

ADMISSION SHEET

Registration Details :



Admission No : IP5-00176531

Admit Date : 17-Jul-2026

Admit Time : 04:32 PM UHID : BAH-00661967

Patient Details :

Patient Name : Master VINTHA VED SAURYAN REDDY

Age : 3 Y 7 M 9 D

Guardian : Mr VINTHA SURENDRA BABU

DOB : 08-12-2022

Gender : Male

Religion :

Occupation :

Martial Status : Single

Address (H) : H NO 2-66, KAREDU, Ualavapadu Prakasam
Andhra Pradesh INDIA 523292

Phone No : 9581376873/ 9948253059

E-mail : SURENDRAAPPSDBA247@GMAIL.CO

Admission Details :

Bed Type : PICU

Bed No : PICU 216

Ward Name : 2F-PICU I

Room No : PICU 216

Admission Type : First Visit

Contact Details :

Name : Mr VINTHA SURENDRA BABU

Relationship : Father

Contact Address : H NO 2-66, KAREDU, Ualavapadu Prakasam
Andhra Pradesh INDIA 523292

Phone No : 9581376873 / 9948253059

V. Surendrababu
Signature

Doctor Details :

Doctor Name : Dr. SANDEEP REDDY

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. SHAIKH FARHAN A RASHID/ Dr.
PILLARISETTI NAVEEN SARADHI

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Tir _____ arge : _____ Time: _____

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/7/20	3:15pm	ER	PLCU	Annaly
18/7/20	2:50pm	PLCU	Zone B5 for	NM

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Naveen.	18/07/20	9709958	Sudhikanta
2	DR. AKHILA NEMARAJU	20/7/20	9712635	Seema
3				
4				
5				
6				
7				
8				
9				
10				

[illegible][illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/7/26	Inf. monitor			9708089	Palash
	Inf. pump				
	S. pump				
	HFNC				
	Oxygen				
18/7/26	Inv. Monitor			9708088	Lanu
	Inf. pump			9708088	
	HFNC			9708088	
	Oxygen			9708088	
	Syr. pump			9708088	
19/7/26	Inv. Monitor	19/7/26 3pm	21/7/26 @ 12pm	9708088	Lanu
	Inf. pump			9708088	
	HFNC			9708088	
	Oxygen			9708088	
	Syr. pump			9708088	
19/7	Oxygen	19/7/26 3pm	21/7/26 @ 12pm	9711185	Kalyani

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
17/11/26	IV placement	①	9708891	Palash
18/11/26	Arterial line			
18/11/26	Nebulization	③	9708909	Sam
18/11/26	Nebulization	④	9709983	Sachin
19/11/26	nebulization	③	9710612	Sam

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor



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(P.T.O)

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/10/2026	C/SIB Dr. Arinash sir	
3pm	C/SIB <u>resident</u> Wt - 11.88kg c/o fever x 4 day Cough for 4 days Cold for 4 days Dull activity, fast breathing x 1 day.	<u>Picu</u> NRM @ 15 LPM O ₂ support
01/11	- Sick & dull looking - PR - 124 bpm, good PV - RR - 66 bpm/min SCRO / ICRO - SpO ₂ - 70% ↓ RA 100% ↓ NRM @ 15 LPM Temp - 103.7°f CRT < 3 sec, Periphery warm BP - 100/55 mmHg B/L pupil - ERL GCS - 15/15	- Head end elevation - INT. PARACETAMOL 180mg IV stat - INT. PANTOPRAZOLE 12mg IV stat Shift to PICU
SLF	RS - B/L crepitations, diffuse wheeze CVS - S, S ₂ ⊕ PA - soft, non distended CNS - Dull, ^{sick} looking	<u>Dr. Nandan</u> (Dr. Nandan)

BAH-00661967

BAH-00661967
Master VINTHA VED SAURYAN
3Y7M9D

08-12-2022

08-12-2022
Dr. SANDEEP REDDY



IP5-00176531

(M)

[illegible]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/12/20 4pm	<u>C/S/B Dr. A Sandeep,</u> Δ: Pneumonia.	
	H/o fever x 5 day. Cough & cold x 4 day dull activity x 2 day. Fast breathing x 1 day	Plan: ① Ceftriaxone. ② Azithromycin. ③ Neb Levoflox. & Budecort.
	Child on HFNC FiO ₂ : 50%. Flow: 20L/min	④ ABP, PCT, RBS. 5-viral panel, Blood de.
	SpO ₂ : 99%. PR: 126/min RR: 52/min BP: 90/60 (70).	⑤ Secure arterial line.
	Chest: B/L air entry (+) Rt crepitation	⑥ POCUS.
	Cvs: S1S2 (+) No murmur.	⑦ Start HFNC. FiO ₂ : 50%. Flow 22L/min.
	CNS: GCS: 15/15 Irritable. Pupils: 2+ 2+. Tone: (N).	⑧ SOS NIV ⑨ RP-1, PT/INR, 5-viral panel, PCT Blood de.
		<i>[Signature]</i> Noble & Jyoti



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



Bed-7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/12/26 5pm	counseling room	no. 2
		Dr. Sandeep
	Patient's attendants have been counseled about the condition of the child i.e., → child has pneumonia, i.e., infection in lungs, more in the left lung. → child has difficulty breathing and requiring oxygen supplementation with high flow nasal cannula. → It could be viral or bacterial pneumonia. → we have sent blood tests & to check for routine viral infections. → If he has worsening of breathing difficulty or oxygen levels, he might need non-invasive ventilation with mask or ventilator support.	
	<i>[Signature]</i>	V. Surendrababu (father) <i>[Signature]</i>

r. SANDEEP REDDY

(N)

DB-12-2022

3Y7M9D

08-12-2022
Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

[illegible]



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 12/7/26 Day of Admission : 2 Today's Date & Time : 18/7/26, 6 AM
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score : 2

