date & Time: 31/7/26 @ 11am

Witness:

Signature: Han

Name: Han

Address: RCH

Contact No:

Date & Time: 03/07/26 11am

Doctor (who is taking the consent):

Signature: [Signature]

Name: [Signature]

Date & Time: 03/07/26 11am

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

CONSENT FORM FOR RESTRAINT

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 4 D (M)
Dr. Prashant Bachina

Patient Name :

UHID No : BAH-00447650

Gender: ☒ Male ☐ Female

Age :

Date of Restraint : 08-07 @ 26

Time of Restraint : CONTINUE

Type of Restraint:

Physical :

Chemical :

Deemed

Duration of Restraint :

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 :

Name :

Relationship with Patient:

Date & Time :

Y. Naresh

Naresh yemula

Father

08-07 @ 8AM

Witness :

Signature :

Name :

Address :

Contact No:

Date & Time:

RCH

08-07 @ 7AM

Doctor (who is taking the consent) :

Signature :

Name :

Date & Time :

Dr. Naresh

Dr. Naresh

08-07 @ 12G 5AM

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

CONSENT FOR BLOOD TRANSFUSION

Name: PARUV YEMULA Age: 57 Gender: Male ☒ Female ☐
UHID.No : RAH - 0044 A650 Date:

Type of Blood Product: ☒ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☒ Cryoprecipitate ☒ Single Donor Platelet ☐ Whole Blood
☐ 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 Immuno-deficiency 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

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: N. Naresh
Name: Naresh Yemula
Date & Time: 4/7/26 @ 6:15pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Naresh
Date & Time: 4/7/26 @ 6:15pm

Witness

Signature: [Signature]
Name: Vandana
Date & Time: 4/7/26 @ 6:15pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

☐ తాజా ఘనీభవించిన ప్లాస్మా	☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు	☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్	☐ ఒకే ధాత ఫ్లేటిలెట్స్	☐ Whole Blood
☐ మొత్తం రక్తం	☐ ఎర్ర రక్త కణం	☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ బి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలియవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION

BAH-00447650 IP5-00175792

Master DHRUV YEMULA

03-08-2020 5 Y 11 M 0 D (M)

Dr. Prashant Bachina

Name: Age: Gender: Male ☐ Female ☐

UHID.No : Date: 3/07/2026

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

..... hereby give my consent for whole blood transfusion or 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 Immuno-deficiency 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

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: ✓ N. Narek

Name: Narek Yemula

Date & Time 3/07/2026 @ 11 Pm

Doctor (Who is talking the consent)

Signature: Dr. Karthik Ambathi

Name: DR. KARTHIK AMBATHI

Date & Time 3/07/2026 @ 11 Pm

Witness

Signature: S. Gu

Name: Samavita

Date & Time 3/07/2026 @ 11 Pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘటిభవించిన ప్లాస్మా ☐ ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్రేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాలి/ నా రోగికి గాలి రక్తమార్పిడికి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హాప్ ఐ బి యాంటీ బడిస్, స్టాపటైటిస్ జి సర్వేస్ యాంటిజెన్, స్టాపటైటిస్ యాంటిబడిస్, మలేరియా మరియు సిప్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనవి పర్యవసానాలు తెలితవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

మైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం/ లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్మా ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెన్షన్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION

Name:

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 29 D (M)
Dr. Prashant Bachina

Age: 5y

Gender: Male ☒ Female ☐

UHID.No :



Date: 2/7/26

Type of Blood Product:

☒ Fresh Frozen Plasma

☐ Packed Red Blood Cells

☐ Random Donor Platelets

☒ Cryoprecipitate

☐ Single Donor Platelet

☐ Whole Blood

☐ Albumin

☐ Red Blood Cell

☐ Others

I hereby give my consent for whole blood transfusion or 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 Immuno-deficiency 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):

Signature: N. Naresh

Name: Naresh Yemula

Date & Time: 02/07/26 @6pm

Doctor (Who is talking the consent)

Signature: S. Ghosh

Name: Sukanya Ghosh

Date & Time: 2/7/26 @6pm

Witness

Signature: Suchismita

Name: Suchismita

Date & Time: 02/07/26 @6:00PM

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- | | | |
|---|---|---|
| ☐ తాజా ఘనీభవించిన ప్లాస్మా | ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు | ☐ Random Donor Platelets |
| ☐ క్రయోప్రెసిపిటేట్ | ☐ ఒకే ధాత ఫ్లేటిలెట్స్ | ☐ Whole Blood |
| ☐ మొత్తం రక్తం | ☐ ఎర్ర రక్త కణం | ☐ ఇతరులు..... |

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



CONSENT FOR BLOOD TRANSFUSION

Name: DHRUV YEMULA Age: 5yr Gender: ☒ Male ☐ Female ☐
UHID.No: BAH-00447650 Date: 04/07/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others 121G

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 Immuno-deficiency 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

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: y. Naresh
Name: Naresh yemula
Date & Time: 5/7/26 7:30AM

Doctor (Who is talking the consent)

Signature: Dr. VAMSHI
Name: Dr. VAMSHI
Date & Time: 04/07/26 11:15pm

Witness

Signature: Shontu
Name: Shontu
Date & Time: 4/7/26 11:20PM

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ బి యాంటీ బడిస్, హైపటెటిస్ బి సర్వేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడిసనిది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్మలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెల్లత్వవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

మైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లేప్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION

BAH-00447650 IP5-00175792
Master DHRUV YEMULA (M)
03-08-2020 5 Y 11 M 1 D
Dr. Prashant Bachina

Name:

Age: Gender: Male ☐ Female ☐

UHID.No :

Date: 03/07/26

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

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 Immuno-deficiency 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

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: J. Menes

Signature: Dr. Ratul Ambali

Name: Narash Yemula

Name: Dr. Ratul Ambali

Date & Time 3/7/26, 10am

Date & Time 3/7/26 @10am

Witness

Signature: Narash Yemula

Name: Narash Yemula

Date & Time 03/07/26, 11am

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ఫ్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో ఆడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడి/రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హాప్ ఐ వి యాంటీ బిడిన్, హైపటేబీన్ బి సర్వేన్ యాంటీజన్, హైపటేబీన్ యాంటీబిడిన్, మలేరియా మరియు సిప్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

మైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెస్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకం

పేరు

తేదీ మరియు సమయము

CONSENT FOR BLOOD TRANSFUSION



Name: Age: 5y 11 months Gender: Male ☒ Female ☐
UHID.No : Date: 05/08/26

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 1 D (M)
Dr. Prashant Bachina



Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☒ Single Donor Platelet ☐ Whole Blood
☐ 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 Immuno-deficiency 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):

Signature: [Signature]
Name: Harsh Yemula
Date & Time 05/08/26 @ 9 AM

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Prashant
Date & Time 05/08/26 8:50 AM

Witness

Signature: [Signature]
Name: Vandana
Date & Time 05/08/26 @ 9 AM

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే ధాత ఫ్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. ధాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడిస్, హైపటెటిస్ జి సర్ఫేస్ యాంటిజన్, హైపటెటిస్ యాంటిబడిస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 4 D (M)
Dr. Prashant Bachina

Name: Age: Gender: Male ☒ Female ☐
UHID.No: Date: 05/07/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☐ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ Albumin ☐ Red Blood Cell ☒ Others 1x1G

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 Immuno-deficiency 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):

Signature: Y. Nuvsh

Name: Yuvash Yemula

Date & Time: 5/7/26 - 8:00pm

Doctor (Who is talking the consent)

Signature: Jyoti

Name: Dr Jyoti

Date & Time: 05/07/26 8:00pm

Witness

Signature: Sadip

Name: Sadip

Date & Time: 5.7.26 8pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయోప్రెసిపిటేట్ ☐ ఒకే దాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాలి/ నా రోగికి గాలి రక్తమార్పిడి/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ బి యాంటీ బడిస్, హైపెటేట్స్ జనరేస్ యాంటిజెన్, హైపెటేట్స్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ల సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్కవసానాలు తెలత్తువచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ఫ్రెష్ ఫ్రాజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

CONSENT FOR BLOOD TRANSFUSION

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 4 D (M)
Dr. Prashant Bachina

Name: LA Age: 59 Gender: Male ☒ Female ☐
UHID.No : 50 Date: 07/07/26

Type of Blood Product: ☐ Fresh Frozen Plasma ☒ Packed Red Blood Cells ☐ Random Donor Platelets
☐ Cryoprecipitate ☐ Single Donor Platelet ☐ Whole Blood
☐ 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 Immuno-deficiency 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

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: y. Naresh
Name: Naresh Yemula
Date & Time 07/07/26 @ 12:00pm

Doctor (Who is talking the consent)

Signature: [Signature]
Name: Dr. Prashant Bachina
Date & Time 07/07/26 12:00pm

Witness

Signature: mamuni
Name: mamuni
Date & Time 7/7/26 12pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగి పేరు: వయస్సు: లింగము ☐ పురుషుడు ☐ స్త్రీ
UHID. సంఖ్య: తేదీ:

రక్త ఉత్పత్తి రకాలు:

- ☐ తాజా ఘనీభవించిన ప్లాస్మా ☐ ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు ☐ Random Donor Platelets
☐ క్రయో ప్రెసిపిటేట్ ☐ ఒకే దాత ప్లేటిలెట్స్ ☐ Whole Blood
☐ మొత్తం రక్తం ☐ ఎర్ర రక్త కణం ☐ ఇతరులు.....

నేను ఇందు మూలముగా రెయినో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ బి యాంటీ బడిస్, హైపటెటస్ జనరేస్ యాంటిజన్, హైపటెటస్ యాంటిబడిస్, మలేరియా మరియు సిస్టిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణీత కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్ల సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిపర్కాలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనవి పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రక్తముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్లాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లాస్ ప్రోజెన్ ప్లాస్మా క్రయో ప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెన్షన్)

