


B12



ACTIVITY RECORD FOR BILLING

Name : **BAH-00657703 IP5-00174554**
Baby GREDE JESSICA
31-07-2019 6 Y 9 M 30 D (F)

UHID No. :  Consultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : 11/6/26 Time: 10am

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/5/26	12 Am	ER	PICU	<i>[Signature]</i>
31/5/26	upon	PICU	111	Anjali

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/05	IV placement	(1)	9625 882	Palosh

ANY OTHER INFORMATION

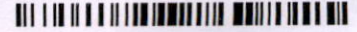
.....
CXR (1)
VBN (1)
.....
.....
.....

Date: 1/6/28 Time: 10am Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward <i>[Signature]</i>	Billing Assistant	Billing Supervisor
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ADMISSION SHEET

Registration Details :



Admission No : IP5-00174554 Admit Date : 30-May-2026 Admit Time : 11:21 PM UHID : BAH-00657703

Patient Details :

Patient Name	: Baby GREDE JESSICA	Age	: 6 Y 9 M 30 D
Guardian	: Mr GREDE RAKESH	DOB	: 31-07-2019
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Single
Address (H)	: H NO- 8-2-293/135 , S. V NAGAR , ROAD NO - 14 , Banjara Hills Hyderabad Telangana INDIA 500034	Phone No	: 8143606073/ 7569621210
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU Bed No : PICU 222 Ward Name : 2F-PICU II
Room No : PICU 222 Admission Type : First Visit

Contact Details :

Name : Mr GREDE RAKESH Relationship : Father
Contact Address : H NO- 8-2-293/135 , S. V NAGAR , ROAD NO - 14 , Banjara Hills Hyderabad Telangana INDIA 500034 Phone No : 8143606073 / 7569621210

(Handwritten Signature)
Signature

Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. SANDEEP REDDY

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HEALTHINDIA INSURANCE TPA SERVICES PVT LTD



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor: As per Role Date: 30/9/25

Type of Admission: OPD ER Referral (if referral, Doctor's Name:

Start Time of Assessment: 12:00 PM Weight: 20.5kg

Allergic History: -NO-

Chief Complaints: Accidental ingestion of sewing machine oil at Boutique at 8:15 pm

Pediatric Assessment Triangle

A Appearance - TICLS

B C Circulation Normal Abnormal

Breathing

↑ WOB ↓ WOB Normal Gasping / Apnea

Pallor Cyanosis Mottling Bleeding

Initial Physiological Status: Stable Unstable

Any urgent interventions needed: Yes No

Life Threatening Non Life Threatening

If Yes

Significant Past History: NO significant past history.

Medication History: -

Relevant Investigations: -

Primary Assessment

Airway Open Maintainable Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing

Rate: 20/min SpO₂ on FiO₂ 100% 2R 1A Any urgent interventions needed: Yes No

Rhythm: Regular If Yes


Retractions: Suprasternal ICR SCR


Sternal Supraclavicular Nasal Flaring


Respiratory Noises: Stridor Wheezing Grunting

Air Entry: Bilateral

Palpation Findings (If necessary).....

Circulation  HR: 98/min CFT Central Peripheral rise Any urgent interventions needed: Yes No
 BP: 101/58 mmHg Murmurs: Yes No
 Pulse Volume: Central Peripheral Liver Span:
 If in Shock: Compensated Hypotensive ECG:
 Muffled Heart Sound: Yes No Any Signs of Heart Failure: Yes No
 Engorged Neck Veins: Yes No

Disability  GCS: 15/15 AVPU: Any urgent interventions needed: Yes No
 Pupils: Responsive Non-Responsive
 Size Right Left
 Active Seizures: Yes No Sugars:
 Signs of Neurological compromise

Exposure  Temp.: 98.4°F Any urgent interventions needed: Yes No
 Any Rash: Yes No, If yes describe the rash
 Active bleed
 Lacerations Abrasions bruises
 Describe:

- Final Physiological Status:** Respiratory Distress Respiratory Failure Respiratory Arrest
 Shock - Compensated Hypotensive
 Cardiopulmonary Arrest Hemodynamically Stable

Secondary Assessment: Head to toe examination with positive findings:

Labs Planned:

Treatment Planned: Keep NPO for 3 hours
off Seizures, vomiting, cough
abd pain, arhythmias,
diarrhea

Need for Oxygen: Yes No if yes Low Flow High Flow PPV
 Final Diagnosis with possible Differential Diagnosis (If necessary): Accidental ingestⁿ of Sewing machine oil
 Assessment done by Sr. Doctor on Duty (If necessary)
 Name of the Doctor: Dr. Ajayshuman Acharya Name of the Sr. Doctor:
 Signature: [Signature] Signature:
 Date & Time: 30/5/22, 11 pm. Date & Time:

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Baby GREDE JESSICA
31-07-2019 6 Y 10 M 0 D (F)
Dr. SHAIKH FARHAN A RASHID



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.

Hydrocarbon Ingestion/Poisoning

“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 and/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 > 4 seconds.
- Children Blood pressure (Syst.) < [70 + (2 × age “Years”)].

Respiratory failure or high risk of failure or airway obstruction:

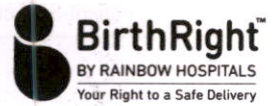
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- Distress and risk of exhaustion
- Change of level of consciousness: GCS < 13.**
- Persistent oliguria with acidosis.**

Signature of the Doctor: Nashid

Name of the Doctor: Dr. Nardan

Date & Time: 30/05/2026

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Dr. SHAIKH FARHAN A RASHID



DISCHARGE CRITERIA – PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 30/05/2026 Time: 11:30 PM

Patient Assessment Form:

Informant: Father Mother Other

Presenting Complaints / Chief Complaints :

Alleged H/O ^{accidental} consumption of sewing machine oil (Hydrocarbon) around 10ml on 30/05/2026 at around 8:15 PM at shop located near Road No-14, S.V. Nagar, Banivara hills.

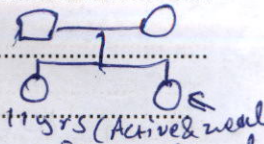
No H/O vomiting / seizures / cough / pain in abdomen / shortness of breath / palpitations.

Past History (Including previous treatment and investigations) :

Not significant

Birth and Developmental History :

FT / LSCS / B.wt - 3.2 kg / CIAB



H/O Rh incompatibility, H/O NICU stay for 4 days. I/V/O. ^{17/5/25 (Arrived well)} Development achieved as per age in all 4 domains.

Immunization History : As per IAP schedule

H/O Allergy : No known drug allergy

Family History : Not significant

INITIAL ASSESSMENT

RBS : Temperature : 98.6°S Weight (kg) : 20.5 kg

Respiratory System Findings:

Air Way: Open Maintainable Not Maintainable Intubated, If Intubated, size & position of ETT :

Respiratory Examination Finding: (Air entry, breath sounds, s/o distress etc.): Respiratory Rate : 24 br/min

B.I.L.A.E.R., clear

SPO2: 100% ↓ RA O by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : Yes No Day # of Vent : Respiratory Efforts : Good

Ventilatory Settings : Leak around ETT : Delivered Vt :

ABG : EtCO2 : P/F ratio : O.I. :

Any Nebs : ICD? Yes No if Yes, details :

CXR :

Cardio Vascular System Clinical Exam : Heart Rate : 92 bpm Cardiac Rhytho : Normal

(Heart sounds, murmur etc.) : S1 S2, No murmur

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

Blood Pressures : NIBP : 110/66 mmHg IBP : CVP :

Infusion of any Inotropes? : Yes No - If yes, then details :

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 :

Infection and Antibiotics :

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

Cultures Done outside? Yes No - If yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc) :

Ongoing Antibiotics :

Abdominal Exam : Soft, non distended, B.S.P.

ENT Exam : Normal

Central Nervous System :

Level of Consciousness AVPU / GCS score : 15/15

Neurological Findings : B.I.L. Pupil - EPL 2P 2P

Active / oriented

Normal tone

Relevant data from outside (Neuro imaging any ongoing medications etc) :

.....