OVERVIEW	Diagnosis : <u>Pneumonia</u>	Current Issues : <u>Tachypnea</u> <u>Dull activity, O₂ requirement</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>B/LAE ⊕, clear, tachypnea ⊕, 42/min</u> CXR : <u>B/L haziness ⊕ (L > R)</u> SPO ₂ : <u>96% on 45% FiO₂</u> by NC / FM / NRB mask / Oxyhood, at <u>on HFNC</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 : <u>Levalin, Budecort</u> ICD ? ☐ Yes ☒ No, if Yes, details : Plan of care : <u>Try to taper Rx</u>	
	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S1S2 ⊕, no murmur</u> Quality of Pulses : <u>good</u> cap refill Time : <u>2 sec</u> Liver Edge : <u>-</u> cm below Rt costal margin Blood Pressures : NIBP : <u>(IBP) 65/60 (70)</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>Rasid a.</u> Central line in situ : ☐ Yes ☒ No Place of central line & its condition : Day of arterial line : <u>(2)</u> Day of Central line : Plan of Care : <u>monitor blood pressure</u>	
	Neuro Exam : <u>GCS-15/15, preferring to sleep</u> Pupils : <u>B/L 2mm, reactive to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	☒ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds				
	I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools :				
	NG output : PO intake :				
	Feed Formula : Feed Schedule :				
	IV Fluids - Type of IVF : <u>DNS</u> @ <u>15</u> ml / hr (<u>35-1</u> 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>134</u> K <u>4.7</u> Cl <u>103</u> Ca <u>9.1</u> Mg P HCO3 Sr. Amylase : Sr. Lipase :				
	Latest LFT :				
Abd Exam : <u>soft, non tender</u>					
Any organomegaly ? ☐ Yes ☐ No - If yes, describe :					
Plan (G.I. & Liver) : <u>try to increase oral feeds</u>					
INFECTION	☒ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>1 fever spike at 10pm - col</u>				
	Cultures Sent ? ☒ Yes ☐ No - If yes, details :				
	Describe c/s Reports :				
	Other Labs (Latex, Serology, etc) :				
	Ongoing Antibiotics : <u>2g Ceftriaxone</u> <u>2g Vancomycin</u> <u>2g Azithromycin</u> / <u>D2</u>				
NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>20</u> Other Relevant Labs :				
	P.D. ☐ Yes ☒ No - If yes, details :				
	Diuretics : ☐ Yes ☒ No - If yes, details :				
	Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter :				
	Relevant Radiology (USC, MCUG radioisotope scan etc) :				
	Plan of Care :				
HEMATOLOGY	Relevant Labs (CBP etc) :				
	Any Coagulopathy :				
	Relevant Transfusion History :				
	Plan of Care :				
CARE PROTOCOLS	VAP Bundle Used ? : ☐ Yes ☒ No ☐ NA		Pending Lab Results : ☒ Yes ☐ No		
	CRBSI Bundle Used ? : ☐ Yes ☒ No ☐ NA		If yes, then details : <u>CBP</u>		
	CA - UTI Bundle Used ? : ☐ Yes ☒ No ☐ NA		<u>Blot</u>		
	Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA		Pending Consultations : ☐ Yes ☒ No		
FINAL COMMENTS	If yes, then details :				
	If yes, then details :				
<u>- Tape fio2</u> <u>- Increase oral intake</u>					

Doctor's Name (Handover given) : Dr. vijay Bhespal

Signature : 18/07/20, 8 AM

Date & Time : 18/07/20, 8 AM

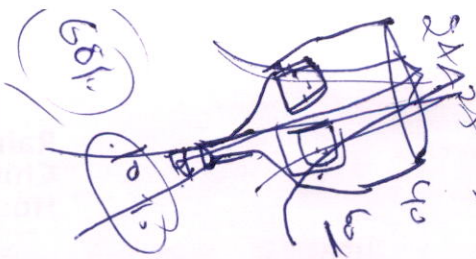
Doctor's Name (Handover taken) : Dr. Jyoti

Signature : Dr. Jyoti

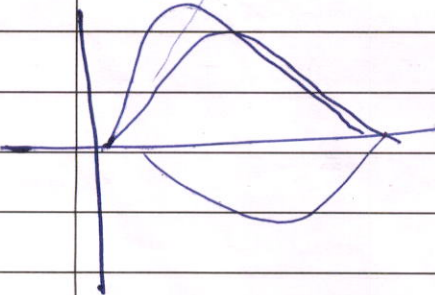
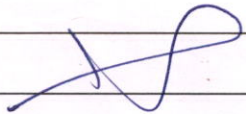
Date & Time : 18/07/20 8 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6 am	45/B Dr Naveen Sanadhi <u>40 Severe pneumonia</u>	<u>Adm</u>
	Pt on HFNC - Flow 15l/min FiO₂ 40%. Last fever spike - 12am Tachypnea ⊕ SpO₂ - 99%. Chest - B/L crepts, B/L AF + CVS - NAD P/A - soft, non-tender	- Ceftriaxone - Azithro - Vancomycin - Neb - unolin 6h ↳ budesort TID - Trace 5 viral panel, blood - Paracetamol TID - Next prick → Ca²⁺, Mg²⁺, ALP 25 (OH) vit D3, PEG - Fluvir



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/07/26 12:30pm	S/B Dr Sandeep Reddy <u>Δ. Pneumonia</u>	
		<u>PLAN.</u>
	- On HHHFNC - 15lit/min FiO_2 - 40+	1) ROR score to document
	- child dull but relatively better yesterday.	2) Gradually taper flow to 10lit/min after show & continue overnight
	- T - 98°F P - 94/min. R - 38/min. BP - 86/48 mmHg, SpO_2 - 99% on 40% FiO_2	3) Allow orally.
		4) w/h fever
	Rox - 6.5	
		

IP5-00176531

08-12-2022

3Y7M9D

Dr. SANDEEP REDDY



Bed 8



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PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Sandeep

Date & Time	Progress Notes	Doctor's Order
18/12/26 2pm	<u>Counselling Notes</u>	
	Parents were explained regarding the child's condition - Pneumonia - child is on HFNC - Sural panel was negative, adenovirus awaited - Slowly will try to wean off HFNC to low flow, it might take 2 days - If further worsen - higher support might be required - child is in improving trend on HFNC - will wean off slowly to HFNC - Continuing Antibiotics & HFNC as of now. - Once child takes liquids orally will decrease IV fluids & then oral Solids.	
	V. Surendra babu (father)	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/26 @ 11:00	<u>S/B Dr. Sandeep / Res team</u> Adv Community acquired Pneumonia - Severe. Pneumonia	Adv ① continue HFNC @ 10/min for 40%
	Pulm ① Respiratory distress better on HFNC	② keep airway things ready ③ For Sx down the 4th hly
	② heart four at 10pm on HFNC - flow: 15 L/min Fio2: 40% S/F Ratio for > 99% Rr 30/min	④ continue Vancomycin Ceftriaxone acyclovir ⑤ True Adeno PCN
	Chest Right lower zone consolidation fla Sx 80% cm no focal defect	⑥ plan to taper HFNC ⑦ Taper negative balance ⑧ Room to do
	HR: 116/min SpO2 97% @ 40% FiO2	<u>Shanaka</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 11:40 AM	cls/B Dr. Sandeep.	
	Axis - Community acquired Pneumonia - severe Pneumonia	
	Imms -	Plan
	On low flow oxygen - 2L/min cough (+) Afebrile. Hemodynamically stable vitals - T - 98.4°F HR - 100/min SpO ₂ - 99% on O ₂ RR - 30/min	1. cont. AB's (D ₃) - ceftriaxone - Azithromycin. - vancomycin 2. stop IVF. 3. shift to ward. 4. change Azithromycin orally.
	de - RS - BAE (+), Basal crepts (+) @BL	
	Cvs - S ₂ (+) PA - soft	

