



SCU-1

MAH-00388355 IP2-00056452  
 Patient Name Baby YUKTA REDDY BHAVANAM  
 22-02-2025 1 Y 3 M 12 D (F)  
 Dr. MEERA IYER  
 UHID No.: \_\_\_\_\_



### NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
3/6/25	12:32 PM 00.00	Duolin	(3)	
3/6/26	12:45 PM 1.00	Duolin	942749	
3/6/26	2:00 PM	Asthalin + 1ml NS	942798	Skimari
	4:30 PM	Asthalin + 1ml NS		Amish
	4:00 PM	1/2 Duolin + 2ml NS		Amish
	9:30 PM	Asthalin + 1ml NS		
4/6/26	12:00 AM	Asthalin + 1ml NS	(6) 942864	
	2:00 AM	1/2 Duolin + 2ml NS		
	4:30 AM	Asthalin + 1ml NS		
	9:00	<del>Asthalin + 1ml NS</del>		
4/6/26	10:30 AM	1/2 Duolin + 2ml NS	942304	M. Skimari
	10:00 AM	Neb Asthalin + 1ml NS		
	12:00 PM	Neb Asthalin + 1ml NS		
	13.00			
	14.00			
	15.00	Cross checked by person		
	16.00	4/6/26		
	17.00	@ 11 AM		
	18.00			
	19.00			
	20.00			
	20.00			
	21.00			
	22.00			
	23.00			

sent - 1  
sent - 2

sent - 3  
sent - 4

sent - 5  
sent - 6

sent - 7  
sent - 8

**ACTIVITY RECORD**

Name: ----- MAH-00388355 IP2-00056452  
Baby YUKTA REDDY BHAVANAM  
22-02-2025 1 Y 3 M 12 D (F)  
Dr. MEERA IYER  
UHID No : ----- Consultant : ----- Dept : -----  
Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----  
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
3/6/26	3:15pm	ER	SCU	[Signature] 3:20pm

**Cross Consultation Visit**


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



### MEDICAL EQUIPMENT ( WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
3/6/26	Inflation pump	2pm	4/6/26 4pm	942751	Jijwal
3/06/26	cardiac monitor	3:20pm	11AM	9428849	[Signature]
3/06/26	oxygen	3pm	11/6/26 7AM	942886	[Signature]
3/6	CXR (outside)	-	-	-	Pooja
In ER cross checked by Pooja @ 2.20pm 3/6/26					

**PROCEDURE**


Date	Procedure	Quantity	Order No.	Signature
3/6/26	IV Cannulation	1	QUR744	
Do ER cross checked by: pogo @ 2:30pm 3/6/26 ✓				



**ANY OTHER INFORMATION**

op file (given to parents)  
M. Shimer

Date: 3/6/26

Time: 2pm

Prepared By: 

Staff Nurse checked by  3/6/26	Shift / Ward ER to ICU 	Billing Assistant	Billing Supervisor
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**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

MAH-00388355 IP2-00056452  
Baby YUKTA REDDY BHAVANAM  
22-02-2025 1 Y 3 M 12 D (F)  
Dr. MEERA IYER



Patient Name: YUKTA REDDY.

UHID ID: \_\_\_\_\_

Department: PEDIATRICS.

Consultant: DR. MEERA IYER.



### Pediatric Multiorgan History & Physical Examination

Name : YUKTA REDDY Age/Sex 1 yr 3 months

Information given by: Mother Relationship law

#### Chief Presenting Complaints & Duration (Chronologically)

Fast-breathing ∴ y'day night

cough ∴ 1 day.

FEVER ∴ morning

#### History of present illness :

It was apparently normal. 1 day back, c/o of

Fast breathing since y'day night.

(Exposure to Ac - y'day)

Cough since 1 day, Aggravated on Exposure to  
Ac)

FEVER ∴ morning (low-grade), Not associated  
∴ chills & rigors.

Poor feeding ∴ 1 day

018 - child - irritable.

Tachypnea (+)

Suprasternal (+).

retraction

(SRTA),



### Pediatric Multiorgan History & Physical Examination

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

no similar episode in  
month  
(1st episode)

**Birth & Neonatal History:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

T/B wt - uneventful  
no NICU stay

**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : \_\_\_\_\_

\_\_\_\_\_

**Developmental History :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

achieved all milestones  
as per age .

**Immunization History :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

immunized as per age .