సాక్షి

సంతకము

సంతకం

పేరు

పేరు

తేదీ మరియు సమయము

తేదీ మరియు సమయము

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 04/07/26 Time: @ 8:00 AM
Blood Group of the Patient: O +ve Blood Group on the Blood Bag: O +ve
Blood Bank Issue No: BAH25-002636 Date of Collection: 22/11/25 Date of Expiry: 22/11/26
Date & Time of Starting Transfusion: 04/07/26 Planned duration of Transfusion: 1 hr
Check for Correct Unit: ☒ Correct Patient: ☒
Blood products cross checked by: Nurse 1: _____ Nurse 2: Nish Roy
Before starting transfusion vitals: Temp: 99.0°F HR 129 RR: 26 BP: 101/64 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>4/7</u>	15 Min	<u>136</u>	<u>98.8°F</u>	<u>109/66</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	15 Min	<u>126</u>	<u>98.3°F</u>	<u>110/67</u>	<u>99%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	30 Min	<u>130</u>	<u>98.4°F</u>	<u>101/67</u>	<u>99%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: "no reactions during Transfusion"

Name of the Incharge-Nurse: [Signature] Name of the Nurse: [Signature]
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 4/7/26 @ 8am Date & Time: 04/07/26 @ 8am

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 49 ml. of C.P.D./
SAGM Solution.

O

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

Unit No.: BAH26-01359
Blood Group: O Rh Positive
Collection Date: 07/Jun/2026
Expiry Date: 07/Jun/2027

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not

Add An
Group &
With Fi
There is
Resuspi
Plasma
Betwee

Issue Label / CrossMatching Report

Patient : dhruv yemula .
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. mainak Deb
UHID No.: BAH-00447650 Wd-Bod No.:
Product : CRYO
Blood Group : O Rh Positive Issue Dt : 04/Jul/2026
Unit No.: BAH26-01359 Colln. Dt : 07/Jun/2026
XMatching Report: Group Specific Exp. Dt : 07/Jun/2027
X-matched by: B. Abhishek Issued By : B. Abhishek

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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 49 ml. of C.P.D./
SAGM Solution.

O

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

Unit No.: BAH25-02636
Blood Group: O Rh Positive
Collection Date: 22/Nov/2025
Expiry Date: 22/Nov/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
With
There
Resus
Plasm
Betwe

Issue Label / CrossMatching Report

Patient : dhruv yemula .
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. mainak Deb
UHID No.: BAH-00447650 Wd-Bod No.:
Product : CRYO
Blood Group : O Rh Positive Issue Dt : 04/Jul/2026
Unit No.: BAH25-02636 Colln. Dt : 22/Nov/2025
XMatching Report: Group Specific Exp. Dt : 22/Nov/2026
X-matched by: B. Abhishek Issued By : B. Abhishek

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 4/7/20 Time: @ 8:30 AM

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

Blood Bank Issue No: 26-01217 Date of Collection: 19/5/20 Date of Expiry: 19/5/20

Date & Time of Starting Transfusion: 4/7/20 @ 8:30 AM Planned duration of Transfusion: "One hour"

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Sangeetha Nurse 2: Indira

Before starting transfusion vitals: Temp: 98.6 F HR: 140 RR: 35 BP: 91/45 SpO₂: 96%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>4/7</u>	15 Min	<u>138</u>	<u>98.6 F</u>	<u>91/45</u>	<u>99%</u>	-	-	-	-
	15 Min	<u>140</u>	<u>98.4 F</u>	<u>92/46</u>	<u>100%</u>	-	-	-	-
	30 Min	<u>136</u>	<u>98.2 F</u>	<u>92/45</u>	<u>98%</u>	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: n/o reactions during Transfusion

Name of the Incharge-Nurse: Prashant
Signature of the Incharge-Nurse: Prashant
Date & Time: 4/7/20 9 PM

Name of the Nurse: Indira
Signature of the Nurse: Indira
Date & Time: 4/7/20 @ 9 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

FRESH FROZEN PLASMA B.P

Prepared from Whole human blood collected in 63 ml. of C.P.D./

O

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

Unit No.: **BAH26-01217**
Blood Group: **O Rh Positive**
Collection Date: **19/May/2026**
Expiry Date: **19/May/2027**

ster Without Warming. 2)shake Gently Before Use.3)do Not
y Medication. 4)check Blood Group on Label & Recipient's
up 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
Between

Issue Label / Cross Matching Report

Patient : **dhruv yemula .**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, DR. mainak Deb**
UHID No.: **BAH-00447650** Wd-Bed No.:
Product : **FFP**
Blood Group : **O Rh Positive**
Unit No.: **BAH26-01217**
X Matching Report: **ABO Compatible**
X-matched by: **B. Abhishek**

Issue Dt : **04/Jul/2026**
Colln. Dt : **19/May/2026**
Exp. Dt : **19/May/2027**
Issued By : **B. Abhishek**

**Rain bow Hospital Blood Centre, Rainbow Childrens
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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 4/7/26 Time: @ 6pm

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

Blood Bank Issue No: 26-PD 155 Date of Collection: 29/6/26 Date of Expiry: 6/7/26

Date & Time of Starting Transfusion: 4/7/26 Planned duration of Transfusion: "One hour"

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Chandana Nurse 2: Seenu

Before starting transfusion vitals: Temp: 98.4 F HR: 160 RR: 25 BP: 116/46 SpO2: 99.4

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
4/7	15 Min	158	98.4 F	114/44	99.4	-	-	-	-
	15 Min	164	98.2 F	112/46	99.4	-	-	-	-
	30 Min	162	98.4 F	116/42	95.1	-	-	-	-
	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: no reactions during Transfusion

Name of the Incharge-Nurse: Parash Name of the Nurse: Chandana
Signature of the Incharge-Nurse: Parash Signature of the Nurse: Seenu

Date & Time: 04/07/26 5pm Date & Time: 4/7/26 @ 7pm

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Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-II

Qty. 90 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator
(Qty. 250 ml $\pm$ 20 ml.)