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 12/07/26 Day of Admission : 13 Today's Date & Time : 19/7/26
PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>community acquired pneumonia</u>	Current Issues : <u>Respiratory Distress - Acute</u>
VITAL SIGNS	Today's Wt. (kg) : <u>11.5</u> Temp. : <u>38.5</u>	Blood sugar issues : <u>present</u>
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/L AE (+), chest clear. Minimal supasternal retraction</u>	
	CXR : <u>changed to</u>	
	SPO₂ : <u>97%</u> O₂ by NC / FM / NRB mask / Oxyhood, at <u>5</u> L / min	
	Ventilatory Support : ☐ Yes ☒ No - Day # of Vent : <u>24m</u> Nitric Oxide : ☐ Yes ☒ No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : <u>—</u> Delivered Vt : <u>—</u>	
	ABG : <u>—</u> EtCO₂ : <u>—</u> P/F ratio : <u>—</u> O.I. : <u>—</u>	
	Chest Physiotherapy Plan : <u>—</u> Suctioning Needs : <u>—</u>	
	Any Nebs : <u>NEB LEVOLUM</u> ICD ? ☐ Yes ☒ No, if Yes, details :	
	Plan of care : <u>NEB BODECORT</u>	
	<u>Tap watchful for resp. distress & SPO₂ monitoring</u>	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S.S. (+) NO MURMUR</u>	
	Quality of Pulses : <u>Good</u> cap refill Time : <u>2 sec</u> Liver Edge : <u>—</u> cm below Rt costal margin	
	Blood Pressures : NIBP : <u>—</u> IBP : <u>—</u> CVP : <u>—</u>	
	Infusion of : ☐ Dopamine <u>—</u> mcg / kg / min - ☐ Dobutamine <u>—</u> mcg / kg / min	
	☐ Epinephrine <u>—</u> mcg / kg / min - ☐ Nor Epinephrine <u>—</u> mcg / kg / min	
	☐ Milrinone <u>—</u> mcg / kg / min	
	Any Other Infusions : <u>—</u>	
	Last 2D Echo Findings : <u>—</u>	
	Size of the heart and lung fields in latest CXR : <u>—</u>	
	Arterial line in situ : ☒ Yes ☐ No Place of art, line & its condition : <u>left Radial</u>	
CNS	Central line in situ : ☐ Yes ☒ No Place of central line & its condition :	
	Day of arterial line : <u>13</u> Day of Central line : <u>—</u>	
	Plan of Care : <u>—</u>	
	Neuro Exam : <u>Ex VM 6</u>	
	Pupils : <u>2mm equal React to light</u> Sedation Used ? ☐ Yes ☒ No Any paralysis ? ☐ Yes ☒ No	
Types of Sedation : <u>—</u> Types of Paralysis : <u>—</u>		
Relevant CT Scan, MRI EEG, Neurosonogram etc. : <u>—</u>		
Plan of Care : <u>—</u>		
Ramsay Sedation Score : <u>—</u>		

FLUIDS STATUS NUTRITION AND G.I	☐ NPO ☒ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds I / O / Balance : <u>+20</u> / (+/-) Input : ml/k/d UO : <u>1.4</u> ml/kg/hr Stools : <u>Not passed</u> NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>15</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>134</u> K <u>4.2</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) :				
	☐ Febrile ☐ Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? ☒ Yes ☐ No - If yes, details : <u>Bloods - 17/7/26</u> 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 : Catheterized : ☐ Yes ☒ No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :				
	Relevant Labs (CBP etc) : <u>(17/7) 9.8 > 3800 < 161100</u> 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>Bloods</u> Pending Consultations : ☐ Yes ☒ No If yes, then details :				
	FINAL COMMENTS <u>1.) Trace Bloods.</u>				

Doctor's Name (Handover given) : Dr. Jyoti
Signature : Dr. Jyoti
Date & Time : 19/07/26 8:00 AM

Doctor's Name (Handover taken) : Jyoti
Signature : Jyoti
Date & Time : 19/07/26 @ 8 AM

Bed 7



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/2/26 8AM	CL/B <u>picu follow -</u> Severe community acquired pneumonia On low flow oxygen 2L np No fever spikes Hemodynamically stable mild tachypnea oral intake better	plan: 1. continue low flow oxygen 2L np 2. w/t fever spikes 3. monitor vitals 4. encourage oral intake
	1mg ceftriaxone - Du 4mg vancomycin - IV Syr Azee - Du 1L oxygen - 99%.	pr natheer

Shanish

PROGRESS

Date
& Time

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BAH-00661967
Master VINTHA VED SAURYAN
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Dr. SANDEEP REDDY

IP5-00176531
3 Y 7 M 11 D
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PROGRESS NOTES AND DOCTOR'S ORDER

Doctor's Order

**Date
& Time**

Progress Notes

20/7/26
5:10pm

Progress Notes

45103 Dr Shanti Kotapalli
do severe pneumonia

Apebribe

vitals stable

SpO₂ - 98.1. (RA)

SpO₂ - 98%
chest - B/L crepts,
B/L AE +

Adv

Adv

Aug 21, mit D

- Repeat CRP, CRP_n in next week / tomorrow bam.
- continue same.

1/3 Schema

CDR:

9. (4)

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

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

Date & Time	Progress Notes	Doctor's Order
21/27/26. 9AM	<u>c/s/B Resident</u> Δ:- Community Acquired Pneumonia child on Roemair (spo, 93-94%) Afebrile Maintaining spo ₂ : 98-99% on O.SlitO ₂ . o/E: child alert Resp- BAE ⊕, coxph ⊕ CVS- S ₁ S ₂ heard P/A - soft Vitals - stable. Oral Intak - good.	<u>Plan</u> 1) Continue Inj Ceftriaxone D5 Inj Vancomycin D5 Synup Azithromycin D5 2) Continue Levolin Q6H Budecort Q8H 3) Trace CBR, CRP 4) Monitor Vitals Inform SOS
		Dr. Jayash

Dr. Jayasankar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/12/2022 9:50am	CSB Dr. Shweta Kotapalli Δ: Community acquired Pneumonia On low flow O₂ (@0.5L/min) No fever. Tachypnea ↓. SPO₂: 93-95% R.A. 98% on O₂ Chest: B/L few crepts (+) CR: S/S (+) RA: soft. Cals: activity improved	Adv: - Inj Ceftriaxone - Δ - Inj Vancomycin Δ - Syp. Azithromycin Δ - Inj Escapoxate - Levoflo Nib / Budecort Neb - chest physiotherapy. - Consider 30% NC Nebulization BD
	Awaited: CBP, CRP, vitD, mg²⁴	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/12/26 12:40pm	C/S/B Dr. Sandeep 1. Community Acquired Pneumonia No fever Spiker On Low flow 0.5 lit/min chest - B/L crepts ⊕ P/A - soft CNS - Alert/Active 15/15	Plan 1) Continue low flow 2) On Inj ceftriaxone Inj Vancomycin Syrup Azithromycin 3) Continue Levolin Budecort 4) Trace Vitamin D. 5) Monitor Vital./ RR, SpO ₂ 6) Inform SOS
		N.B. Souham Dr. Jayas
21/12/26 5:30pm	C/S/B Dr. Shreuti Kotapalli No fever. Comfortable in R.A. SpO ₂ = 96% in R.A. chest: B/L few crepts (+) ext: S/S (+) P/A: soft	Adv:- - Continue same tft - monitor saturations
		N.B. Seema

Date & Time	Progress Notes	Doctor's Order
21/7/20 6pm	ds/B Dr. pratyusha	plan
	dev community-acquired pneumonia	1) w/f + fever spiked + respiratory distress
	on 800m in	
	hemodynamically stable	
	o/l crept (+)	
	no respiratory distress	
	other systemic exam (+)	
		Dr. pratyusha
		NB seem