Provisional Diagnosis : Accidental ingestion of hydrocarbons

Prism III score at 24 hrs of admission : Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient "

Transferring Unit : Ward OT - Transported? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

Referring Consultant :

Admitting Consultant : As per rota

Indication for PICU referral : Hydrocarbon poisoning

PLAN OF CARE

Preventive aspects of the treatment : Aspiration/chemical pneumonitis/ seizures/ Arrhythmia

Desired goals of the treatment : Hemodynamic stability

PLANNED INVESTIGATIONS

RP-1
V.B.G
Chest x-ray at 6 AM

Noted by
Pulach

PLANNED MANAGEMENT

IVF . DNS 60% . Maintain
INO . ESOMEPRAZOLE
NPO till further advice

Noted by
Pulach

Final Diagnosis : Hydrocarbon poisoning

Doctor's Signature : [Signature]

Name : Dr. Nandan

Date : 30/05/2026

Time : 11:45 PM

Consultant's Signature :

Name : [Signature]

Date :

Time :

DR. SHAIKH FARHAN A RASHID
Registration No: 66229



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26	ds/B PICU team	<u>PLAN</u>
12:30am		
	Asr Accidental ingestion of mineral oil (hydrocarbon)	1) chest x-ray after 6 hrs 2) RP-1, <u>UBG</u>
	on room air hemodynamically stable	3) NPO 4) 60% maintenance IV fluids
	HR - 90/min RR - 26/min	5) w/b + respiratory distress + SpO₂ < 94%
	SpO ₂ - 100% on room air	6) 2x. Esomeprazole
	BP - 97/63 mmHg	<u>MS Raw</u>
	RS - RAE (+) clear	
	PIA - SFT	
	CVS - S ₂ (+)	
	CNS - Euvolemic	
	pupils - B/L 3mm, reacting to light	
	No focal neurological deficits	Dr. Farhan



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

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

OVERVIEW	Diagnosis : <u>Accidental ingestion of mineral oil (Hydrocarbon)</u>		Current Issues : <u>No issue</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/L clear</u>			
	CXR : <u>PA</u>			
	SPO ₂ : <u>99%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>RA</u> L / min			
	Ventilatory Support : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :			
	Ventilatory Settings : Leak around ETT : Delivered Vt : <u>ABG (7.24) 35.1 < 19.8</u> EtCO ₂ : P/F ratio : O.I. : <u>37.9</u> Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :			
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>or sinus</u>			
	Quality of Pulses : <u>Good</u> cap refill Time : <u>< 2 sec.</u> Liver Edge : cm below Rt costal margin			
	Blood Pressures : NIBP : <u>101/62</u> IBP : CVP :			
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min <input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min <input type="checkbox"/> Milrinone _____ mcg / kg / min			
	Any Other Infusions : Last 2D Echo Findings : Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : Central line in situ : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : Day of arterial line : Day of Central line : Plan of Care :			
CNS	Neuro Exam : <u>GCS 15/15</u>			
	Pupils : <u>2+ 2+</u> Sedation Used ? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Types of Sedation : Types of Paralysis : Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :			

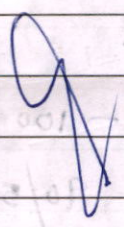
FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+120.</u> / (+/-) Input: ml/k/d UO: ml/kg/hr Stools: NG output: PO intake: Feed Formula: <u>DNS</u> Feed Schedule: IV Fluids - Type of IVF: <u>DNS @ 40.</u> ml/hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>SOFT NT</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver):	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Describe c/s Reports: Other Labs (Latex, Serology, etc): Ongoing Antibiotics:	
	Sr. Creat: <u>3.5</u> Bld. Urea: <u>10</u> Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
	HEMATOLOGY Relevant Labs (CBP etc): <u>11.2</u> } <u>8270</u> } <u>2.99</u> <u>6.6</u> Any Coagulopathy: <u>51.4/40.2</u> Relevant Transfusion History: Plan of Care:	
	CARE PROTOCOLS VAP Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA If yes, then details: Pending Lab Results: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:	
	FINAL COMMENTS <u>Encourage oral intake</u> <u>stop iv fluids</u> 	

Doctor's Name (Handover given): Sedoye
 Signature: [Signature]
 Date & Time: 31/5/26 9a

