

### ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- IP No : ----- Unit : ----- Dept : -----

Date of Admission : ----- Date of Discharge : ----- Time: -----

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

KOH-00302101 IP2-00056398  
 Master THAMMIRAJU RUDHR (M)  
 05-07-2023 2 Y 10 M 22 D  
 Dr. MEERA IYER



### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/05/23	3:20 pm	ER.	405	Sumita

### 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
27/05/26	IV cannulation.	①	540947	Sumita
<del>In an cross checked by nars 27/5/26</del>				
27/5/26	N.H.A	①	940994	Sandhya
<del>cross checked done by Anitha 29/5/26</del>				
10:47 AM				

**ANY OTHER INFORMATION**

Op file given to parents.  
Aruna

Date: 27/05/26

Time:

Prepared By: Sumita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Checked by: Sumita	ER to Sandhya		



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

KOH-00302101 IP2-00056398  
Master THAMMIRAJU RUDHR  
05-07-2023 2 Y 10 M 22 D (M)  
Dr. MEERA IYER



Patient Name:

RUDHR ATHARV

UHID ID:

Department:

PAEDIATRICS .

Consultant:

Dr. MEERA IYER .



### Pediatric Multiorgan History & Physical Examination

Name : RUDHR ATHARU Age/Sex 2y/10months

Information given by: Mother Relationship father

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

FEVER -! morning.  
1 Episode of seizure in morning.  
activity

#### History of present illness :

pt was apparently Normal. 1 day back. Onset of  
FEVER since morning, high-grade, insidious in onset  
Not associated w/ chills and rigors.

1 Episode of seizure ~~like~~ activity unrolling of eyeball  
& tonic clonic movements of ~~head~~ leg and fisting of hands  
lasting for 1-2min., child regained consciousness  
after episode.  
post-ictal drowsiness  
present.

Cold | 2 days No postural/diurnal  
cough | variation.  
No agglutinated  
runny-nose present.

old child -  
mitral. No Hx of EM,  
1 episode of vomiting in morning.

Mother - Hx of febrile seizure  
Mother, father - no Hx of febrile seizure

### Pediatric Multiorgan History & Physical Examination

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

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**Birth & Neonatal History:**

TI B. wt - successful  
no H/O of New Study .

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : \_\_\_\_\_  
\_\_\_\_\_

**Developmental History :**

achieved all milestones  
at per age .

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**Immunization History :**

immunized at per age .

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### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)  
Weight (kgs) 13.05 kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 103.2 °F Pulse Rate : 154/min B.P. 91/60 SPO2 98.1

Resp. rate and type of breathing : regular @ for age

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

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

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

#### Respiratory System :

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

Air entry & breath sounds : 3/4 A&H

Any added sounds : no added sounds

Relevant data from outside (Chest X-Ray, ABG, etc.,) throat - mild (H) congestion

#### 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:

Nutrition : \_\_\_\_\_

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

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

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

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

(N)

#### Reflexes :

NO sign of  
meningeal  
irritation.

#### DTR

#### Superficials:

Plantars \_\_\_\_\_

#### Sensory System :

\_\_\_\_\_

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

#### Clinical Summary & Diagnostic:

TYPICAL FEBRILE SEIZURE

\_\_\_\_\_





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5	CISIB Reg	
2:30pm	△ - typical FEVERILE seizure	
	Fever - present.	Advice
	at time of admission.	1) IVP DNS
	(103.1°F)	2) <del>NS</del> FEVER management
	1 Episode of seizure	3) decide for antibiotics
	at home	after reports
	child - irritable.	4) take reports
	O/E	5) Monitor vitals
	P/S - (U&H)	6) watch for seizure.
	no added	
	starch	
	WS - (U&H)	
	PIA - soft, non-tender	
	Noted by Naga 27/5/26 @ 3pm	