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 8.3 kgs (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 99.7°F Pulse Rate : 170/min. B.P. 98/56. SPO2 92%

Resp. rate and type of breathing : Increased for age.  
(R.R. = 54/min)

Rash \_\_\_\_\_ See

Lymphadenopathy No.

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : Bilateral

Any added sounds : Bil wheeze (+)

Relevant data from outside (Chest X-Ray, ABG, etc.,) Supra sternal retraction (+)  
SCR (+)

#### Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur : \_\_\_\_\_

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : \_\_\_\_\_

#### Per Abdomen :

Inspection (N)

Palpation : Soft, non tender

Auscultation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitalia : \_\_\_\_\_

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:

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

#### Reflexes :

#### DTR

Plantars \_\_\_\_\_

#### Superficials:

#### Sensory System :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bladder / Bowel : \_\_\_\_\_

#### Clinical Summary & Diagnostic:

ACUTE EXACERBATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the treatment : \_\_\_\_\_

**Planned Labs:**

CBP, CRP ✓

VBG ✓

Sr. Electrolytes ✓

Bloods ✓

CRAB = 166 mg/dL ✓

**Planned Management**

1) EUPONS

2) NER C Asthelin

3) NER (DuoLin)

4) IV hydrocortisone

5) O<sub>2</sub> support @ 1L/min

~~6) ...~~

6) ~~IV~~ ↑ O<sub>2</sub> req, ↑ RR (>6)

HRTP, Puloxity,

Injerm.

7) Monitor vital.

Noted by Bro. Vijwal @ 230pm  
 3/6/25

Signature of the Doctor: \_\_\_\_\_

Signature of the Consultant: \_\_\_\_\_

Name of the Doctor: Dr. ASHWINI

Name of the Consultant: \_\_\_\_\_

Date & Time: 3/6/25, 1:30pm

Date & Time: \_\_\_\_\_



PROGRESS NOTES AND DOCTOR'S ORDER

Yukta.

3/6/2020  
 130px

Date & Time	Progress Notes	Doctor's Order
	SIB & Neura.	
	Acute exacerbation RAD.	
	Swat sick looking	→ SP 2 doses of <del>Asthelin</del>
	HR of poor feeding x fever. Duolin.	
	Better Now.	
	HR → 171.	Temp 99.7   RR 52
		SpO2 <del>AR</del> RA 91%
	<del>cough</del> Took feed comfortably	
	cold. fever Now.	
	exam intervention improved.	
	RR 50's	child sat   SpO2 Retracer
	UBC	
	7.34/32	Chest wheezes ++
	7.3	TM / Tru @
		<del>exam</del>
	Plan	
	(1) SCW	
	(2) Asthelin	2 resp + 1 ml NS
	(3) Duolin 1/2 resp	+ 2 ml NS
		<del>2 ml NS</del>

Cough day / night  
 since midnight  
~~cough~~  
 cold.  
 fever Now.

2.30 1.30 1.30 1.30  
 A A A A A  
 D A A → D



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	(4) IV Hydrocortisone (mg/kg) x 1. → every 8HR	
	(5) IVF @ 1/2 amount	
	<del>(6)</del> O2 to keep SpO2 > 94.	
Inform	if ↑ing O2 requirement ↑↑ RR (> 60c)	
	HR ↑↑. Decrease level Resp. rate ↑↑ing	
		See Meera
		Seen @ cotage Back to back Neb
	↓ PR was brought here.	
		See
	Noted by Bro: Jival @ 1.30pm @ cotage	

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

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22-02-2025 1 Y 3 M 12 D (F)  
Dr. MEERA IYER  
I.P.  F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>3/6/26</del>		c/s by Dr. Sridhyan D.
<del>6pm</del>		Acute Exacerbation RAD
		→ better now
		Vitals:
		Temp: 98.6°F
		HR: 110/min
		RR: 40/min
		SpO <sub>2</sub>
		CVS: S <sub>1</sub> S <sub>2</sub> ⊕
		RS: BAE ⊕
		P/A: S/P
		SIB Dr. Meera Seen @ 8 & 9pm
<del>3/6/2026</del>		RAD → Acute exacerbation.
<del>8:30 AM</del>		doing better.
9pm		Tachypnea ⊕
		Minimal retractions.
		Wheezes ⊕ heard.