Doctor's Name (Handover taken): Dr. Nathan
 Signature: [Signature]
 Date & Time: 31/5/26 8AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26. 10:50 AM	C/S/B Dr. Sandeep.	
	Asst:- Accidental ingestion of hydrocarbon	1. left to ward by evening.
	on room A10.	
	hemodynamically stable no vomiting	2. allow orally
	Sensation Normal.	
	<u>Vitals.</u>	Noted by Anjali 31/5/26 @ 11 AM 
	HR- 90	
	BP- 103/70 (80) mmHg.	
	RA- 20.	
		Dr. Venkat Sandeep Reddy. K Reg. No: TSMC/FMR/15713

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/15/26 3 PM	<u>slitting notes.</u>	
	<p>ASIS:- Accidental ingestion of mineral oil (hydrocarbon)</p>	<p><u>plan.</u></p>
	<p>on room AS</p> <p>hemodynamically stable .</p>	<p>1. shift to ward</p> <p>2. monitor vitals .</p>
	<p>no vomiting</p> <p>no respiratory distress .</p>	<p>3. watch for respiratory distress</p> <p>4. encourage oral intake</p>
	<p><u>vitals.</u></p>	
	<p>HR - 100</p>	
	<p>BP - 90/55 (41) mmHg .</p>	<p>Noted by ASale</p>
	<p>RR - 18 .</p>	<p>Dr. Kothari</p>
		<p>3/15/26</p>
		<p>3 PM .</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026	e/s/B pure yellow Dr. B's	Dr. B's
5 PM	Accidental Hydroceles Ingestion	Plan
	Asymptomatic child as remain Hemodynamically stable	Follow only
	Pallor orally well	② In pm to pcc if child develops any respiratory distress
		Dr. B's

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8 AM	<u>CISIB PICU fellow.</u>	
	<p>DSB:- Accidental ingestion of mineral oil (hydrocarbon)</p> <p>on room APO</p> <p>hemodynamically stable</p> <p>NO vomitings, NO respiratory distress</p> <p>oral intake - good.</p>	<p><u>plan.</u></p> <p>1. w/o respiratory distress.</p> <p>2. encourage oral intake</p> <p>3. Monitor vitals.</p> <p>4. plan discharge today.</p>
		<p>Dr. Nathan 1/6/26 8 AM</p>
1/6/26 10 AM	<u>CISIB Dr. Farhan.</u>	
	<p>DSB:- Accidental ingestion of mineral oil (hydrocarbon)</p> <p>on room APO</p> <p>hemodynamically stable.</p> <p>NO vomitings, NO respiratory distress</p>	<p><u>plan.</u></p> <p>1. discharge today.</p> <p>2. Lanzol.</p> <p>3. Review SOS.</p>

DR. SHAIKH FARHAN A RASHID
 Registration No: 65229

ShaiKH Farhan

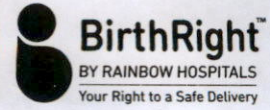
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RESULT SHEET

Date	31/5/26			
Time	1 AM			
Hb	11.7			
PCV	36.3			
RBC	4.56			
WBC	8,270			
N/L	51.4/40.7			
Platelets	2,99,000			
CRP				
ESR				
PCT				
RBS				
Na	140			
K	4			
Cl	109			
Ca/Mg	9.7/			
Phosphate	5.8			
Urea	10			
Creatinine	0.5			
ALP	165			
SGPT	23			
SGOT	29			
T.Bill/Conj	0.6/0.1			
T.Protein	7.9			
S.Albumin	4.2			
S.Globulin	3.6			
A/G Ratio	1.1			
Uric Acid	3.4			
S.Amylase	60			
Sr.Lipase				
Blood Lactate				
S.Cholesterol	124			
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

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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: Shifted to:

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	TAB PANTOPROZOLE	20mg	po	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input checked="" 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

MEDICATION HISTORY RECORDED / VERIFIED BY

* C- Continue, DC - Discontinue

Doctor Name & Signature : Dr. Matheen M

Date & Time : 31/5/26 3pm

Nurse Name & Signature: Anjali A

Date & Time : 31/5/26 03:07

BAH-00657703 IP5-00174554
 Baby GREDE JESSICA
 31-07-2019 6 Y 10 M 0 D (F)
 Dr. SHAIKH FARHAN A RASHID



DRUG CHART

Date of Admission: 30/05/2020 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 :				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 20.5 kg Ward picu