MS.  
2015

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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2023 5PM	SIS Oracea	
	Sample for urine screen.	
	Seen in OP → confused	
	intractable	
	post ictal phase.	
	Now → active.	
	Whee appears	
	Plan	
	①	
	CWE	
	with culture }	
	② after urine culture.	
	IV ceftriaxone if CWE abnormal	
	noted by Sandhya	Relief
		27/5/23 @ 5PM

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 Dr. MEERA IYER



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2023	SIS Dr. Meera	
day	Acute	
	multiple loose stools	
	Htg stable	
		Plan
		Dr. Meera
		14 mg
	stool culture	
		see

Noted by sirisha on 28/5/26 At: 9:50 AM



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026	SIB Waning.	
6 pm	AUE	
	HD Stable	
	Place	
	CS.	
	Stool for rotavirus	
		len
		drugs
	Noted by Sordhya	29/5/26 @ 6 pm
29/5/2026	SIB Waning	
9 am	Sample / AUE	
	fever 52	
	HD Stable	
	Place	
	① Dic	
(4) 29/20	② syp cefixim (200/su)	
Fever 52		
propylthiouracil		
Docu. No. IRCH / FRM / CLINICAL / 088	3ml	3ml x 3 days

Noted by Anita 29/5/26 @ 9 am

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 Master THAMMIRAJU RUDHR  
 05-07-2023 2 Y 10 M 22 D (M)  
 Dr. MEERA IYER



## RESULT SHEET

Date	27/5/26				
Time	2:45PM				
Hb	14.0				
PCV	40.9				
RBC	5.13				
WBC	21.87				
N/L					
Platelets	361				
CRP	9.0				
ESR					
PCT					
RBS					
Na	136				
K	4.0				
Cl	106				
Ca/Mg	9.7/1.9				
Phosphate					
Urea	28.2				
Creatinine	0.4				
ALP	281				
SGPT	20				
SGOT	41				
T.Bill/Conj	0.4 < 0.3				
T.Protein	7.7				
S.Albumin	4.3				
S.Globulin	3.4				
A/G Ratio	1.2				
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

Date	27/5/26				
Time	7:20PM				
CUE - Alb	nil				
CUE - Sugar	nil				
CUE - Ketones	160mg/dl				
CUE - PUS Cells	2-4				
CUE - RBC Cells	nil				
CUE epithelial cells	4-6				
Leucocytes	negative				
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Genespect (flora)					
PLUB					
RSV-S	negative				

15/16  
20/30  
P00

Culture and Sensitivities: \*Blood c/s (27/5/26) @ → No Growth After 24 hrs.  
 \*stool c/s (27/5/26) @ 10:20PM

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

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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: ER

Shifted to: 405

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 : Dr. Ashwin

Date & Time : 27/05/20

Nurse Name & Signature : Sumita Meera

Date & Time : 27/05/20

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

27/5/26

Inj: - pantop 13mg =  $\frac{13\text{mg} \times 4\text{ml}}{40\text{mg}} = 1.3\text{ml}$

Inj: - ONDANSETRON 2.5mg =  $\frac{2.5\text{mg} \times 2\text{ml}}{4\text{mg}} = 1.2\text{ml}$  (50%)

Inj: ceftazoxone

$$\frac{1\text{gm} \times 10\text{ml}}{1\text{gm}} = 10\text{ml}$$

# DRUG CHART

Date of Admission: ..... 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> SYPROCAIN-DS				Date Time																
Dose 4ml	Route oral	Frequency SOS	Start Date 27/5																	
Doctor's Signature <i>AL</i>		Valid Period	Pharm.																	
Additional Instructions: (in 6thly ml, 4771001F)																				

<b>DRUG :</b> SYD ISUGASEE				Date Time																	
Dose 5ml	Route oral	Frequency SOS	Start Date 27/5																		
Doctor's Signature <i>AL</i>		Valid Period	Pharm.																		
Additional Instructions: (5ml / 100mg) (in 6thly ml, 4771021F)																					

<b>DRUG :</b> MEDAZOLAM SPRAY				Date Time																		
Dose 1-25mg	Route Nasal	Frequency SOS	Start Date 27/5																			
Doctor's Signature <i>AL</i>		Valid Period	Pharm.																			
Additional Instructions: (1 puff in each nostril)																						

VERIFIED BY: Name .....