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

MAH-00388355 IP2-00056452  
Baby YUKTA REDDY BHAVANAM  
22-02-2025 1 Y 3 M 12 D (F)

Patient

Age :

I.P. No. :



15  
...  
F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Mother says "interacting" <del>in the</del> coils smiling.
		Urine ⊕.
		Mild dehydration Labs ⊖ → Better sleep
		HR 160 / 150 - 160 SpO2 96-100% in IL. (sometimes dips to 85-88)
		Plan (1) ↑ IVF to 25ml
		<del>(2) Levofloxacin 0.63mg Neb 2HR.</del>
		inform if HR > 160 <del>HR</del> RR > 60 ↑ sup retraction
		<u>low</u> .
		Noted by Paawan 3/6/26 at 9pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

MAH-00388355 IP2-00056452  
Baby YUKTA REDDY BHAVANAM  
22-02-2025 1 Y 3 M 13 D (F)  
Dr. MEERA IYER

INPR/15



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
4/6/26		S/B. Dr. Meera
9:30am		Acute exacerbation of RAI
		fever spike @ (at 11pm)
		accepting feed.
		at room air - sat - 91-95%
		HR - 146/min
		RR - 38/min <span style="float: right;">Adv</span>
		SpO <sub>2</sub> - 94%
		chest - crackles (w/ r side)
		P/A - soft
		off oxygen from yesterday evening, on 3 hourly Nebbs
		o/e: Very active
		oral intake: good
		request: (1) Asthalin MDI
		2 - 3 puffs 4 times
		(2) <del>Budecort</del> Prednisone
		(3) Nuroleau
		<del>4) <del>Paracetamol</del></del>
		Washup Syrup <span style="float: right;">2/2</span>
		- Review tm
		- Flu vaccine on flu to child

and all family members

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



MAH-00388355 IP2-00056452  
 Baby YUKTA REDDY BHAVANAM  
 22-02-2025 1 Y 3 M 12 D (F)  
 Dr. MEERA IYER



# RESULT SHEET



Date	3/6/26				
Time	@ 12:31 PM				
Hb	11.0				
PCV	32.5				
RBC	4.37				
WBC	9.22				
N/L	.				
Platelets	400				
CRP	7.0				
ESR					
PCT					
RBS					
Na	142				
K	4.3				
Cl	105				
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
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					

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

Culture and Sensitivities : 3/6/26 @ 1:36 PM Blood c/s  
 .....  
 .....  
 .....

Radiology: USG : .....  
 X-Ray:.....  
 ECHO: .....  
 CT: .....  
 MRI .....  
 Others (ECG, Contrast Studies etc.) : .....

MAH-00388355 IP2-00056452  
 Baby YUKTA REDDY BHAVANAM  
 22-02-2025 1 Y 3 M 12 D (F)  
 Dr. MEERA IYER



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

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

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

Shifting From: ER Shifted to: ICU

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						<input 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 : .....

Date & Time : 3/6/26 @ 2 PM

Nurse Name & Signature: [Signature]

Date & Time : 3/6/26 @ 2 PM

Docu. No. : RCH / FRM / GENERAL / 090

MEMORANDUM

TO : [Illegible]

FROM : [Illegible]

SUBJECT : [Illegible]

[Illegible text]

[Illegible text]

YOUR HISTORY RECORD NUMBER

of [Illegible]  
[Illegible]  
[Illegible]

Date of [Illegible]

Place of [Illegible]

Place of [Illegible]

[Illegible]

# DRUG CHART

Date of Admission: 3/6/26 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)**

<b>DRUG :</b> SUPROLEN-DS				Date/Time	3/4/26														
Dose	Route	Frequency	Start Date																
2.5ml	oral	SOS.	3/6.																
Doctor's Signature		Valid Period	Pharm.																
[Signature]																			
Additional Instructions: (5ml/240mg) (can be held in M) if T100.1f																			

<b>DRUG :</b> SUP EUGESIC.				Date/Time															
Dose	Route	Frequency	Start Date																
3.3ml	oral	SOS.	3/6.																
Doctor's Signature		Valid Period	Pharm.																
[Signature]																			
Additional Instructions: (5ml/100mg) (can be held in M) if T102.1f																			

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

VERIFIED BY : Name \_\_\_\_\_ Signature \_\_\_\_\_

REGULAR PRESCRIPTIONS

Weight. 8-3 kg Ward. 3CU1



<b>DRUG :</b> NERB ASTHALIN .				Date Time	03/6															
Dose	Route	Frequency	Start Date																	
1/2 capsule (2.5mg)	NERB	2nd hdy	3/6																	
Name & Signature of the Doctor Starting the Drugs:				see the chart																
Additional Instructions: (+1ml NS).																				
<b>Daily Doctor's Endorsement by a Sign</b>																				