DRUG : <u>IND. ESOMEPRAZOLE</u>				Date Time	<u>3/5</u>
Dose	Route	Frequency	Start Date		
<u>20mg</u>	<u>IV</u>	<u>q 24hly</u>	<u>31/05</u>	<u>6 AM</u>	<u>PM</u>
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Nandan</u>	
Additional Instructions:				<u>Close to oral medication</u> <u>1hr between</u> <u>31/5/26</u> <u>3PM</u>	
Daily Doctor's Endorsement by a Sign					

DRUG : <u>TAB PANTOPRAZOLE</u>				Date Time	<u>16</u>
Dose	Route	Frequency	Start Date		
<u>20mg</u>	<u>P</u>	<u>OD</u>	<u>3/5</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>Dr. Mathew</u>	
Additional Instructions:				<u>1hr between</u> <u>31/5/26</u> <u>3PM</u>	
Daily Doctor's Endorsement by a Sign					

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

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

CONSENT FOR ADMISSION IN PEDIATRIC INTENSIVE CARE UNIT



BAH-00657703 IP5-00174554
Baby GREDE JESSICA
31-07-2019 8 Y 9 M 30 D (F)
Dr. SHAIKH FARHAN A RASHID

Name: Age: 6y 9m Gender: Male Female
UHID.No: Date: 31/5/26

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

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

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

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

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

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

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

Patient Attendant :
Signature: Elizabeth
Name: Elizabeth
Relationship with Patient: Mother
Date & Time: 31/05/2026, 1AM

Witness :
Signature: RS
Name: Rahul
Date & Time: 31/5/26 @ 1AM

Doctor (who is taking the consent) :
Signature: Nalini
Name: Dr. N. Nandan
Date & Time: 31/05/2026, 1AM

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



రోగి పేరు వయస్సు లింగం పు స్త్రీ

యు.హె.ఐ.డి

నేను s/o. d/o. w/o

..... అనే బాలుడు / బాలిక యొక్క చికిత్స మేరకు రెయిన్ఫో పిల్లల అనుపత్రి లోని పిల్లల ఇంటెన్సివ్ కేర్ యూనిట్ తేదీ నాడు పూర్తి సమ్మతితో చేర్చితిని.

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

రెయిన్ బో చిల్డ్రన్స్ హాస్పిటల్ లోని పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో చేరించి బిడ్డకు ఆరోగ్య సంబంధిత సమస్యలు ఉన్నాయని వైద్యులు నాకు అర్థమయ్యే భాషలో వివరించారు. రోగి పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్న సమయంలో అతను వివిధ వైద్య మరియు శస్త్ర చికిత్సలకు లోనవుతారని వైద్యులు నాకు స్పష్టంగా వివరించారు. ఎయిర్ వే మేనేజ్ మెంట్, మెకానికల్ వెంటిలేషన్, బొడ్డు ధమని కాథెటర్, బొడ్డు సిర మరియు ధమనుల కాథెటర్ వంటి . పెరిఫెరల్ ఇన్ఫర్జన్ చేయబడిన సెంట్రల్ కాథెటర్ లైన్ మరియు ఆర్థో లైన్ ప్లేస్ మెంట్స్, ఛాతీ డ్రెయిన్ లేదా పెరిటోనియల్ డ్రెయిన్ ఇన్ఫర్జన్ మొదలైనవి.

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

పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో అనారోగ్యంతో ఉన్న పిల్లవాడికి ప్రాణాంతకమైన వైద్య పరిస్థితులు ఉన్నాయని అర్థం చేసుకోవడమైనది.

ఒక బిడ్డ అనారోగ్యంతో పీడియాట్రిక్ ఇంటెన్సివ్ కేర్ విభాగం లో ఉన్నప్పుడు అతని/ఆమెపై నిర్వహించబడు అనేక వైద్య మరియు శస్త్రచికిత్సా విధానాలతో ఈ అధిక ప్రమాదకరమైన విధానాల వల్ల సంభవించు నష్టాలు మరియు అధిక ప్రమాదకరమైన మందుల రూపంలో అంటువ్యాధులు, రక్తస్రావం, శ్వాసపరమైన, చర్మం మరియు ఇతర కణజాల నష్టం మొదలైనవి కలగవచ్చు డాక్టర్లు నాకు బాగా అర్థమయ్యే భాషలో వివరించారు.

