

ACTIVITY RECORD FOR BILLING

Name : _____

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

Date of Admission: _____ Discharge : _____ Time: _____

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

BAH-00607532
Master SHAIK MOHAMMED BALE
04-06-2017 IP5-00174615
8 Y 11 M 28 D (M)
Dr. DR. V.V.R. SATYA PRASAD



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/6/26	7:10 pm	EE	140	B

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Nabeem,	2/6/2026	9639763	Hmdsh.
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
01/06	IV Placement	①	7991	Sanyal
2/8	NHA	①	83542	Nikita
03/06	Albumin Transfusion(w)	①	9640320.	Shany

ANY OTHER INFORMATION

OK

Date: 3/5/21

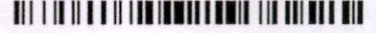
Time: 11:10 am

Prepared By: Nikita

<p>Staff Nurse</p> <p>Nikita</p>	<p>Shift / Ward</p> <p>1st floor</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174615 Admit Date : 01-Jun-2026 Admit Time : 06:07 PM UHID : BAH-00607532

Patient Details :

Patient Name : Master SHAIK MOHAMMED BALE BHAI FAHEEM Age : 8 Y 11 M 28 D
Guardian : Mr BALEBAI MOHAMMAD HANIF DOB : 04-06-2017
Gender : Male Religion :
Occupation : Martial Status : Single
Address (H) : H NO 21-313 , UPPARI PETA Nandyal Kurnool Andhra Pradesh INDIA 518501 Phone No : 9030786794/ 8074423858
E-mail : HANEEFBMD@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 140 Ward Name : 1F-GENERAL WARD II
Room No : GW 140 Admission Type : First Visit

Contact Details :

Name : Mr BALEBAI MOHAMMAD HANIF Relationship : Father
Contact Address : H NO 21-313 , UPPARI PETA Nandyal Kurnool Andhra Pradesh INDIA 518501 Phone No : 9030786794 / 8074423858

B.M.D. Prasad
Signature

Doctor Details :

Doctor Name : Dr. DR.V.V.R.SATYA PRASAD Specialisation : PEDIATRIC NEPHROLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. SRUTHI BALLA

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ~~SELF PAY~~ Care Health Insurance



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

BAH-00607532 IP5-00174615
Master SHAIK MOHAMMED BALE
04-06-2017 8 Y 11 M 28 D (M)
Dr. DR.V.V.R.SATYA PRASAD



Patient Name: _____

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

Cough
Generalized Edema / 2 days

History of present illness :

Case of SONS / CF now with Co
cough, generalized Edema / 2 days

No H/o Pain abdomen

No H/o fever

No H/o vomiting

On OPD basis - Blood investigations - Done
USG abdomen / done.
CXR



Pediatric Multiorgan History & Physical Examination

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

Birth & Neonatal History:



Birth & Socio Economic History:

About Father : _____

About Mother : _____

Any additional Information : _____

Developmental History :

_____ *Normal till age.*

Immunization History :

_____ *Immunized till age*



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs)) 22.2 (Centile _____)

On Examination :

Temperature : 97.8°F Pulse Rate : 86/min B.P. 99/68 (75) SPO2 97% RA
Resp. rate and type of breathing : 22/min

Rash _____
Lymphadenopathy _____
Oedema : _____
Allergies (if any): _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____
Any addes sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc..) 3/1 crypt @
wheez @
stridor @

Cardiovascular System :

Inspection of procordium : _____
Heart Sounds : _____
Any murmur : _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc..) : 3/1 @

Per Abdomen :

Inspection _____
Palpation : _____
Ausculation : _____
Spine : _____ External Genitelia : _____
Relevant data from outside (CT, USG etc..) _____

BAH-00607532 IP5-00174615
Master SHAIK MOHAMMED BALE
04-06-2017 8 Y 11 M 28 D (M)
Dr. DR.V.V.R.SATYA PRASAD



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Plantars _____

Superficials:

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

40 steroid dependent nephrotic syndrome



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Subcutaneous

Desired goals of the treatment: Haemodynamically Stable

Planned Labs:

CBP
 CRP
 (RP-2 - T/M)
 NS Sharma 11/6/26

Planned Management

1uj. Ceftriaxone 220mg BD
 1uj. pantoprazole 20 mg OD
 1uj. methylprednisolone 40mg OD
 2uj. Lasix 20mg BD
 Albumin (20%) - 100ml over
 1uj. Lasix 20mg 6 hours in ward
 WF DNS - 25 ml/hr.
 T-Ciprofloxacin - continue
 Syp, Calci max plus.
 Nebulization - 4H

Sub
 CRP
 -ve

Signature of the Doctor: P.P.D
 Name of the Doctor: N. Prathaban
 Date & Time: 01/06/26
6pm

Signature of the Consultant: [Signature]
 Name of the Consultant: DR. V V R SATYA PRASAD
 Registration No: 4539
 Date & Time:

BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 28 D (M)
 Dr. DR.V.V.R.SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