REGULAR PRESCRIPTIONS

Weight. 13-05kg Ward. ....



<b>DRUG :</b> INTIPANTAPRIAZOLE				Date Time	27/5	28/5	29/5			
Dose	Route	Frequency	Start Date							
13mg	IV	OD	27/5							
Name & Signature of the Doctor Starting the Drugs: <u>Me</u>					<u>6pm Sandhya</u>	<u>6pm Sandhya</u>	<u>6pm Sandhya</u>			
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										

<b>DRUG :</b> INTON DAN SETON				Date Time	27/5					
Dose	Route	Frequency	Start Date							
2.5mg	IV	SOS	27/5							
Name & Signature of the Doctor Starting the Drugs: <u>Me</u>					<u>3:45 PM Sandhya</u>					
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										

<b>DRUG :</b> CIOBAZAM syp.				Date Time	27/5	28/5	29/5			
Dose	Route	Frequency	Start Date							
1ml	oral	BD	27/5							
Name & Signature of the Doctor Starting the Drugs: <u>Me</u>					<u>9 AM</u>	<u>9 AM</u>	<u>9 AM</u>			
Additional Instructions: (1ml/2.5mg)										
<b>Daily Doctor's Endorsement by a Sign</b>										

<b>DRUG :</b> ENTEROGERMIN A				Date Time	27/5	28/05	29/5			
Dose	Route	Frequency	Start Date							
1ml	PO	BD	27/5							
Name & Signature of the Doctor Starting the Drugs: <u>Hare</u>					<u>6pm Sandhya</u>	<u>6pm Sandhya</u>	<u>6pm Sandhya</u>			
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										



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

<b>DRUG :</b> ZPD drops				Date	28/5	29/5													
				Time															
Dose	Route	Frequency	Start Dt.																
1ml	PO	OD	28/5																
Name & Signature of the Doctor starting the Drugs:				Samsonhwa Haul															
Additional Instructions:				1ml/20y															
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> <del>CE</del> CEFTRIAXONE				Date	28/5	29/5													
				Time															
Dose	Route	Frequency	Start Dt.																
1gm	IV	OD	28/5																
Name & Signature of the Doctor starting the Drugs:				Samsonhwa															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