మా బాలుడు / బాలిక ను ఇంటెన్సివ్ కేర్ యూనిట్ (పి.ఐ.సి.యు) లో చేర్చుకొని అవసరమయ్యే వైద్యం చేయుటకు నేను వైద్య బృందానికి నా సమ్మతి ధృవపరుస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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

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

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

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

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

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 Baby GREDE JESSICA
 31-07-2019 6 Y 10 M 1 D (F)
 Dr. SHAIKH FARHAN A RASHID

No. : RCHBH/ FRM / CLINICAL / 126

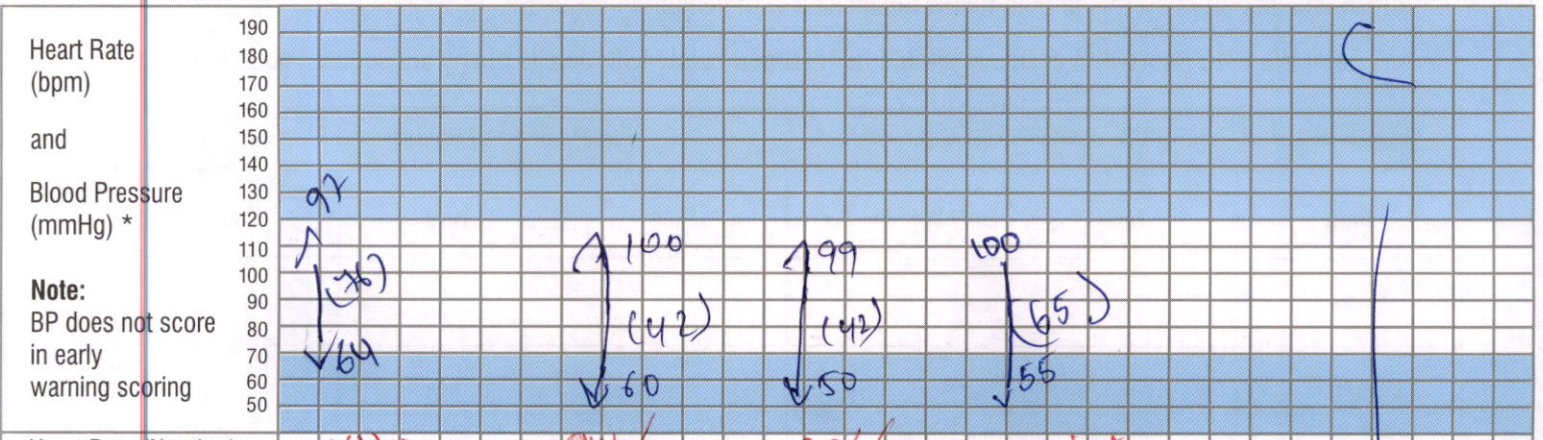
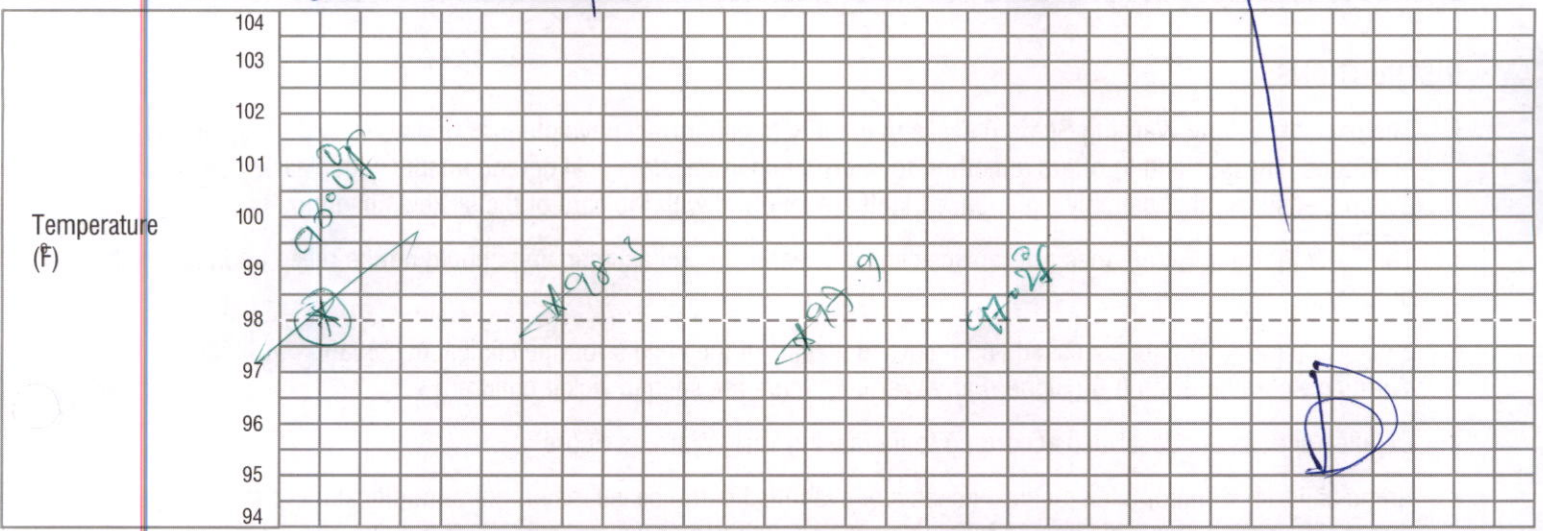
SCHOOL AGE (5-12 years)
Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 31/7/2019 Time: 9:30 AM