B

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

Donor Type: Replacement

Unit No.: BAH26-P0155

Blood Group: B Rh Positive

Collection Date: 29/Jun/2026

Expiry Date: 04/Jul/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. 5) Use Sterile Transfusion Set
With Filter. 6) There is Any
Appropriate
Antibodies in

Issue Label / CrossMatching Report

Patient : dhruv yemula .

Patient's Blood Group : O Rh Positive

Hosp/Dr : Rainbow Childrens Hospital, DR. mainak Deb

UHID No.: BAH-00447650 Wd-Bed No.:

Product : SDP-II

Blood Group : B Rh Positive

Unit No.: BAH26-P0155

XMatching Report: ABO Compatible

X-matched by: K. Alok

Issue Dt : 04/Jul/2026

Colln. Dt : 29/Jun/2026

Exp. Dt : 04/Jul/2026

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



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 3/07/2026 Time: @ 11.10 PM

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

Blood Bank Issue No: BAH26-P0155 Date of Collection: 29/6/2026 Date of Expiry: 1/7/2026

Date & Time of Starting Transfusion: 3/7/26 @ 11.10 PM Planned duration of Transfusion: 1 hr

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Samarita Nurse 2: Dhruba

Before starting transfusion vitals: Temp: 98.6°F HR: 150 RR: 33 BP: 110/62 SpO₂: 97%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>3/7/26</u>	<u>15 Min</u>	<u>150</u>	<u>98.6°F</u>	<u>96/59</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>3/7/26</u>	<u>15 Min</u>	<u>148</u>	<u>98.3°F</u>	<u>106/59</u>	<u>97%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>3/7/26</u>	<u>30 Min</u>	<u>151</u>	<u>98.7°F</u>	<u>110/62</u>	<u>97%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments: No Reaction during transfusion.

Name of the Incharge-Nurse: Pani

Name of the Nurse: Samarita Das

Signature of the Incharge-Nurse: Pani

Signature of the Nurse: Samarita

Date & Time: 4/7/26 @ 12.10 PM

Date & Time: 4/7/2026 @ 12.10 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. 150 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-P0155
Blood Group: B Rh Positive
Collection Date: 29/Jun/2026
Expiry Date: 04/Jul/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 / Cross Matching Report

Patient : dhruv yemula .
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. mainak Deb
UHID No.: BAH-00447650 Wd-Bed No.:
Product : SDP-I
Blood Group : B Rh Positive Issue Dt : 03/Jul/2026
Unit No.: BAH26-P0155 Colln. Dt : 29/Jun/2026
X Matching Report: ABO Compatible Exp. Dt : 04/Jul/2026
X-matched by: B. Abhishek Issued By : B. Abhishek

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





BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 05/7/26 Time: 8:51 am
Blood Group of the Patient: O+ve Blood Group on the Blood Bag: SDP. (O+ve)
Blood Bank Issue No: BAH26-P016.2 Date of Collection: 04/07/2026 Date of Expiry: 09/07/2026
Date & Time of Starting Transfusion: 5/7/26 @ 8:51 am Planned duration of Transfusion: over 1 hr
Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: Sreevani Nurse 2: Vandhana

Before starting transfusion vitals: Temp: 96°F HR 142 RR: 30 BP: 100/53 SpO₂ 99%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
5/7/26	15 Min	142	97°F	100/52	100%	Nil	Nil	Nil	Nil
5/7/26	15 Min	142	97.2°F	104/54	100%	Nil	Nil	Nil	Nil
5/7/26	30 Min	146	97.8°F	102/56	99%	-	-	-	-
5/7/26	30 Min								
	30 Min								
	1 Hr								
	1 Hr								

Comments: no reactions during Transfusion

Name of the Incharge-Nurse: Sreevani Name of the Nurse: Vandhana
Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
Date & Time: 5/7/26 @ 10 am Date & Time: 5/7/26 @ 10 am

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
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Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

PLATELETAPHERESIS SDP-I

Qty. 140 ml. Prepared from Human Whole Blood by Apheresis using Cell Separator (Qty. 250 ml $\pm$ 20 ml.)

O

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

Donor Type: Replacement

Unit No.: **BAH26-P0162**
Blood Group: **O Rh Positive**
Collection Date: **04/Jul/2026**
Expiry Date: **09/Jul/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 : **chruv yemula .**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, DR. mainak Deb**
UHID No.: **BAH-00447650** Wd-Bed No.:
Product : **SDP-I**
Blood Group : **O Rh Positive** Issue Dt : **05/Jul/2026**
Unit No.: **BAH26-P0162** Colln. Dt : **04/Jul/2026**
XMatching Report: **ABO Compatible** Exp. Dt : **09/Jul/2026**
X-matched by: **MONOJ** Issued By : **MONOJ**
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



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 7/7/26 Time: 12pm

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

Blood Bank Issue No: BAH26-01319 Date of Collection: 2/6/26 Date of Expiry: 14/6/26

Date & Time of Starting Transfusion: 7/7/26-12pm Planned duration of Transfusion: 4 hours