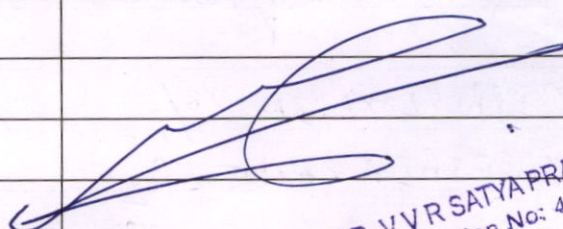
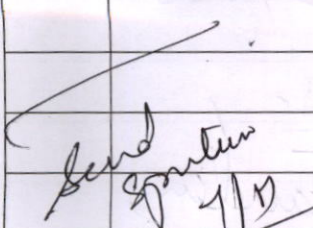
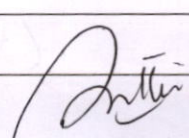
Date & Time	Progress Notes	Doctor's Order
01/06/26 7:35pm	CSIB Resident	
	case d/w Dr S.P Sir	Plan
	D: SDMS with relapse.	① Start Inj METHYLPREDNISOLONE
CRP-18		30mg OD.
NA-125		② Inj ALBUMIN 20% 100ml Over 6hrs.
		② Inj LASIX 20mg midway & endway.
		③ Start IVF DMS @ 25ml/hr
		after albumin
		④ Rest as charted.
		⑤ Strict I/O chart
		⑥ RP-2 T/m @ 6am
		Sohib
		NIB Chandra

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/08/2026	C/S/B	resident
9AM	D: SDNS now E relapse (MCNS)	Plan
	(MCNS cystic fibrosis) - on Room Air - Hemodynamically Stable	- Continue medication as charted INS. CEFTRIAXONE (D ₂) T. CEFPROXALIN (D) INS. METHYLPREDNISOLONE (D ₂)
	Wt => 22.1 kg (↓100g) U/O => 760ml in 12 hrs	- Strict I/O charting
	i.e 2.8 cc/kg/hr	- Monitor vitals q 4 hrly
	No fever spikes Oral intake - Good	- W/g hypertension / ↑ in edema / RD
	Edema -> Decreasing	- Daily wt charting
	ADD	- R/v adding MV-out +
		Khalid (Dr. Nandan)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2016 10:20 AM	Seen by Dr. Satya Prasad	1. Pulmonology consultation 2. Inj ALBUMIN 100ml once 6 hrs @ 6 PM z larix 20mg midway & endaday 3. BP tomorrow 4. Methylpred - 40mg.
		 DR. V. V. R. SATYA PRASAD Registration No: 43599
2/6/2016	S/P Dr. Sullu Care Resumed NO new issues U/O - good.	<u>Adv.</u> 1) Albumin as planned today 6pm 2) T/M BP S-IgE] 6pm.
 Send 1/11		3) I/O charting 4) Daily wt. 5) Q6Hly Neb (evoked)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/05/2026 4 PM	S/B / Resident (Dr. Nandan)	<u>Plan</u>
	D: SDNS now c relaps Kf40 cystic fibrosis on Room Air Hemodynamically Stable	- I NT. ALBOMEN as planned today at 6 PM. - Continue Medication as charted
	O/O - Adequate CIPROFLOXACEN P8/P10 CEFTRIAXONE - D2	- Sputum for comprehensive Tb panel T/M
		- RPE } T/M 6 AM Sr. IgE }
		- Continue 4 th wry vital monitoring
		- Daily weight checking
		- Strict I/O charting
		<u>Khalid</u> (Dr. Nandan)



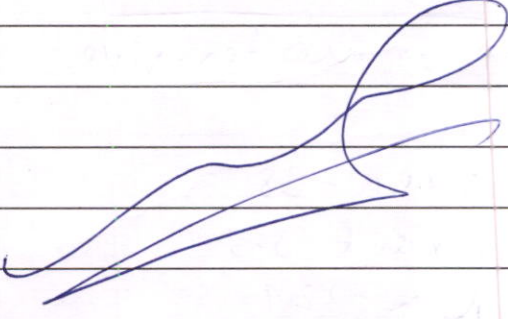
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/2026	S/13/ Resident (Dr. Nandan)	
8:30 AM	D. SDNS now	<u>Plan</u>
	e relapse -	
	K/C/O - cystic fibrosis	Continue IV fluid RIV adding 1ml 10ml in 50ml DMS
	On room Air Hemodynamically Stable	- Continue Medications as charted
	No fresh issues	INS. CEFTRIAXONE (D ₃) TAB. CIPROFLOXACIN (D ₄ /D ₅)
	wt ⇒ 21.9 kg (-200g)	- Sputum for (comphens
	U/O ⇒ 1460 ml in last 24 hrs	ive Tb panel → Total
	i.e ⇒ 2.7 cc/kg/hr	- Trace Sr. IgE
	<u>Normotensive</u>	- vital monitoring q 4 hourly
	Orea - 38	
	Creat - 0.5	- Daily wt charting
	Na - 129	
	Bicarb - 21	- strict I/O charting
		<u>Alert -</u>
		Dr. Nandan

BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 29 D (M)
 Dr. DR.V.V.R.SATYA PRASAD



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	Seen by Dr Satyaprasad	Discharge
		T- LASILACTONE 1tab
		BD x 3d.
		T. OMNACORTIL
		20mg BD
		F. PCEF 100mg
		5ml BD x 3d.
		continue nebulisation
		CIPROFLOXACIN - 5ml-4x/d
		T. GANXOL PANTODAC 20mg
		CALCIMAX.
		R/v on Saturday Monday
		± CBP, CRP, RF ₂ , CUE
		MOLICUT POWDER
		
		DR. V V R SATYA PRASAD Registration No: 49999

SAH-00607532 IP5-00174615
Master SHAIK MOHAMMED BALE
04-06-2017 8 Y 11 M 29 D (M)
Dr. DR. V.V.R. SATYA PRASAD

CROSS CONSULTATION FORM

Doctor Name: Dr. Naveen Saradhi Date: 2/6/26 Time: 12 PM

Diagnosis: SDNS & relapse

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:

Persistent wheeze

Signature: [Signature]

Findings and Recommendations :

Persistent wheeze + / SDNS & relapse.
No fever.

O/F
chest - b/c wheeze,
b/c AE +

- Adv
- Send s-IgE in next prick
 - Send sputum for ~~ATB PCR~~ comprehensive TB panel
 - Levdin nb. (0.63) bhrly
 - 37. NS nb. BD
 - MDI Foracort (100/6) 2 puffs BD.
& transpacer

Consultant :

- continue others

Name: Dr. Naveen Saradhi Signature: [Signature] Date & Time: 2/6/26, 12-30 PM

BAH-00607532 IP5-00174615
 Master SHAJK MOHAMMED BALE (M)
 04-09-2017 8 Y 11 M 28 D
 Dr. DR.V.V.R.SATYA PRASAD



RESULT SHEET

Date	01/06	02/06	03/06		
Time			6 AM		
Hb	12.6				
PCV	38.7				
RBC	5.08				
WBC	24000				
N/L	81/13				
Platelets	5.97				
CRP	18				
ESR					
PCT					
RBS					
Na	125	126 ✓	129		
K	4.3	5	3.1		
Cl	98	98	99		
Ca/Mg					
Phosphate					
Urea	57	54	38 ↓		
Creatinine	0.6	0.6	0.5		
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin	1.5				
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase	180				
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L	Bicarb	23	25	21	

BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 28 D (M)
 Dr. DR.V.V.R.SATYA PRASAD



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: ward 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	T-ciprofloxacin 250 mg	10-1	PO	BD 12H	01/06/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: N. Prathishan N. B. S.

Date & Time: 01/06/26 6 PM

Nurse Name & Signature: Shavai B

Date & Time: 01/06/26 6 PM



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : SYP. CALCIMAX PLUS				Date Time	1/6	2/6														
Dose	Route	Frequency	Start Dt.																	
5ml	PO	OD	01/06																	
Name & Signature of the Doctor Starting the Drugs: N. Prathishu				10pm Praveesh Chodan Saijan																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : NEBI CEOLIN				Date Time	1/6	2/6	3/6													
Dose	Route	Frequency	Start Dt.																	
0.63mg	NEB	4H	01/6		6am	X														
Name & Signature of the Doctor Starting the Drugs: N. Prathishu				10am 2pm 6pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm 10pm																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T-CIPROFLOXACIN				Date Time	1/6	2/6														
Dose	Route	Frequency	Start Dt.																	
250mg	PO	12H	01/6		10am	X														
Name & Signature of the Doctor Starting the Drugs: N. Prathishu				10am 10pm																
Additional Instructions: * 4 days				10pm Praveesh Chodan Saijan																
Daily Doctor's Endorsement by a Sign																				

DRUG : INJ. CEFTRIAXONE				Date Time	1/6	2/6														
Dose	Route	Frequency	Start Dt.																	
1g	IV	q12hrs	01/6		10am	X														
Name & Signature of the Doctor Starting the Drugs: Dr. Nandan				10am 10pm																
Additional Instructions:				10pm Praveesh Chodan Saijan																
Daily Doctor's Endorsement by a Sign																				