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/12/22 8:30am	c/s/ Resident Δ: Community acquired pneumonia. child on Room air Hemodynamically stable O/E+ child alert Resp P/A Cvs Vitals - stable	Plan 1) Continue Inj Ceftriaxone D6 Inj Vancomycin Syrp Azithromycin D6 2) Continue Levofloxacin/Budecort 3) Monitor Vitals w/ fever spikes Inform SOG
		Dr. Jayash
22/12/22 9:00am	CLBP Pulmo team Δ: Community acquired pneumonia No fever Comfortable in R.A. Vitals stable SpO ₂ : 97% R.A. Chest: B/L few crepts (+) Cvs: S/S ₂ (+) P/A: Soft CNC: Active.	Adv:- 1) Inj Ceftriaxone 2) Inj Vancomycin 3) Symp. Azithromycin 4) Levofloxacin Nebbs 5) Budecort Nebbs. Plan Discharge Augmentin Lincexol 3% NS Neb BD chest physio. R/v on Saturday



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ADDITIONAL NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/20 9:30 AM	<u>C/S/B DB Sandeep</u> 1) Community Acquired pneumonia Child on room air Hemodynamically stable Resp ✓ P/A ✓ CVS ✓ Vitals - stable	<u>Plan</u> 1) Augmentin } 3 days 2) Kinerolid } 3) Budecort Neb 4) Discharge Today. 5) F/W after 3 days - chest Xray.



CROSS CONSULTATION FORM

Doctor Name : Sahith Venkatesh Date : 20/7/26 Time : 2:45 pm

Diagnosis : comm. Acq. Pneumonia

Hospital : RCH - Bengaluru

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:

chest Physiotherapy

Signature: _____

Findings and Recommendations :

S/B. Physiotherapist

comm. Acq. Pneumonia

on IL - O₂

→ chest PT given

→ Positioning

→ Incentive spirometer
6000 - exp

Consultant :

Name : Sahith Venkatesh Signature : Sahith Date & Time : 20/7/26 2:45 pm

BAH-00661967 IP5-00176531
Master VINTHA VED SAURAN
08-12-2022 3 Y 7 M 9 D (M)
Dr. SANDEEP REDDY



RESULT SHEET

Date	17/7/26	18/07	21/07/26
Time	5pm	4 AM	8 AM
Hb	11.1	9.8	10.4
Hb	34.3	29.8	32.8
PCV	4.60	4.0	4.37
RBC	4.44 4.44	3,800 L	4,490 ↑
WBC	75/14	81/16	52.2/39.4
N/L	1.7 L	1.61 L	2.67 L
Platelets			19 ↓
CRP			
ESR	12.9		
PCT			
RBS	134		
Na	4.7		
K	103		1.9
Cl	9.1		
Ca/Mg	2.3		
Phosphate	20		
Urea	0.3		
Creatinine	87		
ALP	14		
SGPT	58		
SGOT	0.4/0.2		
T.Bill/Conj	6.3		
T.Protein	3.8		
S.Albumin	2.6		
S.Globulin	2.6		
A/G Ratio	4.2		
Uric Acid	40		
S.Amylase			
Sr.Lipase			
Blood Lactate			
S.Cholesterol	70		
PT/INR			14/1.0
PTT			49
Protein / Sugar			

/FRM / CLINICAL / 0138

/FRM / CLINICAL / 0138

(P.T.O.)

[illegible]

Culture a

Culture and Sensitivities : 17/7/26 Typho BM - negative
Bordet pertussis - negative

Typho BM - Negative
Bird panel -
negative

Radiology :

Radiology: USG:

USG :

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.) :

MEDICATION RECONCILIATION FORM

Drug Allergies:

☒ Not known any Drug Allergies

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

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

Shifting From: ICU

Shifted to: ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj CEFTRIAXONE	550mg	IV	BD	19/7/26	☒ C ☐ DC
2	Syrup AZITHROMYCIN	2.5ml	PO	OD		☒ C ☐ DC
3	Inj VANCOMYCIN	220mg	IV	TID	19/7/26	☒ C ☐ DC
4	Inj ESOMEPRAZOLE	10mg	IV	OD	19/7/26	☒ C ☐ DC
5	Neb - LEVODOLIN	0.63mg	Neb	Q6H	19/7/26	☒ C ☐ DC
6	Neb - BUDECORT	0.5mg	Neb	Q8H	19/7/26	☒ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Jayanti (Jn)

Date & Time: 19/7/26 3 pm

Se Name & Signature: Navaneetha

& Time: 19/7/26 @ 3pm

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: EP Shifted to: PICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ 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 :

Date & Time :

Nurse Name & Signature: Anneb

Date & Time : 17/7/20 3:15pm



DRUG CHART

Date of Admission: 17/12/26 Drug Allergies: ☒ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

DRUG : <u>Inj. PARACETMOL</u>				Date Time	<u>17/12</u>
Dose	Route	Frequency	Start Date		
<u>150mg</u>	<u>IV</u>	<u>SOS</u>	<u>17/12/26</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>					
Additional Instructions:					

DRUG : <u>548 BA CLOMID-DS</u>				Date Time	<u>18/12</u>
Dose	Route	Frequency	Start Date		
<u>2.5ml</u>	<u>PO</u>	<u>SOS</u>	<u>17/12/26</u>		
Doctor's Signature		Valid Period	Pharm.		
<u>[Signature]</u>					
Additional Instructions:					
<u>5ml = 240mg.</u>					

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



REGULAR PRESCRIPTIONS

Weight. 11kg Ward. Picu

20 VERIFIED

VERIFIED 6

VERIFIED

VERIFIED

DRUG : INICEFTRIAXONE				Date Time	17/7/2017	18/7/2017	19/7/2017	20/7/2017	21/7/2017	22/7/2017
Dose 550mg	Route iv	Frequency AD	Start Date 15/7	6 AM	6 AM	6 AM	6 AM	6 AM	6 AM	6 AM
Name & Signature of the Doctor Starting the Drugs: <i>Suhay</i>				Am X Am X Am X Am X Am X Am X						
Additional Instructions:				6 AM 6 AM 6 AM 6 AM 6 AM 6 AM						
Daily Doctor's Endorsement by a Sign				u u u u u u						

DRUG : IN AZITHROMYCIN				Date Time	17/7/2017	18/7/2017	19/7/2017	20/7/2017	21/7/2017	22/7/2017
Dose 100mg	Route iv	Frequency OD	Start Date 15/7	6 AM	6 AM	6 AM	6 AM	6 AM	6 AM	6 AM
Name & Signature of the Doctor Starting the Drugs: <i>Suhay</i>				6 AM 6 AM 6 AM 6 AM 6 AM 6 AM						
Additional Instructions:				6 AM 6 AM 6 AM 6 AM 6 AM 6 AM						
Daily Doctor's Endorsement by a Sign				u u u u u u						