Check for Correct Unit: ☒ Correct Patient: ☒

Blood products cross checked by: Nurse 1: mamuni Nurse 2: Song

Before starting transfusion vitals: Temp: 98.6R HR: 106 RR: 30 BP: 103/65 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>7/7/26</u>	15 Min	<u>103</u>	<u>98.3R</u>	<u>106/56</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	15 Min	<u>96</u>	<u>98.6R</u>	<u>112/64</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	30 Min	<u>112</u>	<u>98.8R</u>	<u>103/61</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	30 Min	<u>104</u>	<u>98.4R</u>	<u>104/64</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	30 Min	<u>103</u>	<u>98.2R</u>	<u>105/61</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	1 Hr	<u>113</u>	<u>98.6R</u>	<u>105/63</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	1 Hr	<u>103</u>	<u>98.3R</u>	<u>106/63</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments:

Nil

Name of the Incharge-Nurse: Ravi

Name of the Nurse: mamuni

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 7/7/26 12pm

Date & Time: 7/7/26 12pm

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

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 140 ml, Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM 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.: BAH26-01319
Blood Group: O Rh Positive
Collection Date: 02/Jun/2026
Expiry Date: 14/Jul/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

Antibo

Issue Label / CrossMatching Report

Patient : dhruv yemula .
Patient's Blood Group : O Rh Positive
Hosp/Dr : Rainbow Childrens Hospital, DR. mainak Deb
UHID No.: BAH-00447650 Wd-Bed No.:
Product : LR-PRBC Pedia-2
Blood Group : O Rh Positive
Unit No.: BAH-26-01319
XMatching Report: Compatible
X-matched by: B. Abhishek
Issue Dt : 07/Jul/2026
Colln. Dt : 02/Jun/2026
Exp. Dt : 14/Jul/2026
Issued By : B. Abhishek

**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

CONSENT FO

BAH-00447650
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 0 D (M)
Dr. Prashant Bachina



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Your Right to a Safe Delivery

Patient Name: Gender: ☒ Male ☐ Female

UHID No: Department: Date: 2/2/26

I Naresh S/D/W/O

Here by give consent for procedure for my patient : Dhruv

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

- Type of Sedation : Intravenous ketamine
- Possible complications from the procedure of sedation:
..... hypotension, bradycardia

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 : Y. Naresh

Name : Naresh Yemula

Relationship with Patient: Father

Date & Time : 02/07/26 05:58pm

Witness :

Signature : Suehi'smita

Name : Suehi'smita

Date & Time : 02/07/26

Doctor (who is taking the consent) : @ 6pm

Signature : [Signature]

Name : Dr. Prashant

Date & Time : 2/2/26, 5:56 pm

ప్రత్యేక మత్తు కోసం సమ్మతి

రోగి పేరు : వయస్సు లింగం పు ☐ స్త్రీ ☐

యు.హెచ్.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

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 0 D (M)
Dr. Prashant Bachina



CONSENT FOR SPECIAL PROCEDURES


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Patient Name : Gender: ☒ Male ☐ Female

UHID No : Department : PICU Date : 21/2/26

I Nareesh S/D/W/O

Here by give consent for procedure of : central line insertion

For my patient, Named : Dhruv

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

infection, bleeding, thrombosis

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: Dr. Pratyusha

Patient Attendant :

Signature : N. Nareesh

Name : Nareesh Yemula

Relationship with Patient: Father

Date & Time : 02/07/26 5:58pm

Witness :

Signature : Suchismita

Name : Suchismita

Date & Time : 02/07/26 @6:00pm

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Pratyusha

Date & Time : 2/7/26 5:57pm

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)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

BAH-00447650 IP5-00175792
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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Gender: ☒ Male ☐ Female

UHID No : Department : PICU Date : 2/7/26

I Naresh S/D/W/O

Here by give consent for procedure of : endotracheal intubation & mechanical ventilation

For my patient, Named : Dhruv

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

hypoxia, bradycardia

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: Dr. Pratyusha

Patient Attendant :

Signature : Naresh

Name : Naresh Yemula

Relationship with Patient: Father

Date & Time : 02/07/26 : 06:00 pm

Witness :

Signature : Suchismita

Name : Suchismita

Date & Time : 02/07/26 @ 6:00 PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Pratyusha

Date & Time : 2/7/26, 5:55 pm

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

BAH-00447650 IP5-00175792
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CONSENT FOR SPECIAL PROCEDURES

Patient Name : Dhruv Yemula Gender: ☒ Male ☐ Female

UHID No : BAH-00447650 Department : PICU Date : 2/7/26

I S/D/W/O

Here by give consent for procedure of : Arterial cannule.

For my patient, Named : Dhruv.

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

Thrombosis, Infection, Gargen
Bleeding.