BAH-00607532 IP5-0017
 Master SHAIK MOHAMMED BALE (M)
 04-06-2017 8 Y 11 M 28 D
 Dr. DR. V. V. R. SATYA PRASAD



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : <u>Solusol</u> <u>Solusol</u>				Date/Time
Dose	Route	Frequency	Start Dt.	
<u>40mg</u>	<u>IV</u>			
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>Solusol</u> <u>Solusol</u>				Date/Time <u>2/6</u>
Dose	Route	Frequency	Start Dt.	
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>2/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Satya</u>				<u>Satya</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>MUDROT POWDER</u>				Date/Time <u>2/6</u>
Dose	Route	Frequency	Start Dt.	
	<u>PO</u>	<u>HS</u>	<u>2/6</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Satya</u>				<u>Satya</u>
Additional Instructions:				
<u>4 spoons in 240ml water</u>				
Daily Doctor's Endorsement by a Sign				
DRUG : <u>3-1. Nacl NEB</u>				Date/Time <u>2/6</u> <u>3/6</u>
Dose	Route	Frequency	Start Dt.	
<u>3ml</u>	<u>NEB</u>	<u>q 12hrly</u>	<u>02/06</u>	
Name & Signature of the Doctor Starting the Drugs:				
<u>Dr. Nandan</u>				<u>Nandan</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature

VERIFIED BY : Name

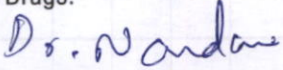
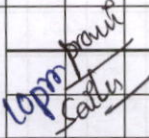
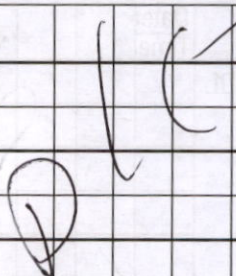

BAH-00607532 IP5-00174615
 Master SHAJK MOHAMMED BALE
 04-06-2017 8 Y 11 M 28 D (M)
 Dr. DR. V.V.R. SATYA PRASAD

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : FORACORT - 100				Date/Time	2/6															
Dose	Route	Frequency	Start Dt.																	
200ug	MDI	BD	02/06																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date/Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date/Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date/Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

BAH-00607532
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 28 D (M)
 Dr. DR. V. V. R. SATYA PRASAD



Sheet No:

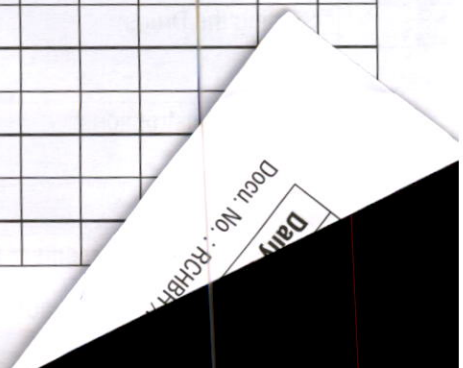
REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name





DRUG CHART

Date of Admission: 11.6.20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 22-25 Ward.

DRUG : IV CEFTRIAXONE Date/Time

Dose	Route	Frequency	Start Date
200 mg	IV	12H	01/06

Name & Signature of the Doctor Starting the Drugs:
N. Prathibha

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : IV PANTOPRAZOLE Date/Time 1/6 2/6 3/6

Dose	Route	Frequency	Start Date
20 mg	IV	OD	01/06

Name & Signature of the Doctor Starting the Drugs:
N. Prathibha

Additional Instructions:
 10pm
~~6 AM prathibha~~
~~Chodur~~
~~Satya~~

Daily Doctor's Endorsement by a Sign

DRUG : IV METHYL PREDNISOLONE Date/Time 1/6

Dose	Route	Frequency	Start Date
30mg	IV	OD	01/06

Name & Signature of the Doctor Starting the Drugs:
N. Prathibha

Additional Instructions:
30mg IV OD

10PM prathibha
 Chodur
1000
Satya

Daily Doctor's Endorsement by a Sign

DRUG : IV CASIX Date/Time 1/6 2/6 3/6

Dose	Route	Frequency	Start Date
20mg	IV	12H	01/06

Name & Signature of the Doctor Starting the Drugs:
N. Prathibha

Additional Instructions:
6 AM X

6 PM prathibha
 Chodur prathibha
 Satya

Daily Doctor's Endorsement by a 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.

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
01/06/26	11:30pm	Inj- ALBUMIN (20%)	100ml over 6 hours in ward.	IV	N. Pr	Praneela Chaudan
02/6/26	8:30AM	Inj- LASIX	20mg midway and at the end	W	N. Pr	Praneela Chaudan
02/6/26	5:30AM	INJ LASIX	20mg Endway	IV	Sohel	Praneela Chaudan
2/6	6pm	20% human ALBUMIN	100ml over 6h	IV	[Signature]	Soupari Ravina
2/6	9 PM	Inj LASIX	20mg mid	IV	[Signature]	Pranila Chaitanya
2/6	12AM	Inj LASIX	20mg end	IV	[Signature]	Pranila Chaitanya

Signature

VERIFIED BY : Name

6/18 P.

BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 29 D (M)
 Dr. DR.V.V.R.SATYA PRASAD



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
2/06/26	00.00	NEB 2: - levolin (10pm/2am/6am)	(4)	9640324
3/06/26	01.00	NEB 2: - NaCl 3% (10pm)	Shailaja	
	02.00			
	03.00			
	04.00			
	05.00			
	06.00			
	07.00			
	08.00			
	09.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE
 04-06-2017 8 Y 11 M 29 D (M)
 Dr. DR.V.V.R.SATYA PRASAD



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

SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart

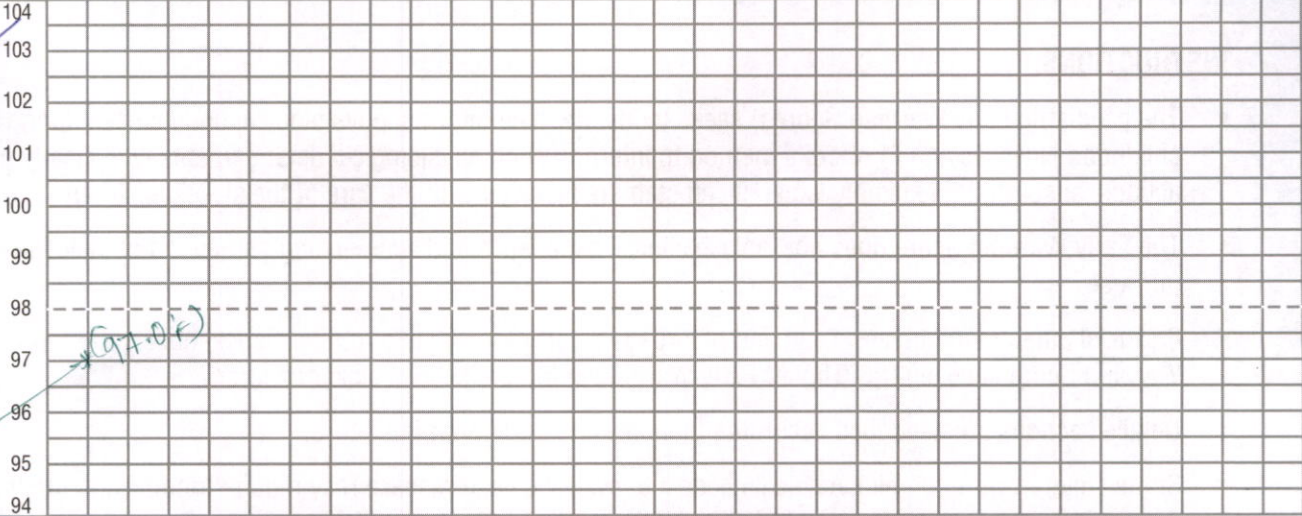


EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 3/6/26 Time: 6

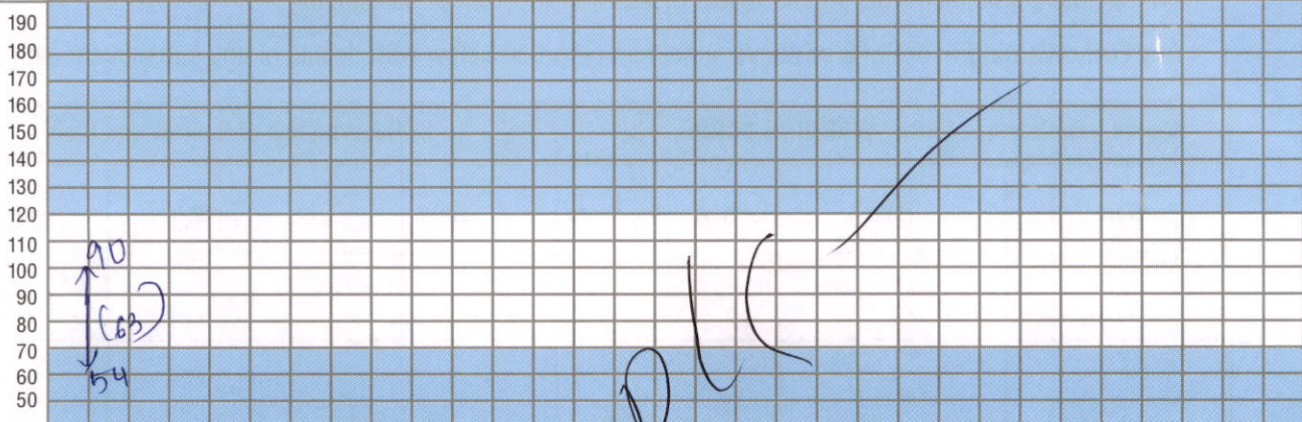
Doctor / Nurse / Family Concern? am

Temperature (F)
 27.9 / 98



Heart Rate (bpm)
 and
 Blood Pressure (mmHg) *

Note:
 BP does not score in early warning scoring



Heart Rate (Number) 85 bpm

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



Resp Rate (Number) 26 / min

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 97%

Conscious Level Normal Altered

GCS * 15 / 15

TOTAL SCORE
 Number of shaded boxes 1
 Pain Score 2
 Observer's initials 2

ACTIONS