<b>DRUG :</b> NERB DUOLIN .				Date Time	03/6	4/6															
Dose	Route	Frequency	Start Date																		
1/2 capsule	NERB	6th hdy	3/6	12 am																	
Name & Signature of the Doctor Starting the Drugs:				6 am 9 am																	
Additional Instructions: (+2ml NS).				12 pm 6 pm																	
A A @ A A @ A A @																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b> INT HYDROCORISONE				Date Time	03/6	4/6															
Dose	Route	Frequency	Start Date																		
20mg	IV	TID	3/6	6 am																	
Name & Signature of the Doctor Starting the Drugs:				10 pm 2 pm 8 pm																	
Additional Instructions:				Denon / Panchi																	
<b>Daily Doctor's Endorsement by a Sign</b>																					

<b>DRUG :</b> NERB ASTHALIN				Date Time																	
Dose	Route	Frequency	Start Date																		
2.5mg	NERB	3Hrly	3/6/2025																		
Name & Signature of the Doctor Starting the Drugs:				see																	
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

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

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

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

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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**REGULAR PRESCRIPTIONS**

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

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

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

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

VARIABLE DOSE		Date Time	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.	
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
3/6	1:50 PM	END NYDROCORONE	(5mg/1g).	BV	ML	Amirah
3/6	12-32 PM 12-45 PM	NGN c-duphm	hacictoback 2 thei glen	NGN	ML	Ujjwal Amirah

Signature  
Name



I.V. FLUIDS CHART

Weight: 8.41kg Ward: BCU

Position of I.V. Fluid  
(Concentration ml./hr = Mcg/kg/min. etc)

Position of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/6 IVF PDS (1/2 maint)	IV	17 ml/hr		Anish	3/6		
3/6 IVF DIV (2/3th maint)	IV	25 ml/hr		poornima	3/6		