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: Dr. Sahay

Patient Attendant :

Signature : J. Nareh

Name : Nareh Yemula

Relationship with Patient: Father

Date & Time : 13:04 pm 2/7/26

Witness :

Signature : B. Gowthami

Name : B. Gowthami

Date & Time : 2021-261 13:04 PM

Doctor (who is taking the consent) :

Signature : Ghosh

Name : Sahay & Ghosh

Date & Time : 2/7/26 @ 1 PM

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

BAH-00447650
Master DHRUV YEMULA
03-08-2020
Dr. Prashant Bachina
IP5-00175792
5 Y 11 M 0 D
(M)

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CONSENT FOR SPECIAL PROCEDURES

Patient Name : DHRUV YEMULA Gender: ☒ Male ☐ Female
UHID No : BAH-00447650 Department : PICU Date : 03/07/2026

I S/D/W/O

Here by give consent for procedure of : HD LINE INSERTION FOR CRR

For my patient, Named :

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

INFECTION, HEMATOMA, BLEEDING

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: Dr. Sukanya

Patient Attendant :

Signature : J. Nareh

Name : Nareh Yemula

Relationship with Patient: Father

Date & Time : 3/7/26 @ 9am

Witness :

Signature : Mameth

Name : Mameth

Date & Time : 3/7/26 @ 9am

Doctor (who is taking the consent) :

Signature : Jay

Name : Jay

Date & Time : 3/7/26 @ 9am

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

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 11 M 0 D (M)
Dr. Prashant Bachina



CONSENT FOR SPECIAL PROCEDURES

Patient Name : DHRUV YEMULA Gender: ☒ Male ☐ Female

UHID No : BAH-00447650 Department : PICU Date : 03/07/2025

I S/D/W/O

Here by give consent for procedure of : CRRT with OXIRIS / CYTOSORB FILTER

For my patient, Named : DHRUV YEMULA

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

BLEEDING, HYPOTENSION, INFECTION

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: 1

Patient Attendant :

Signature : M. Narath

Name : Narath Yemula

Relationship with Patient: Father

Date & Time : 3/7/26 @ 9am

Witness :

Signature : M. Narath

Name : M. Narath

Date & Time : 3/7/26 @ 9am

Doctor (who is taking the consent) :

Signature : Joshi

Name : Joshi

Date & Time : 3/7/26 @ 9am

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

* 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)

BAH-00447650 IP5-00175792
 Master DHRUV YEMULA
 03-08-2020 5 Y 10 M 28 D (M)
 Dr. Prashant Sachina

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FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage		
			Mouth	I.V	N.G						
30/1/21	08:00 am										
	09:00 am										
	10:00 am										
	11:00 am										
	12:00 pm										
	01:00 pm										
	Total Intake :			Total Output :							
	02:00 pm										
	03:00 pm										
	04:00 pm										
	05:00 pm										
	06:00 pm										
	07:00 pm										
Total Intake :			Total Output :								
	08:00 pm										
	09:00 pm										
	10:00 pm										
	11:00 pm										
	12:00 am										
	01:00 am										
Total Intake :			Total Output :								
	02:00 am										
	03:00 am										
	04:00 am										
	05:00 am	DNE		40ml			1	little		0	seems
	06:00 am		1/20	40ml			1	little		0	
	07:00 am			40ml						0	
Total Intake :			Total Output : m-0 u-2								

Total 24 hrs. Intake

IVF 7120ml

Total 24 hrs. Output

m-0 u-2



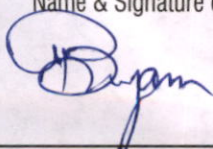
FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
11/7/20	08:00 am	I		40ml							0	Kalyani
	09:00 am	DNS	H ₂ O	40ml					✓	0		
	10:00 am	I		40ml						0		
	11:00 am	DNS	H ₂ O	100ml		✓	✓	✓	0			
	12:00 pm	DNS	H ₂ O	40ml			✓		0			
	01:00 pm	I		40ml					0			
Total Intake :						M=1, V=2 Total Output : 0						
11/7/20	02:00 pm	DNS		uoml						0	Kalyani	
	03:00 pm	DNS		uoml						0		
	04:00 pm	-		-						0		
	05:00 pm	DNS		uoml		✓		✓	0			
	06:00 pm	DNS		uoml					0			
	07:00 pm	DNS		uoml					0			
Total Intake :						Total Output :						
	08:00 pm	DNS		40ml								
	09:00 pm	DNS	10% D	20ml								
	10:00 pm	DNS		50ml								
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						
Total 24 hrs. Intake												
Total 24 hrs. Output												

PATIENT TRANSFER FORM

Patient Name & UHID No. 3AH-00447650 IP5-00175792 Master DHRUV YEMULA 13-08-2020 5 Y 10 M 29 D (M) Dr. Prashant Bachina 		Date & Time of Admission 2/7/20	Date & Time of Transfer Order 2/7/20 @ 10:45 PM
		Transfer Ordered by Dr. Amreen	Reason for Transfer Post Surgery
From Unit OT	To Unit PICU	Information to Attendant Yes ☒ No ☐	
Number of Sheets in Clinical File 30	Number of Imaging Films ABG - 2	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	2. Infusion Pum		
2.	2. Syringe Pump		
3.	1 Monitor & All paper.		
4.	O2 Cylinder - 2		
5.			
Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Amreen	
Patient & Clinical Records Received by :			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- ☐ Unavailable Bed ☐ Nurse not Available ☐ Available Bed not ready

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Master DHRUV YEMULA
03-08-2020 5 Y 10 M 28 D (M)
Dr. Prashant Bachina

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MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER

Shifted to: Ward

No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Sypr. COLAX	10ml	PO	OD HS	30/6/26 10PM	☒ C ☐ DC
2	Sypr. DOPHALAC	20ml	PO	OD HS	30/6/26 10PM	☒ C ☐ DC
3	TAB. OMNACORSEL	2.5mg	PO	OD HS	30/6/26 10PM	☒ C ☐ DC
4	TAB. TALIZEMUD	0.5mg-Morning 0.75mg-Night	PO	BD	30/6/26 9PM	☒ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Alal A. Dr. Nanda

Date & Time: 31/07/2028, 4:30 AM

Nurse Name & Signature: Bharavi

Date & Time: 1/8/26 @ 9:30 AM

1. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
2. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
3. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
4. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
5. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
6. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
7. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
8. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
9. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72
10. 10/1/72 10/1/72 10/1/72 10/1/72 10/1/72

~~SECRET~~

SECRET
10/1/72

BAH-00447650 IP5-00175792
Master DHRUV YEMULA
03-08-2020 5 Y 10 M 29 D (M)
Dr. Prashant Bachina



8/022

BH-660

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SURGERY DETAILS

Date : 02/08/26

Patient Name: Master. Dhruv Yemula Date of Birth: 03/08/2020 Age: 5y

Gender: male Ward: P. OT-I UHID No.: BAH-00447650

Date of Surgery: 02/08/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery: Epl. Laparotomy & Gst

Time in : 7:20pm

Time Out : 10:45 PM

(Only Laparotomy done)

	NAME	AMOUNT
1. Surgeon	Dr. Rajgopal	Sur 42000
2. Anaesthetist	Dr. Sripa	ANAE SF - 77000
3. Assistant Surgeon	Dr. Kalthie	AC - 19250
4. OT Technician	Shraddha / Venkatasai	OT - 40,000
5. Circulating Nurse	Swarnna, Benjamin	CNSD - 2310
6. Assistant Nurse	Rama Devi	

Special Equipment: ☐ Laparoscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator
☐ C-ARM ☐ Cystoscopy ☐ Versa Point ☐ Liver Cusa
☐ Neuro Cusa ☐ Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9684916

Order by: Dr. Rajgopal



CONSUMABLES OF OT

Circulating staff : Technician : *neishueth* Date : *2/7/26* Time :