NB: Scores 3 should be recorded overleaf

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

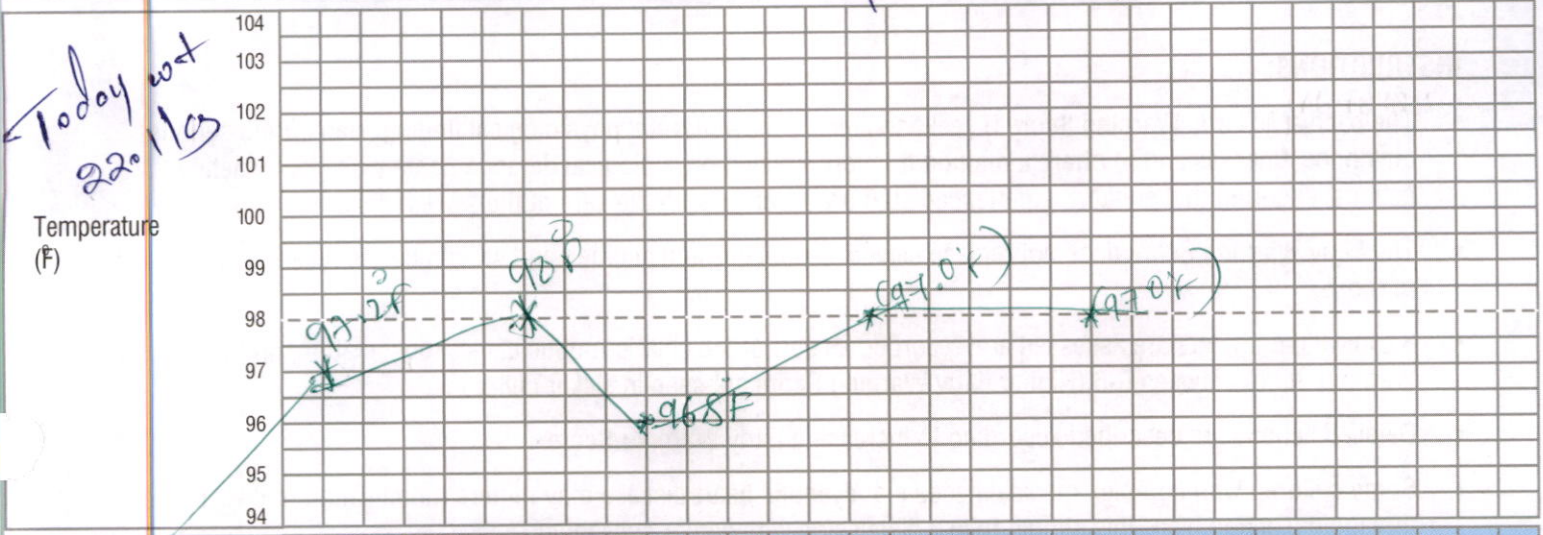


SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 2/6/26 Time: 10 am 2 pm 6 pm 10 pm 2 am
 Doctor / Nurse / Family Concern?



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Time	BP (mmHg)	HR (bpm)
10 am	101/62	110 bpm
2 pm	98/53	101 bpm
6 pm	114/79	89 bpm
10 pm	106/60	95 bpm
2 am	103/60	98 bpm

Heart Rate (Number)

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

Resp Rate (Number)

Time	Resp Rate (bpm)
10 am	22
2 pm	22
6 pm	26
10 pm	26
2 am	26

Resp Mod/ Severe Distress None / Mild

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

Conscious Level Normal / Altered

GCS *

Time	O ₂ Sat (%)	Conscious Level	GCS
10 am	99%	Normal	15/15
2 pm	100%	Normal	15/15
6 pm	100%	Normal	15/15
10 pm	97%	Normal	15/15
2 am	98%	Normal	15/15

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's initials

Time	TOTAL SCORE
10 am	1
2 pm	1
6 pm	1
10 pm	1
2 am	1

ACTIONS

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BAH-00607532 IP5-00174615
 Master SHAIK MOHAMMED BALE 8 Y 11 M 29 D (M)
 04-08-2017
 Dr. DR.V.V.R.SATYA PRASAD