DRUG : NEB LEVOLIN				Date Time	17/7/2017	18/7/2017	19/7/2017	20/7/2017	21/7/2017	22/7/2017
Dose 0.63mg	Route Neb	Frequency G6H	Start Date 17/7	12 AM	12 AM	12 AM	12 AM	12 AM	12 AM	12 AM
Name & Signature of the Doctor Starting the Drugs: <i>Suhay</i>				12 AM 12 AM 12 AM 12 AM 12 AM 12 AM						
Additional Instructions:				12 AM 12 AM 12 AM 12 AM 12 AM 12 AM						
Daily Doctor's Endorsement by a Sign				u u u u u u						

DRUG : NEB BUDECORT				Date Time	17/7/2017	18/7/2017	19/7/2017	20/7/2017	21/7/2017	22/7/2017
Dose 0.5mg	Route Neb	Frequency TID	Start Date 17/7	3 AM	3 AM	3 AM	3 AM	3 AM	3 AM	3 AM
Name & Signature of the Doctor Starting the Drugs: <i>Suhay</i>				3 AM 3 AM 3 AM 3 AM 3 AM 3 AM						
Additional Instructions:				3 AM 3 AM 3 AM 3 AM 3 AM 3 AM						
Daily Doctor's Endorsement by a Sign				u u u u u u						



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VERIFIED

Weight 115g Ward Picu

DRUG : <u>INS EDOMEPRAZOLE</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>10mg</u>	<u>iv</u>	<u>OD</u>	<u>12/7</u>	<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Name & Signature of the Doctor Starting the Drugs: <u>Suresh</u>				<u>G</u> <u>Sub</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Additional Instructions:				<u>Am</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Daily Doctor's Endorsement by a Sign				<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
DRUG : <u>SYP PLOVIA</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>2.5ml</u>	<u>PO</u>	<u>BD</u>	<u>12/7/2017</u>	<u>11/18/17</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Jothi</u>				<u>G</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Additional Instructions:				<u>Am</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Daily Doctor's Endorsement by a Sign				<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
DRUG : <u>Inj. VANCOMYCIN</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>220mg</u>	<u>IV</u>	<u>TID</u>	<u>11/18/17</u>	<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. vijay</u>				<u>G</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Additional Instructions: <u>Dilute in 50ml NS</u>				<u>Am</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Daily Doctor's Endorsement by a Sign				<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
DRUG : <u>Syrup AZITHROMYCIN</u>				Date Time
Dose	Route	Frequency	Start Dt.	
<u>2.5ml</u>	<u>PO</u>	<u>OD</u>	<u>19/7</u>	<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Name & Signature of the Doctor Starting the Drugs: <u>Jayash</u>				<u>G</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Additional Instructions: <u>(5ml/200mg)</u>				<u>Am</u> <u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>
Daily Doctor's Endorsement by a Sign				<u>11/18/17</u> <u>11/7/2017</u> <u>21/7/217</u>

BAH-00661967 IP5-00176531
Master VINTHA VED SAURYAN
08-12-2022 3 Y 7 M 9 D (M)
Dr. SANDEEP REDDY



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Sheet No:

REGULAR PRESCRIPTIONS

Weight 11.2 kg

Ward PICU

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Weight. 112kg Ward. PW

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/7/26	9 pm	2mg METHYL-PREDNISONE	10mg	IV	SA	Subbach 9.3 pm



322

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/7/26	00.00	Neb - levolin - 7pm	Kalyani	9711397
19/7/26	01.00	Neb - Budecort 3Am		
	02.00	Neb - levoline - 12am	Deviya	9711956
20/7/26	03.00	Neb - levoline Neb - Budecort - 6Am		
	04.00	Neb - levolin 12pm	Southamsi	
	05.00	Neb - Budecort 11Am	Southamsi	9712466
20/7/26	06.00	Neb - Levolin (0.63mg) - 6pm		
20/7/26	07.00	Neb - Budecort (0.5mg) - 7pm	Seema	9713023
21/7/26	08.00	Neb - levolin (0.63mg) 12Am		
	09.00	Neb - Budecort (0.5mg) - 3Am	Deviya	9713771
	10.00	Neb - levolin (0.63mg) - 6Am		
21/7/26	11.00	Neb - Budecort (0.5mg) - 11Am	Southamsi	
21/7/26	12.00	Neb - levolin (0.63mg)	Southamsi	9714419
21/7/26	13.00	Neb - levolin (0.63mg) - 6pm		
21/7/26	14.00	Neb - budecort (0.5mg) - 7pm	Seema	9714902
22/7/26	15.00	Neb - levoline (0.63mg) - 1Am	Deviya	
22/7/26	16.00	Neb - Budecort (0.5mg) - 6Am	Deviya	9715781
22/7/26	17.00	Neb - levolin (0.63mg) - 7Am	Deviya	
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

IV INFUSION MEDICATION CHART (SEDATION & PARALYTICS)

(All the drugs in this category belong to "High Risk / High Alert" medicines.

Please watch for bradycardia, hypotension and respiratory depression while administering these drugs)

BAH-00661967 IP5-00176531
Master VINTHA VED SAURYN
08-12-2022 3 Y 7 M 9 D (M)
Dr. SANDEEP REDDY



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ALWAYS ASK TO TEST THE BOTTLE. Your Right to a Safe Delivery

Patient Name : Age : Gender : ☐ Male ☐ Female

Weight : 11.7 kg UHID No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.
17/1/26	3:30pm	DEXMEDE -TOMIDINE	1ml in 24ml NS	0.5 - 2.2 ml/kg (0.2-0.7mcg/kg/hr)	<i>[Signature]</i>	<i>[Signature]</i>	17/01/26		<i>[Signature]</i>

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Fentanyl : 1ml = 50mcg vial, take 4ml in 16 ml NS thus 1ml = 10mcg ; 0.1-0.4 ml/kg/hr (1-4mcg/kg/hr)

NOTE : In older children more than 20kg weight, take 8ml in 12ml of NS thus 1ml=20 mcg;0.2-0.8ml/kg/hr (1-4 mcg/kg/hr)

Midazolam : (Undiluted) 1ml = 1mg ; 0.1-0.5 ml/kg/hr (1.6-8 mcg/kg/min)

Ketamine : Weight x 30 mg/kg in 50ml NS ; 1-4ml/hr (10-40mcg/kg/min)

Dexmedetomidine : 1ml (100mcg) in 24 ml NS ; 1ml = 4mcg ;0.05 -0.2 ml/kg/hr (0.2 - 0.7 mcg/kg/hr)

Docu.No: RCHBH /FRM / CLINICAL / 154

Morphine : Weight x 1 mg/kg in 50ml 5% Dextrose 1-3 ml/hr - 20-60 mcg/kg/hr

Propofol : 1ml = 10mg ; 0.1-0.4 ml/kg/hr (1-4mg/kg/hr)

Vecuronium Powder : 4mg, diluted with 4ml NS (1ml-1mg), take 2ml in 8ml NS (1ml-0.2mg)

0.25 ml/kg/hr - 1.3 ml/kg/hr (0.05-0.15mg/kg/hr)

Pancuronium : (1ml -2mg) take 1ml in 9ml NS(1ml-0.2mg) 0.1ml/kg/hr-0.3ml/kg/hr (0.02-0.06mg/kg/hr)

IV INFUSION MEDICATION CHART (INOTROPES & VASOPRESSORS)

(All the drugs in this category belong to "High Risk / High Alert" medicines. Please watch for tachycardia / bradycardia, hypertension / hypotension any card s of skin at IV site and color and perfusion of the fingers and toes while administering these drugs)

Patient BAH-00661967 IP5-00176531
Master VINTHA VED SAURYAN
08-12-2022 3 Y 7 M 9 D (M)
Dr. SANDEEP REDDY

Age : Gender : ☐ Male ☐ Female

Weight No. : Sheet No. :

Date	Time	Name of Drugs	Composition	Dose Range	Dr's Sign.	Nurse Sign.	Stop Date	Dr's Sign.	Nurse Sign.