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 Sticker  
*Rudra*

*2x10m*

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: *27/5/26* Time: *4pm*

Weight: *13.5kg* Centile: *c.3rd Centile*

Height: \_\_\_\_\_ Centile: \_\_\_\_\_

Inference: *Nourished*

RDA: \_\_\_\_\_ Calories: *1200 cal/day* Protein: *20gm/day*

Diet Recommendations: *soft diet*

Re-Assessment: \_\_\_\_\_

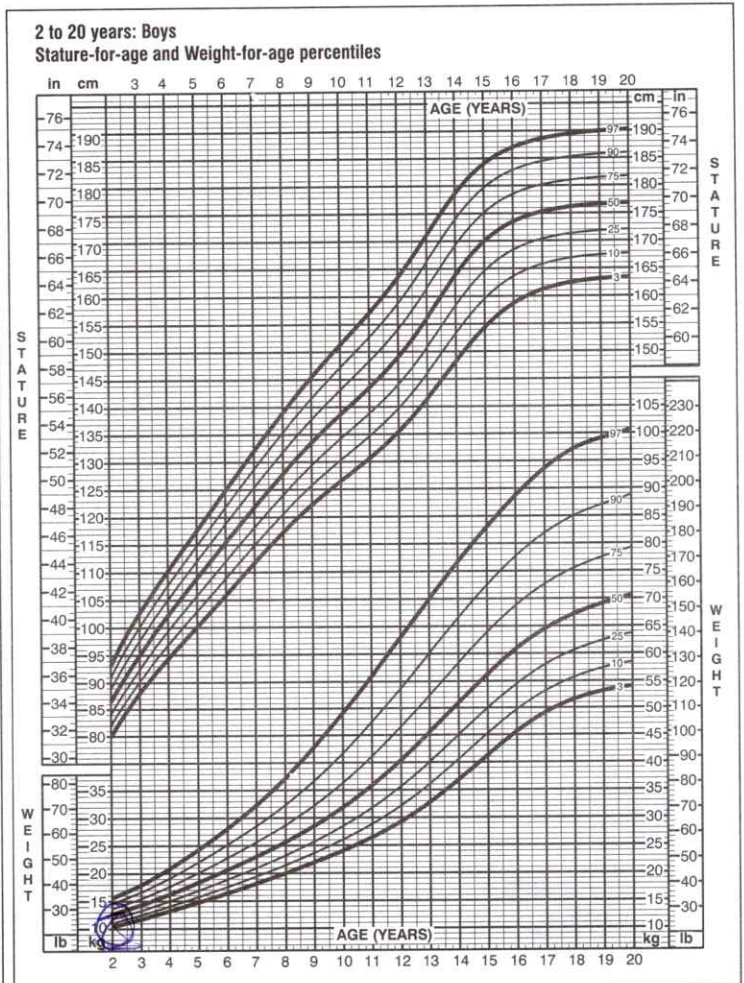
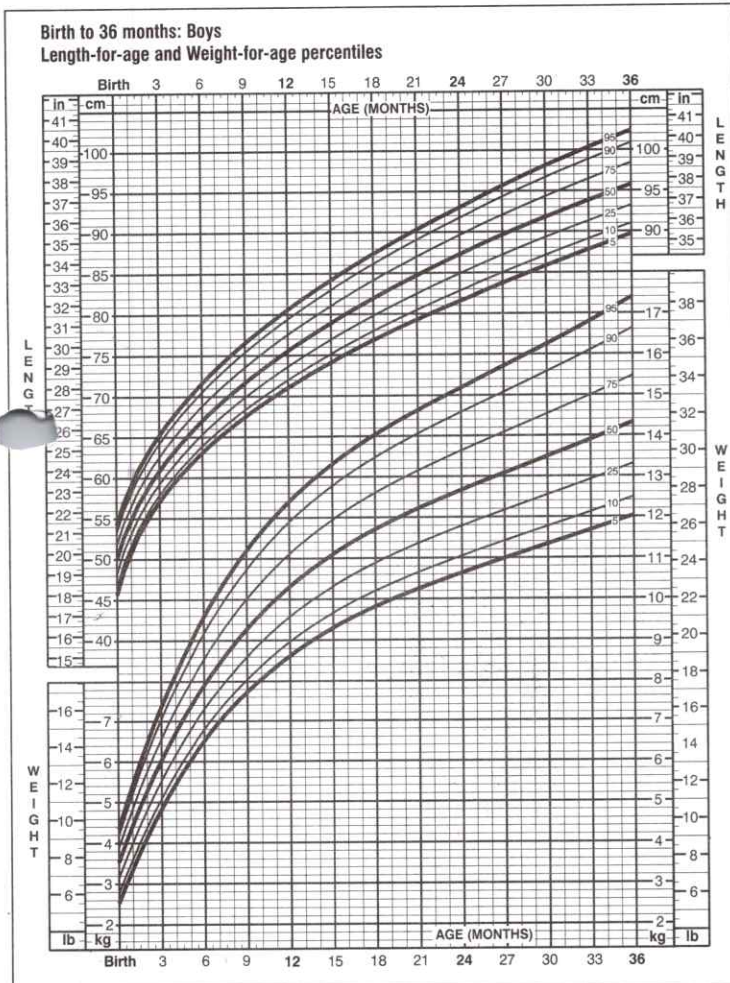
Food Allergies: *no allergies* Veg/Non-veg:  Veg  Non-veg