UOC. No. : RCHBH/ FRM / CLINICAL / 126

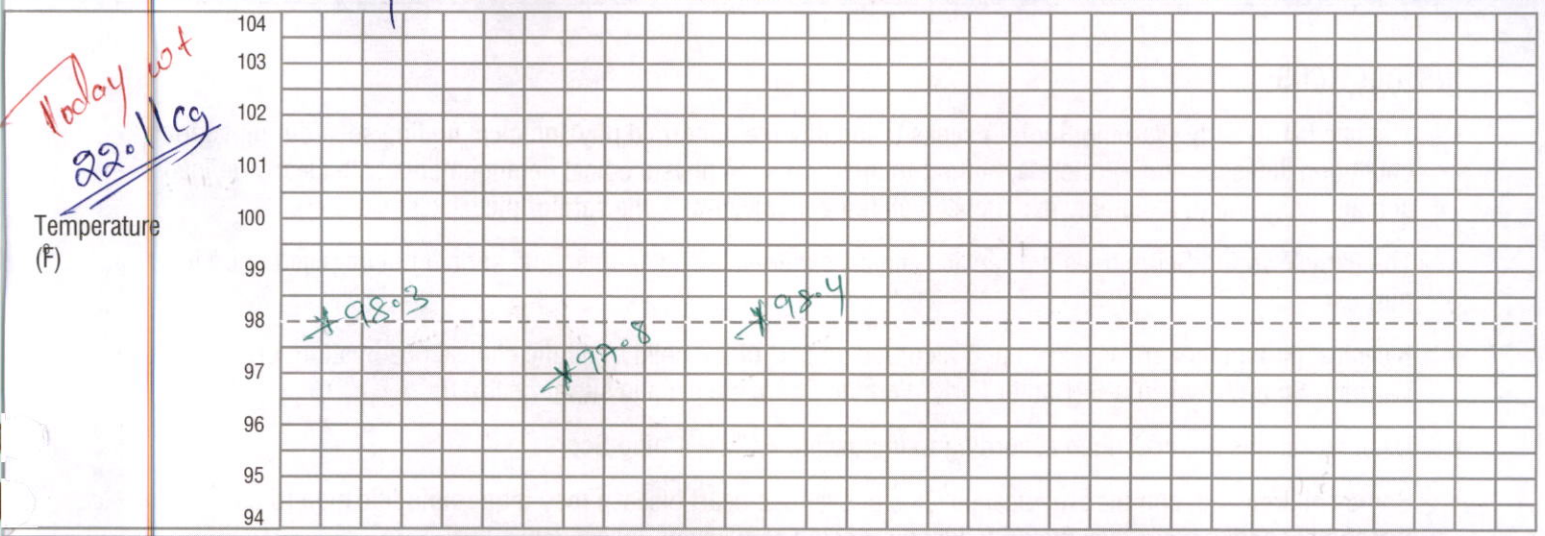
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time:

Doctor / Nurse / Family Concern? 10pm 2am 6am



Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring

Heart Rate (Number)	190	180	170	160	150	140	130	120	110	100	90	80	70	60	50
	111	99	111												
	(42)	(40)	(41)												
	60	52	52												

Resp Rate (Number)

Resp Rate (Number)	70	60	50	40	30	20	10
	26	26	28				

Resp Mod/ Severe Distress None / Mild

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

	99%	100%	100%
--	-----	------	------

Conscious Level Normal Altered

	15/15	13/15	13/15
--	-------	-------	-------

TOTAL SCORE

Number of shaded boxes

Pain Score

Observer's Initials

	0	0	0
	0	0	0
	0	0	0

- ACTIONS**
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Patie

1

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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											0	Chand
	09:00 pm											0	Ch
	10:00 pm												Ch
	11:00 pm	DN			25ml						260ml	96	Ch
	12:00 am				25ml							0	Ch
	01:00 am				25ml							0	Ch
Total Intake :						Total Output :							
	02:00 am				25ml							0	Ch
	03:00 am				25ml							0	Ch
	04:00 am				25ml						300ml	0	Ch
	05:00 am	DN			25ml							0	Ch
	06:00 am				25ml							0	Ch
	07:00 am										200ml	0	Ch
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 760ml in 12 hrs

208cc/kg/hr

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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6	08:00 am			25ml		/					0		
	09:00 am		25ml						200ml		0		
	10:00 am		25ml								0		
	11:00 am	DNS		-					200ml		0		
	12:00 pm			-							0		
	01:00 pm		Rice		-				200ml		0		
Total Intake :			Total Output :										
2/6	02:00 pm			25ml		/					0		
	03:00 pm		25ml								0		
	04:00 pm	DNS	Rice water			NA			100ml		0		
	05:00 pm			-			NP		200ml		0		
	06:00 pm			25ml		/			100ml		0		
	07:00 pm			25ml		/			100ml		0		
Total Intake :			Total Output :										
2/6	08:00 pm			25ml		/			200ml		0		
	09:00 pm		Rice	25ml		/			100ml		0		
	10:00 pm	DNS	110			/			160ml		0		
	11:00 pm			-		/					0		
	12:00 am			25ml		/					0		
	01:00 am			25ml		/			300ml		0		
Total Intake :			Total Output :										
03/06	02:00 am			25ml		/					0		
	03:00 am			25ml		/					0		
	04:00 am	DNS		25ml		/					0		
	05:00 am			25ml		/					0		
	06:00 am			-		/					0		
	07:00 am			-		/					0		
Total Intake :			Total Output : 1460ml										

Total 24 hrs. Intake

Total 24 hrs. Output



140

NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 2/6/26 Time: 9 AM

Weight: 22.2 kgs Centile: > 5th

Height: 122 cms Centile: 75th

Inference: Underweight child

RDA: - Calories: 1550 kcal/d Protein: 27g/d

Diet Recommendations: Normal low salt diet

Re-Assesment: Avoid spicy, chilled and outside foods.