CALCULATIONS FOR SOME COMMONLY USED DRUGS :

Dopamine : Wt. x 30 mg in 50ml of 5% Dextrose ; 0.5 - 1ml/hr - 5-10mcg/kg/min
Dobutamine : Wt X 30mg in 50ml of 5 Percent Dextrose 0.5-1ml/hr; 5-10 mcg/kg/min
Epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 0.1-0.5mcg/kg/min - 1-5ml/hr
Nor-epinephrine : Wt. x 0.3mg in 50ml of 5% Dextrose ; 1-5ml.hr - 0.1-0.5mcg/kg/min

Milrinone : Wt. X 1.5mg in 50ml of 5% Dextrose ; 1ml/hr - 1.5ml/hr - 0.5-0.75mcg/kg/min
Sodium Nitroprusside : 3mg/kg in 50ml D5 ; 0.5ml/hr - 4ml/hr (0.5-4mcg/kg/hr)
Nitroglycerine : 3ml/kg in 50ml D5 ; 0.5ml/hr - 5ml/hr (0.5-mcg/kg/min)
Labetalol : 0.25 - 3mg/kg/hr ; (1ml=5mg) ; take 2ml in 18ml NS(1ML-0.5 MG) 0.5- 1.5ml/kg/hr (0.25 - 3mg/kg/hr)

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 19/12/26	Time : 6pm	10pm	3am	6am	
Doctor / Nurse / Family Concern?					
Temperature (F)	104				
	103				
	102				
	101				
Heart Rate (bpm)	190				
	180				
	170				
	160				
Blood Pressure (mmHg) *	130				
	120				
	110				
	100				
Note: BP does not score in early warning scoring	90				
	80				
	70				
	60				
Heart Rate (Number)	50				
	60				
	70				
	80				
Resp. Rate (bpm) (Over 1 Minute) *	70				
	60				
	50				
	40				
Resp Rate (Number)	30				
	20				
	10				
Resp Mod/ Severe Distress None / Mild					
Receiving O ₂ (l/min) O ₂ Saturations (%)					
Conscious Level Normal / Altered					
GCS *					
TOTAL SCORE					
Number of shaded boxes					
Pain Score					
Observer's Initials					

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

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.
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Date	Time	Early Warning Score	Date	Time	Name

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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-00661967 IP5-00176531
Master VINHA VED SAURYN
08-12-2022 3 Y 7 M 11 D (M)

Dr. SANDEEP REDDY



No. : RCH/ FRM / CLINICAL / 125

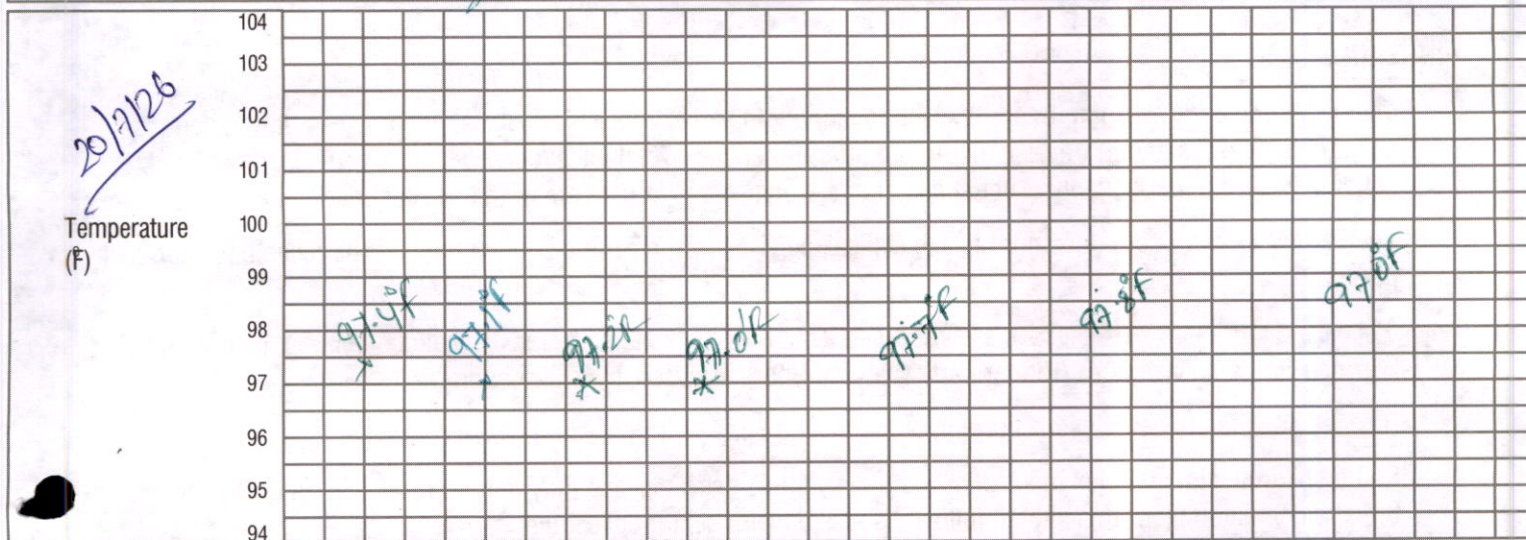
PRESCHOOL (1-5 years)
**Children's Observation &
Early Warning Scoring Chart**

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: 10 AM	12 PM	3 PM	7 PM	10 PM	3 AM	6 AM
Doctor / Nurse / Family Concern?							



Heart Rate (bpm)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
and															
Blood Pressure (mmHg) *															
Note: BP does not score in early warning scoring															
Heart Rate (Number)	74-89 bpm	98 bpm	102 bpm	100 bpm	90 bpm	100 bpm									

Sp. Rate (bpm) (Over 1 Minute) *	70	60	50	40	30	20	10
Resp Rate (Number)	28 bpm	23 bpm	20 bpm	20 bpm	28 bpm	28 bpm	
Resp Distress	Mod/ Severe	None / Mild					
Receiving O ₂ (l/min)	with 1 liter						
O ₂ Saturations (%)	99%	98%	100%	100%	100%	100%	
Conscious Level	Normal	Altered					
GCS *	14/15	14/15	14/15	15/15	15/15	15/15	

TOTAL SCORE							
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	M	B	A	G	B	G	

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

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.