Signature

VERIFIED BY : Name

Yuxta Rocky  
Patient ID: 1430

# NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 4/6/26 Time: 10am

Weight: 8.4kg Centile: < 5th centile

Height: Centile: -

Inference: Nourished

RDA: Calories: 1000 cal/day Protein: 15 gm/day

Diet Recommendations: soft diet

Re-Assesment: \_\_\_\_\_

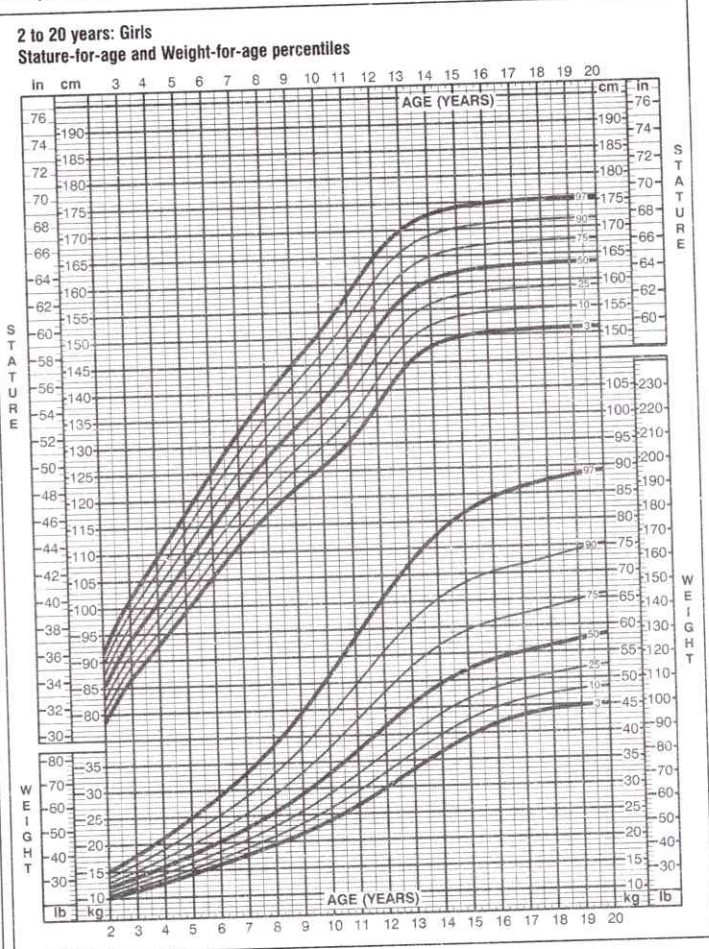
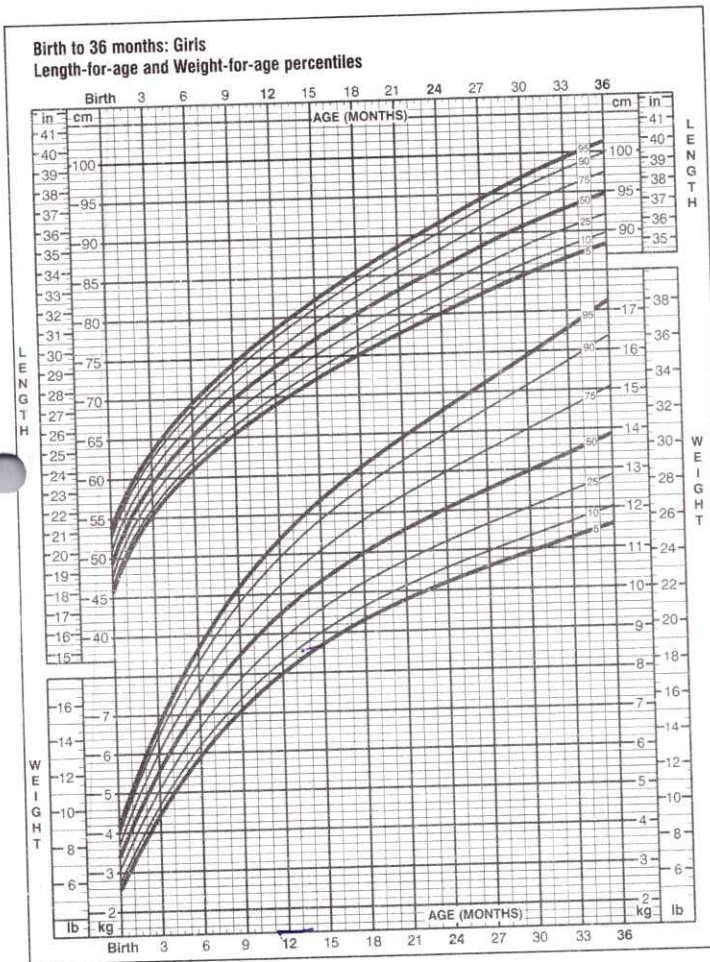
Food Allergies: no allergies Veg/Non-veg  Veg  Non-veg