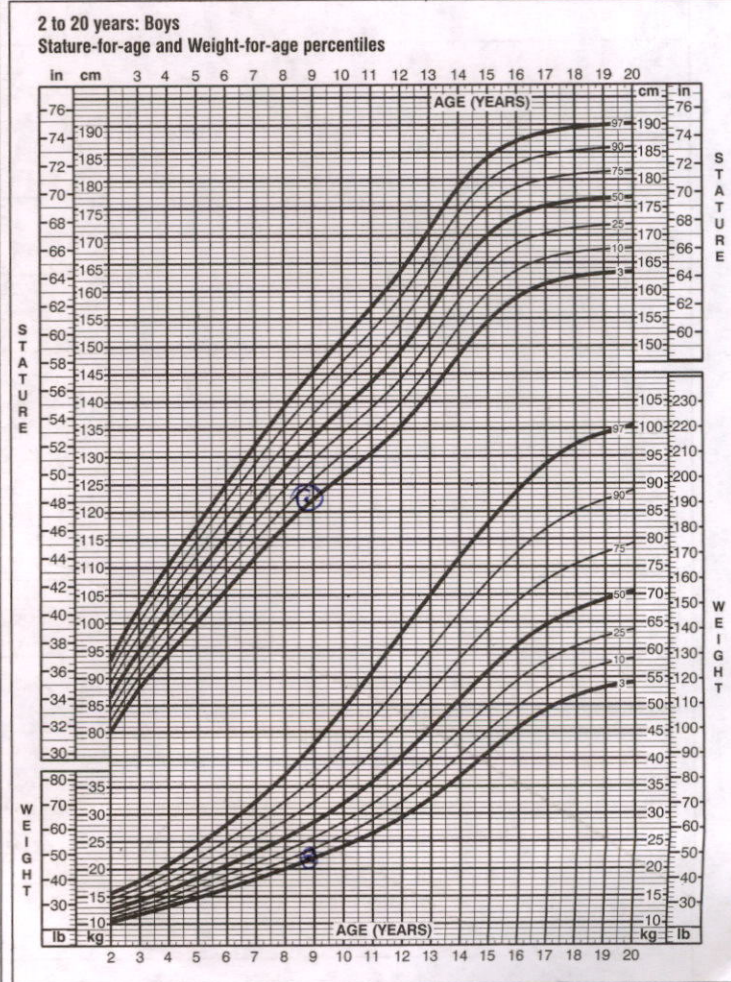
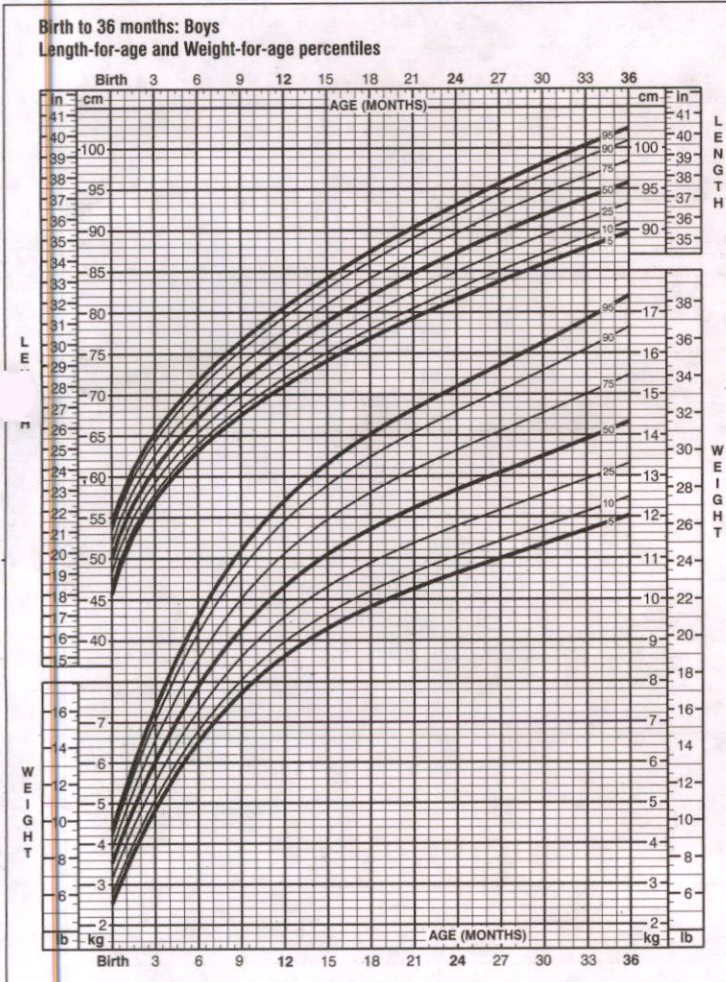
Food Allergies: No Veg/Non-veg: Non-veg

Diagnosis: C/O SDNS & Relapse

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: I. mo. Ray

GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