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AH-00661967 IPS-00176531
 aster VINTHA VED SAURYAN
 12-2022 3 Y 7 M 11 D (M)
 . SANDEEP REDDY



ICH/ FRM / CLINICAL / 125

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

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BirthRight
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Early Warning Score: CHILDREN'S UNIT

Date :	Time:	9:00	10:00	11:00	12:00	1:00pm	2:00pm	3:00pm	4:00pm
Doctor / Nurse / Family Concern?									
2/12/26 Temperature (°F)	104								
	103								
	102								
	101								
	100								
	99								
	98	97.4°F	97.2°F	97.6°F	97.5°F	97.0°F	98.0°F		
	97								
	96								
	95								
94									
Heart Rate (bpm) and Blood Pressure (mmHg) * Note: BP does not score in early warning scoring	190								
	180								
	170								
	160								
	150								
	140								
	130								
	120								
	110								
	100								
90									
80									
70									
60									
50									
Heart Rate (Number)		91b/min	89b/min	102b/min	110b/min	100b/min	102b/min	108b/min	
p. Rate (bpm) (over 1 Minute) *	70								
	60								
	50								
	40								
	30								
	20								
	10								
	Resp Rate (Number)		28b/min	29b/min	23b/min	25b/min	28b/min	23b/min	24b/min
	Resp Distress		NP with O2	NP with O2	with O2				
	Receiving O ₂ (l/min)								
O ₂ Saturations (%)		99+100%	99%	95-96%	96-97%	95-98%	96%	97%	
Conscious Level									
GCS *		14/15	14/15	14/15	14/15	14/15	15/15	15/15	
TOTAL SCORE		0	0	0	0	0	0	0	
Number of shaded boxes		0	0	0	0	0	0	0	
Pain Score		0	0	0	0	0	0	0	
Observer's Initials									

ACTIONS

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake			Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
18/12	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
	Total Intake :					Total Output :						
19/12	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
	Total Intake :					Total Output :						
20/12	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
	Total Intake :					Total Output :						
21/12	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

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
20/12/26	08:00 am										0	Sanka	
	09:00 am									✓	0		
	10:00 am	NO ZVF									0		
	11:00 am										0		
	12:00 pm									✓	0		
	01:00 pm										0		
Total Intake :						Total Output : m-0 u-2							
20/12	02:00 pm										0	Sanka	
	03:00 pm									✓	0		
	04:00 pm										0		
	05:00 pm										0		
	06:00 pm									✓	0		
	07:00 pm										0		
Total Intake :						Total Output : m-0 u-2							
20/12	08:00 pm										0	Sanka	
	09:00 pm									✓	0		
	10:00 pm										0		
	11:00 pm										0		
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output : m-0 u-2							
21/12	02:00 am										0	Sanka	
	03:00 am										0		
	04:00 am									✓	0		
	05:00 am										0		
	06:00 am									✓	0		
	07:00 am									✓	0		
Total Intake :						Total Output : m-0 u-3							

Total 24 hrs. Intake

Total 24 hrs. Output

m-
u-9

FLUID CHART

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Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
21/12/26	08:00 am										0	Jouha
	09:00 am									0		
	10:00 am	NO IVF	H ₂ O							0		
	11:00 am									0		
	12:00 pm		H ₂ O							0		
	01:00 pm									0		
Total Intake :					Total Output : m-0 u-2							
21/12	02:00 pm									0	Sema	
	03:00 pm		H ₂ O							0		
	04:00 pm									0		
	05:00 pm		H ₂ O							0		
	06:00 pm									0		
	07:00 pm									0		
Total Intake :					Total Output : m-0 u-3							
21/12	08:00 pm		Food							0	Rajy	
	09:00 pm									0		
	10:00 pm		H ₂ O							0		
	11:00 pm									0		
	12:00 am		H ₂ O							0		
	01:00 am									0		
Total Intake :					Total Output : m-0 u-3							
22/12	02:00 am									0	Rajy	
	03:00 am		H ₂ O							0		
	04:00 am									0		
	05:00 am									0		
	06:00 am									0		
	07:00 am									0		
Total Intake :					Total Output : m-0 u-2							

Total 24 hrs. Intake

Total 24 hrs. Output

m-
u-8

FLUID CHART

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		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output



322

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 19/7/26 Time: 3pm

Weight: 11 Kgs Centile: <5th

Height: 91cm Centile: <5th

Inference: underweight child

RDA: — Calories: 1300 Kcal/d Protein: 22gm/d

Diet Recommendations: soft high protein diet

Re-Assessment: avoid spicy, chilled and outside foods

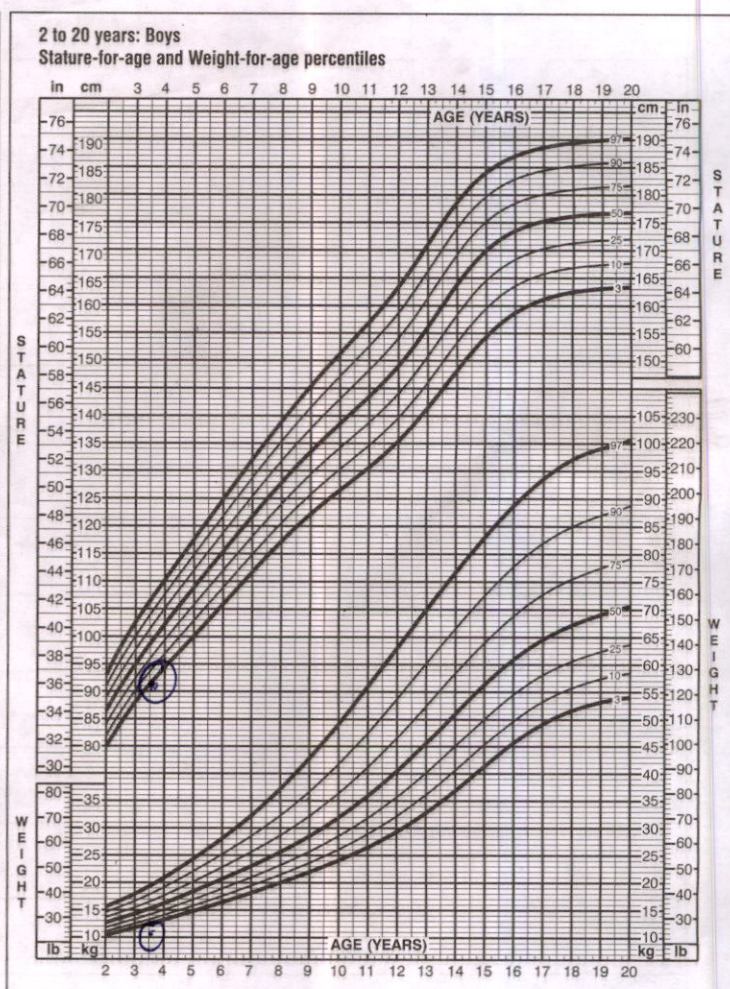
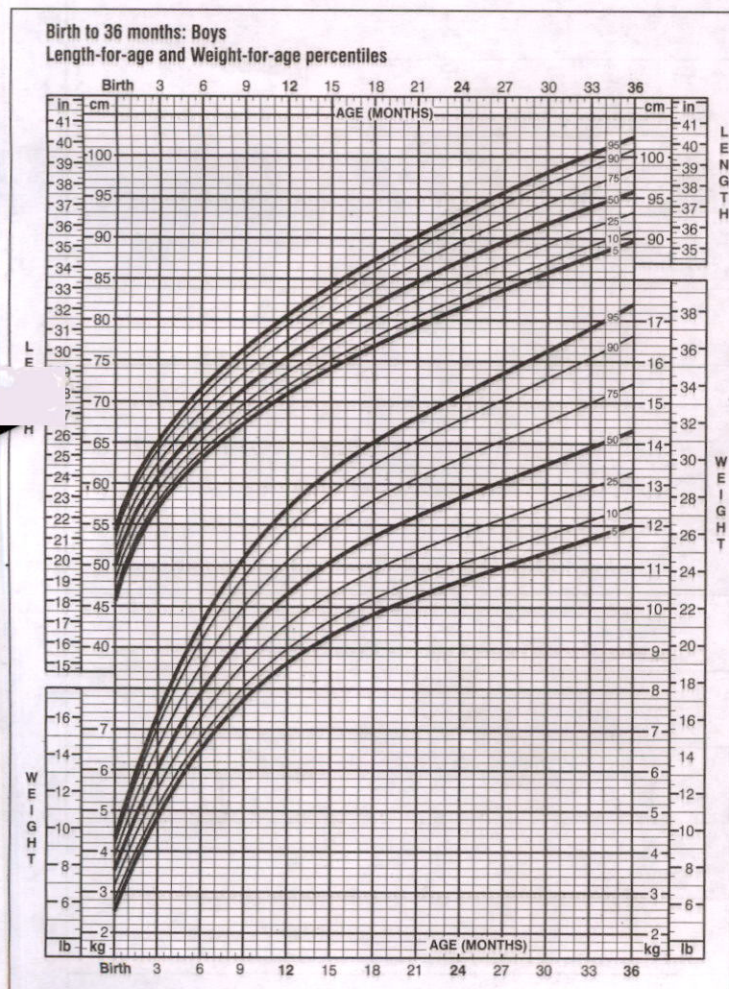
Food Allergies: No Veg/Non-veg ☒ Veg ☐ Non-veg

