

ACTIVITY RECORD FOR BILLING

Name : _____

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

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

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

KOH-00308718 IP2-00056413
Baby Of KALIVARAPU PRADYUMNA
24-05-2026 0 Y 0 M 4 D (M)
Dr. MEERA IYER



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	5:30pm	PR	U10	Bitan

Cross Consultation Visit

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

Ref.No. F/IN/PR/10



PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00308718 IP2-00056413
Baby Of KALIVARAPU PRADYUMNA
24-05-2026 0 Y 0 M 4 D (M)
Dr. MEERA IYER

Patient Name : _____  _____

Patient ID# : _____

Consultant : _____

Final Diagnosis : _____ *NON - DPT*

Pediatric

KOH-00308718 IP2-00056413
Baby Of KALIVARAPU PRADYUMNA
24-05-2026 0 Y 0 M 4 D (M)
Dr. MEERA IYER

Physical Examination

Name : _____

Age/Sex _____

Informant _____

Reliability _____



Chief Presenting Complaints & Duration (Chronologically):

yellowish discoloration of eyes
& skin

History of present illness :

Jan 19/12/2023

B.Wt : 2.8kg

P.Wt : 2.57kg

MB4 } 0 #

MB4 }

Pediatric Multiorgan History & Physical Examination

Anthropometry

Head Circum (cms) _____ (Centile _____) Height (cm) : _____ (Centile _____)

Weight (kgs) 2.57kg (Centile _____)

On Examination :

Temperature : 38.0°C Pulse Rate: 150/min Description _____

B.P. _____ SPO2 98% at RA

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy _____

Oedema : _____

Respiratory system :

Inspection (any s/o distress) : _____

Air entry & breath sounds : BAE ⊕

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovasclular System :

Inspection of procordium : _____

Heart Sounds : S₁ S₂ ⊕

Any murmur : _____

Relevant date from outside (Chest X-Ray, ECG, ECHO, Etc.,) _____

Per Abdomen :

Inspection _____

Palpation : soft

Ausculation : _____

Spine: _____ External Genitelia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS Score : _____

Cranial Nerves : _____

Motor System :

Nutrition : _____

Tone : _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials :

Plantars _____

Sensory System :

Bladder / Bowel : _____


Clinical Summary & Diagnostic :

1880 - PNA



NURSING ASSESSMENT SHEET IN EMERGENCY ROOM

Ref.No. : F/ER/NUR/

Name: **KOH-00308718** IP2-00056413
 Baby Of **KALIVARAPU PRADYUMNA**
 Age: **24-05-2026** 0 Y 0 M 4 D (M)
 Dr. **MEERA IYER**
 IP No. 
 UHID:

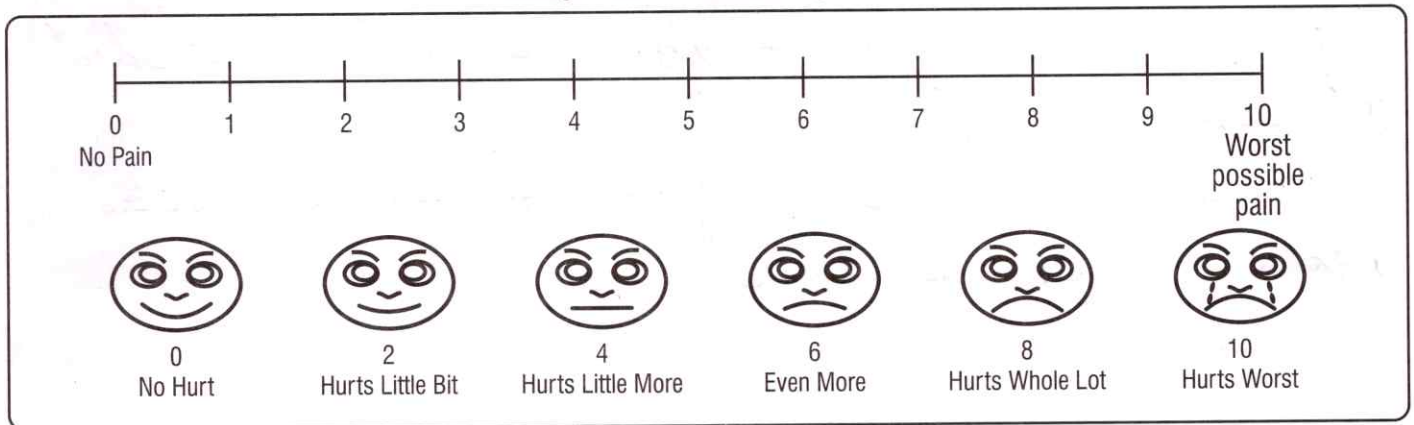
Date: **28/5/26** Time of arrival: **1:20 PM**

VITALS : Temperature : **97.6 °F** HR : **142 b/m** SP02: **98 %**

BP : RR: **40 b/m** Height : Weight: **2.57 kg**

PAIN ASSESSMENT - ABOVE 5 YEARS

Wong - Baker Pain Rating Scale



Do you have pain now : Yes No, If yes location of pain :