Anaesthesia Disposables			Surgical Disposables			Disposables (Baby Side)		
Issued	Used	Qty	Issued	Used	Qty	Issued	Used	Qty
ET tube <i>3.5 4.0 4.5 5.0</i>	<i>1</i>	<i>1</i>	Major Pack <i>Surgical pack</i>	<i>1</i>	<i>1</i>	Inj Vit.K <i>PDS. 2.0</i>	<i>6</i>	<i>4</i>
LMA <i>2</i>	<i>1</i>	<i>1</i>	Sutures <i>9/15</i>	<i>1</i>	<i>1</i>	Cord Clamp <i>3.0 Ethilon</i>	<i>6</i>	<i>4</i>
ECG leads : A/P/N	<i>5</i>	<i>1</i>	<i>Wire 2-0, 3-0, 4-0, 5-0</i>	<i>2</i>	<i>1</i>	Suction Catheter		
HME filter : A/P/N	<i>1</i>	<i>1</i>	<i>Proline 6-0, 5-0, 4-0, 3-0</i>	<i>2</i>	<i>1</i>	Feeding Tube		
Syringes : 10 cc	<i>20</i>	<i>12</i>				Vacuum Suction Set		
05 cc	<i>20</i>	<i>10</i>	Gloves <i>6.6/2 1 1/2 7/2</i>	<i>2</i>	<i>1</i>	Surgical Gloves		
02 cc	<i>20</i>	<i>10</i>	<i>PF 6.6/2 7/2</i>	<i>2</i>	<i>1</i>	Gauze Pack		
01 cc	<i>5</i>	<i>4</i>				Syringe 1ml / 2ml		
Cautery plate : A/P/N	<i>2</i>	<i>1</i>	Surgical blade <i>15, 11</i>	<i>2</i>	<i>1</i>	Surgical Blade # 20		
IV set <i>+ Blood set</i>	<i>1</i>	<i>1</i>	NG tube			Koochies (S)		
RL	<i>1</i>	<i>02</i>	Cautery pencil	<i>1</i>	<i>1</i>	<i>Als 500ml</i>	<i>2</i>	<i>4</i>
NS : 10ml / 100ml / 500ml / 1000ml	<i>3</i>	<i>2</i>	Koochies			<i>Transderm</i>	<i>1</i>	<i>1</i>
<i>02 mask (P)</i>	<i>1</i>	<i>1</i>	Ointments <i>steridrape, Telson</i>	<i>1</i>	<i>1</i>	<i>100, 150, 200</i>	<i>2</i>	<i>2</i>
<i>Airway 0-1</i>	<i>1</i>	<i>1</i>	Suction Catheter			<i>200</i>	<i>1</i>	<i>1</i>
Fentanyl	<i>1</i>	<i>1</i>	Cap, Mask	<i>5</i>	<i>10</i>	<i>200ml</i>	<i>2</i>	<i>1</i>
Morphine			Gauze Pack <i>(2) 1</i>	<i>5</i>	<i>2</i>	<i>Motogel</i>	<i>1</i>	<i>1</i>
Ketamine			Mop Pack	<i>2</i>	<i>1</i>	<i>ly. Metformin pr</i>	<i>1</i>	<i>1</i>
Propofol	<i>3</i>	<i>10</i>	Steristrip			<i>Tr camule 22, 24</i>	<i>1</i>	<i>1</i>
Rocuronium	<i>1</i>	<i>1</i>	Underpad	<i>1</i>	<i>1</i>	<i>Dexa</i>	<i>1</i>	<i>1</i>
Glycopyrolate	<i>1</i>	<i>0</i>	Draw sheet	<i>1</i>	<i>0</i>	<i>Tramexa</i>	<i>1</i>	<i>1</i>
Myopyrolate <i>+ Neostigmine</i>	<i>1</i>	<i>2</i>	Abgel			<i>Mimipine</i>	<i>2</i>	<i>1</i>
Ondansetron	<i>1</i>	<i>1</i>	Foleys catheter			<i>Nor-5-6-7-8-9-10</i>		
Pencan 25g/ Spinal Needle <i>22</i>	<i>1</i>	<i>1</i>	<i>Urobag</i>	<i>1</i>	<i>1</i>	<i>Suction cath 6.6 10</i>		
Bupivacaine 0.25%	<i>1</i>	<i>1</i>	Chest Drainage Catheter <i>20</i>	<i>1</i>	<i>1</i>	<i>Mldab</i>	<i>1</i>	<i>1</i>
Bupivacaine 0.25% (Heavy)			Romodrain bag			<i>Dextamidine 50</i>	<i>1</i>	<i>1</i>
Antibiotics			Bandage			<i>clonidine</i>	<i>1</i>	<i>1</i>
			Tegaderm <i>7 Pad Big</i>	<i>2</i>	<i>1</i>	<i>Nasaul Airway 16-18-20</i>		
Suppositories			<i>lpan</i>	<i>1</i>	<i>1</i>	<i>50cc Fentanyl</i>	<i>3</i>	<i>1</i>
Anamol : 80mg / 250mg / 170 mg	<i>1</i>	<i>1</i>	Double J Stent			<i>Stopcock</i>	<i>3</i>	<i>3</i>
Supridol : 100mg			Vacuum Suction set	<i>2</i>	<i>2</i>	<i>Nor-Adrenaline</i>	<i>2</i>	<i>1</i>
Justin : 12.5 mg / 25mg / 100mg	<i>1</i>	<i>1</i>	Plastic Bed Sheet	<i>1</i>	<i>0</i>	<i>IBP kit + Hotline</i>	<i>1</i>	<i>1</i>
Tab. Misoprost : 200mg			Betadine Solution	<i>1</i>	<i>1</i>	<i>Tegaderm 16 24 + 8582</i>	<i>1</i>	<i>1</i>
<i>Vacuum Set</i>	<i>1</i>	<i>1</i>	Microshield	<i>1</i>	<i>0</i>	<i>Heparin + Heparin</i>	<i>1</i>	<i>5</i>
<i>Gauze</i>	<i>3</i>	<i>3</i>	Cotton Balls	<i>1</i>	<i>1</i>	<i>Carmeda 3050</i>	<i>1</i>	<i>1</i>
<i>Gloves 6-0</i>	<i>4</i>	<i>1</i>	Latex Gloves	<i>10</i>	<i>10</i>	<i>4.5 Ex 8cm 3lm</i>	<i>1</i>	<i>1</i>
<i>IV pcm</i>	<i>1</i>	<i>1</i>	Ramdone Scrub			<i>5.0 Ex 8cm 3lm</i>	<i>1</i>	<i>1</i>
<i>3-way 100+1000</i>	<i>1</i>	<i>0</i>	Saral			<i>Juleco 22, 24</i>	<i>2</i>	<i>2</i>

Surgeon : Anaesthesiologist : *9685079* Nurse : OT Technician : *Alburnine 51 - 1 - 1*
Order No. : Ordered by :
Doc. No. : RCH / FRM / GENERAL / 125

ESTIMATION SLIP

(F/C for only new admission)

Date : 03/07/2026 UHID / IP No. : RAH-00667650 SI No. 81027

Name of Patient : Master. Dhruv Yemuler Age: 5Y1M Gender: M

Father's / Husband's Name : Mr. Abhesh Corporate / Occupation : Software Engineer

Address : 8499931400 Phone : 8499931400 Email: 6@gmail

Procedure / Plan : Medial MX + Exploratory Laparoscopy & GA

MODE OF PAYMENT : ☐ SELF ☒ TPA : ICICI Bank ☐ GIPSA : AP/10 No. (Bareilly) ☐ OTHERS

TARIFF INFORMATION :

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee								✓		
L. Tax										

PARTICULARS		AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	<u>84700</u>	<u>30800</u>
O.T. Consumables	<u>9500</u>	<u>19000</u>
Instrument Charges		Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations		As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :
	Ventilator :	Conventional :
	Phototherapy :	Single Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.		As per actual - Not Included in Estimation
Package		
Others		
Initial Minimum Deposit		<u>Surgeon's estimation / 50000 Final Amount (Cash)</u>

- NOTES:**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
 - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
 - For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
 - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

I Mr. Abhesh have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

DECLARATION

Signature of the Client

Signature Relationship

Signature of the Financial Counselor