Diagnosis: Community Acquired pneumonia

Nutritional Intervention - ☒ Oral ☐ Enteral ☐ Parenteral

Patient's Signature: @hvi

GROWTH CHART (BOYS)



Dietician's Name Saima

Dietician's Signature Saima

20/12/26	child is stable, oral intake is fair	
21/12/26	child is stable, oral intake is better	
22/12/26	child is stable, oral intake is better	
23/12/26	child is stable, oral intake is better	
24/12/26	child is stable, oral intake is better	
25/12/26	child is stable, oral intake is better	
26/12/26	child is stable, oral intake is better	
27/12/26	child is stable, oral intake is better	
28/12/26	child is stable, oral intake is better	
29/12/26	child is stable, oral intake is better	
30/12/26	child is stable, oral intake is better	
31/12/26	child is stable, oral intake is better	
1/1/27	child is stable, oral intake is better	
2/1/27	child is stable, oral intake is better	
3/1/27	child is stable, oral intake is better	
4/1/27	child is stable, oral intake is better	
5/1/27	child is stable, oral intake is better	
6/1/27	child is stable, oral intake is better	
7/1/27	child is stable, oral intake is better	
8/1/27	child is stable, oral intake is better	
9/1/27	child is stable, oral intake is better	
10/1/27	child is stable, oral intake is better	
11/1/27	child is stable, oral intake is better	
12/1/27	child is stable, oral intake is better	
13/1/27	child is stable, oral intake is better	
14/1/27	child is stable, oral intake is better	
15/1/27	child is stable, oral intake is better	
16/1/27	child is stable, oral intake is better	
17/1/27	child is stable, oral intake is better	
18/1/27	child is stable, oral intake is better	
19/1/27	child is stable, oral intake is better	
20/1/27	child is stable, oral intake is better	
21/1/27	child is stable, oral intake is better	
22/1/27	child is stable, oral intake is better	
23/1/27	child is stable, oral intake is better	
24/1/27	child is stable, oral intake is better	
25/1/27	child is stable, oral intake is better	
26/1/27	child is stable, oral intake is better	
27/1/27	child is stable, oral intake is better	
28/1/27	child is stable, oral intake is better	
29/1/27	child is stable, oral intake is better	
30/1/27	child is stable, oral intake is better	
31/1/27	child is stable, oral intake is better	

Date & Time	Progress Notes	Doctor's Order
20/2/26 8AM	CIB/B severe community acquired pneumonia	picu fellow -
		plan:
	on low flow oxygen 2L np	1. continue low flow oxygen 1c np
	no fever spikes	
	hemodynamically stable	2. w/o fever spikes
	mild tachypnea	
	oral intake better	3. monitor vitals
	1g ceftriaxone - IV	4. encourage oral intake
	1g vancomycin - IV	
	syn Azee - IV	
	1L	
	oxygen - 99%	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/7/26	CP/B Pulmo team:	
8:30am	A: Community acquired Pneumonia	Advice:-
	- On Oxygen support	- Inj Ceftriaxone - D ₄
	@ 12 l/min	- Inj Vancomycin - D ₄
	- No fever.	- Syp. Azithromycin - D ₄
	- Activity and oral intake improved.	- Levofloxi Neb. - Q6H
	- Tachypnea (+) but improvement (+)	- Budecort Neb. - TID
	Spo ₂ : 100% with 12 l/min O ₂	- Chest physiotherapy
	chest: B/L crep (+)	- Next prick CBP/CRP
	cvc: S ₁ S ₂ (+)	
	PA: soft	
	CNS: Active	
	CRP: improvement noted.	
	? (R) middle lobe collapse	
	B/L opacities	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/12/22 11AM	CIS/B DO sandeep.	plan.
	ASB - community acquired pneumonia.	1. Spirometry.
	on low-flow oxygen	2. Monitor respiratory distress.
	1L / NP.	3. w/f fever spikes.
	No fever spikes	4. continue low-flow oxygen
	hemodynamically stable	5. Tomorrow CBP/CRP.
	CXR - better.	6. continue nebulization.
		XI.B southam
		Dr. Nathan
4pm 20/12/22	S/B Purotam ASB Community acquired pneumonia	ASB
	Off O ₂ - 90-91%	- CBP, CRP. - Tomorrow may /
	On 1L/min - 98-99%	Next visit
	No fever spikes	- continue low flow
	Hemodynamically stable	oxygen tonight
	tachypnea ⊕	- 40 chaps
	HR 110/min RR 38/min	- watch for AD
	Chut Blicrypta	
	Sm. chest aus	

Date & Time	Progress Notes	Doctor's Order
7/26 10pm	cls/b Dr Shanti Kotapalli c/o Severe pneumonia Afebrile Vitals stable SpO₂ - 98% (RA) Chest- B/L crepts, B/L AE +.	<u>Adv</u> Aug 2nd, nit D - Repeat CBP, CRP, min next quick / tomorrow bam. - continue same. NB Sema