Pain Score :

Plan of action if score > 5 :

PAIN ASSESSMENT FOR CHILDREN < 5 YEARS AGE

CATEGORY	SCORING		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown withdraw disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs brawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth tense	Arched, right or jerking
Cry	No cry (awake or asleep)	Moans or whimpers Occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching hugging or being talked to, distractible	Difficult to console or comfort

Investigation sent	Time	Result Collected	Result to be collected
		N/A	

Nursing Notes : *pt's* come to the ER = *cl* yellowish discoloration of skin & eyes. A vital checked & recorded
 * SBR - 15.9 mg/dl done on ap basic
 * Dr. Assess the child and admission done
 * *pt's* shift to ward

DISCHARGED FROM EMERGENCY ROOM TO :

- Ward
 OT
 HOME
 DAMA
 Died
 PICU
 NICU
 MICU
 Labour Room

Nurse Signature *B*

Nurse Name : *Bikam*

Date : *28/5/20* Time : *1:30 pm*

KOH-00308718 IP2-00056413
 Baby Of KALIVARAPU PRADYUMNA
 24-05-2026 0 Y 0 M 4 D (M)
 Dr. MEERA IYER



RESULT SHEET



Date	28/5/26	29/5/26			
Time	2:03 PM				
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj (op batic)	15.9 ^{0.2} _{15.7}	13.7 ^{0.2} _{13.5}			
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					



.Pulse Rate : Normal Rate by Age (beats/minute) Reference:PALS Guidelines, 2015

Age	Awake Rate	Sleeping Rate	
Neonate(<28days)	100-205	90-160	
Infant (1 month-1yr)	100-180	90-160	
Toddler (1-2yr)	98-140	80-120	
Preschool (3-5 yr)	80-120	65-100	
School -age (6-11yr)	75-118	58-90	
Adolescent (12-15yr)	60-100	50-90	

Respiratory Rate: Normal Respiratory Rate by Age (breaths/minute) Reference:PALS Guidelines, 2015

Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

Blood Pressure:Normal Blood Pressure by Age (mm/hg) Reference:PALS Guidelines, 2015

Age	Systolic Pressure	Diastolic Pressure	Systolic Hypo tension
Birth	39-59	16-76	<40-50
Birth	60-76	31-45	<50
Neonate(<28days)	67-84	35-53	<60
Infant (1 month-1yr)	72-104	37-56	<70
Toddler (1-2yr)	86-106	42-63	<70 + (age in years x 2)
Preschool (3-5 yr)	89-112	46-72	<70 + (age in years x 2)
School -age (6-11yr)	97-115	57-76	<70 + (age in years x 2)
Pre-adolescent (10-11y)	102-120	67-80	<90
Adolescent (12-15yr)	110-132	64-83	<90

Temperature :Normal Temperature Range by Method Reference: CPS Position Statement on Temperature Measurement in Pediatrics, 2015

Method	Normal Range (°C)	Normal Range (°F)
Rectal	36.6-38	97.8-100.4 °F
Ear	35.8-38	96.4-100.4 °F
Oral	35.5-37.5	95.9-99.5 °F
Axillary	36.5-37.5	97.7-99.5 °F



Morning Shift

Clinical Diagnosis _____

Nursing Diagnosis _____

Plan of Care _____

Planned Investigations Procedures _____

Implementation _____

N/A

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis _____

Nursing Diagnosis ^{NNTS} yellowish discoloration of the skin and eyes

Plan of Care Assess the Baby condition.
check the vital sign
maintain DO chart

Planned Investigations Procedures _____

Implementation Assessed Baby condition.
checked vital sign
maintain DO chart

Sandhya
Handed Over by : Name & Signature
28/5/26 @ 8PM

Sandhya @ 8 pm
Received by : Name & Signature
28/5/26

Night Shift

Clinical Diagnosis _____

Nursing Diagnosis ^{ACNTJ} yellowish discoloration of skin and eyes

Plan of Care → Assess the baby condition.
→ Monitor vitals
→ Encourage DM feeds → Encourage Burping

Planned Investigations Procedures _____

Implementation → Assessed the baby condition
→ monitor vitals
→ Encouraged DM feeds
→ Encouraged Burping

Sandhya @ 8AM
Handed Over by : Name & Signature
27/5/26

A. Anjali
Received by : Name & Signature
27/5/26 @ 8AM

Morning Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

yellowish ^{mei} discoloration eyes and body

Plan of Care →

Assess the baby's condition
→ vitals check and Record
→ maintain the I/D chart

Planned Investigations Procedures.....

Implementation →

Assessed the body condition
→ vitals checked and recorded
→ maintained the I/D chart
→ provided warm care and DSM feeds

Handed Over by : Name & Signature

[Signature]
29/5/26 @ 8:30am

Received by : Name & Signature

Evening Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

Plan of Care.....

Planned Investigations Procedures.....

Implementation.....

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis.....

Nursing Diagnosis.....

Plan of Care.....

Planned Investigations Procedures.....

Implementation.....

Received by : Name & Signature

Name & Signature