Diagnosis: Acute malabsorption

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Alexis

## GROWTH CHART (GIRLS)



Dietician's Name: Alexis

Dietician's Signature: \_\_\_\_\_





**.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**

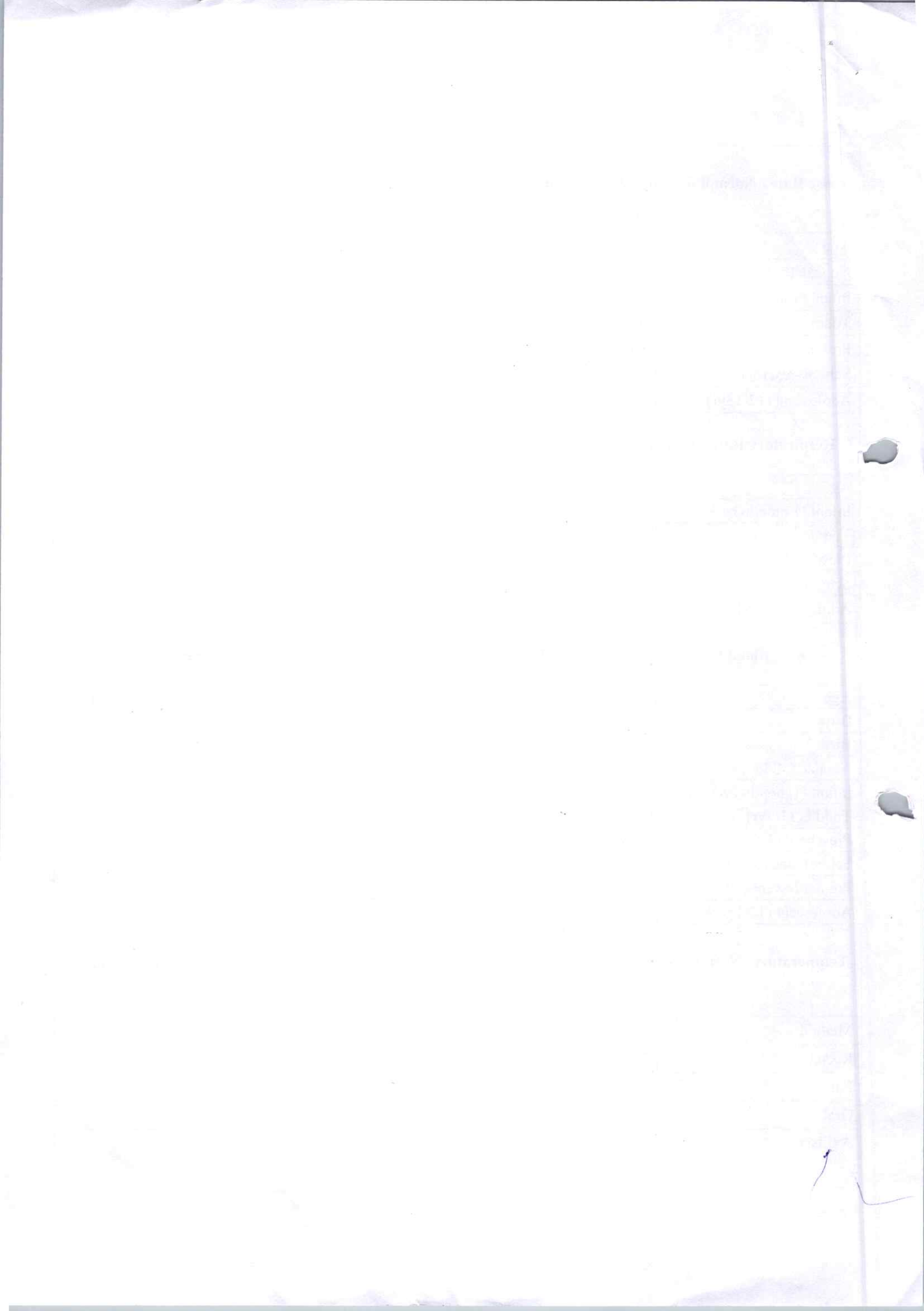
Age	Normal Respiratory Rate		
Infant (1 month-1yr)	30-53		
Toddler (1-2yr)	22-37		
Preschool (3-5 yr)	20-28		
School -age (6-11yr)	18-25		
Adolescent (12-15yr)	12-20		

**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





## 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.

<b>I</b>	<b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)
<b>S</b>	<b>SITUATION :</b> 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>B</b>	<b>BACK GROUND :</b> 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)
<b>A</b>	<b>ASSESSMENT :</b> 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.
<b>R</b>	<b>RECOMMENDATION :</b> I need you to ... come to see the child in the next (XX mins) AND is there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

MAH-00388355 IP2-00056452  
 Baby YUKTA REDDY BHAVANAM  
 22-02-2025 1 Y 3 M 12 D (F)  
 Dr. MEERA IYER



# FLUID CHART

Sheet No. : 11

3/6/26

- 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	D										
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm	D	DBM	17ml								
	04:00 pm			17ml								
	05:00 pm	N	DBM	17ml								
	06:00 pm	S	Apple	17ml								
	07:00 pm	S	DBM	17ml								
<b>Total Intake :</b> DBM + DMS + 8 Sml Apple - 4 pieces						<b>Total Output :</b> 0-2 ml-20						
	08:00 pm			17ml								
	09:00 pm	D	DBM	25ml								
	10:00 pm			25ml								
	11:00 pm	N	DBM	25ml								
	12:00 am	S	Apple	25ml								
	01:00 am	S		25ml								
<b>Total Intake :</b> DMS + DBM + Apple						<b>Total Output :</b> 0-2 ml-1						
	02:00 am	D		25ml								
	03:00 am	D	DBM	25ml								
	04:00 am	N		25ml								
	05:00 am	N	DBM	25ml								
	06:00 am	S		-								
	07:00 am	S		-								
<b>Total Intake :</b> DMS + DBM +						<b>Total Output :</b> 0-2 ml-01						
<b>Total 24 hrs. Intake</b>		DMS - 32ml DBM										
<b>Total 24 hrs. Output</b>		0-4 ml-02										

MAH-00388355 IP2-00056452  
 Baby YUKTA REDDY BHAVANAM  
 22-02-2025 1 Y 3 M 12 D (F)  
 Dr. MEERA IYER



# FLUID CHART

Sheet No. : ..... ②

A/6/28

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

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

<b>Total 24 hrs. Intake</b>	
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<b>Total 24 hrs. Output</b>	
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