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



Heart Rate (Number) *96b/m* *91b/m* *93b/m* *120b/m*



Resp Rate (Number) *30* *26* *26* *26*

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) *100%* *99%* *100%* *100%*

Conscious Level Normal / Altered

GCS * *15/15* *13/15* *13/15* *14/15*

TOTAL SCORE
 Number of shaded boxes *1* *0* *0* *1*
 Pain Score *0* *0* *0* *0*
 Observer's Initials *SP* *SP* *SP* *SP*

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.

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 Dr. SHAIKH FARHAN A RASHID

Patient S



FLUID CHART

Sheet No. : 1

- 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										0		
	03:00 pm										0		
	04:00 pm	NO									0		
	05:00 pm	WF									0		APP
	06:00 pm										0		APP
	07:00 pm										0		APP
Total Intake :						Total Output :							
	08:00 pm										0		Cherd
	09:00 pm										0		
	10:00 pm	NO									0		Cher
	11:00 pm	WF									0		
	12:00 am										0		Ch
	01:00 am										0		
Total Intake :						Total Output :							
	02:00 am										0		
	03:00 am										0		Ch
	04:00 am	NO									0		Ch
	05:00 am	WF									0		Cherd
	06:00 am										0		
	07:00 am										0		Cherd
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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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.

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



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 1/6/26 Time: 11Am

Weight: 20.5kgs Centile: >25th

Height: 116cm Centile: >25th

Inference: well child

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

Diet Recommendations: Normal diet

Re-Assessment: Avoid spicy, chilled and outside food

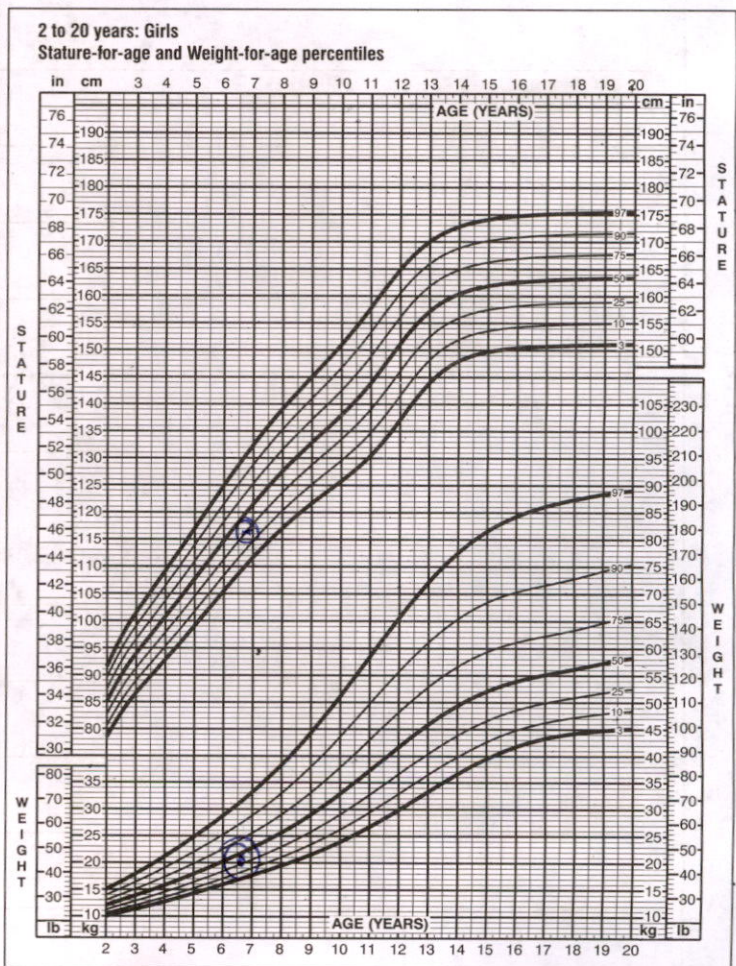
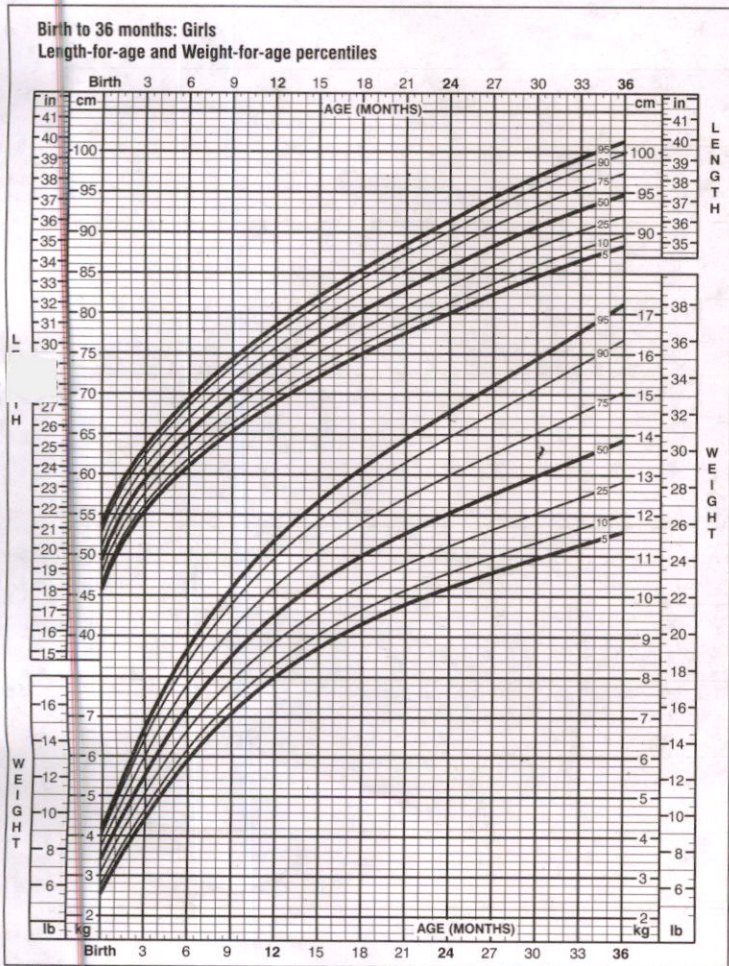
Food Allergies: No Veg/Non-veg: non-veg

Diagnosis: Accidental ingestion of sewage

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: Elizabeth

GROWTH CHART (GIRLS)



Dietician's Name: N. P. Khan

Dietician's Signature: N. P. Khan