Diagnosis: *SFS*

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: *A. M. M. M.*

## GROWTH CHART (BOYS)



Dietician's Name: *Jashan*

Dietician's Signature: *[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

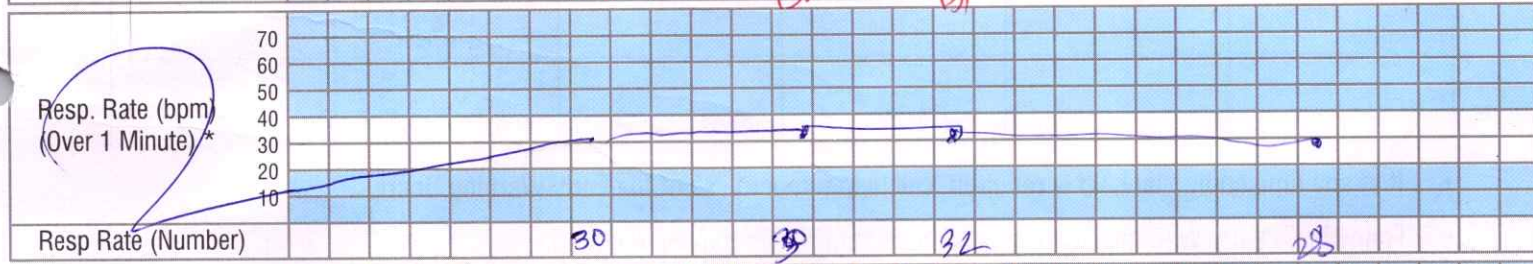
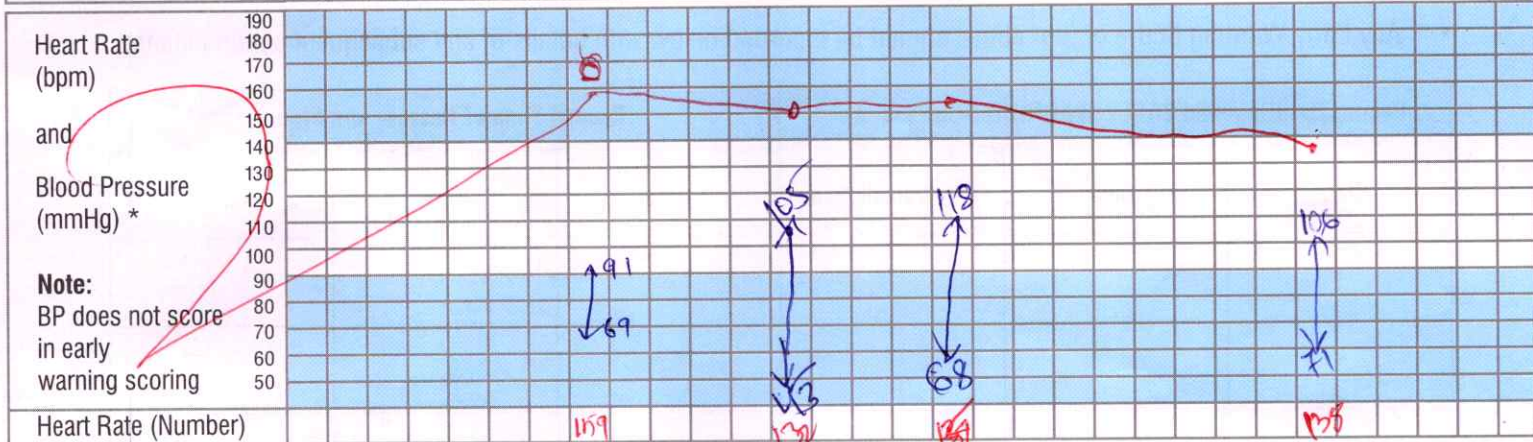
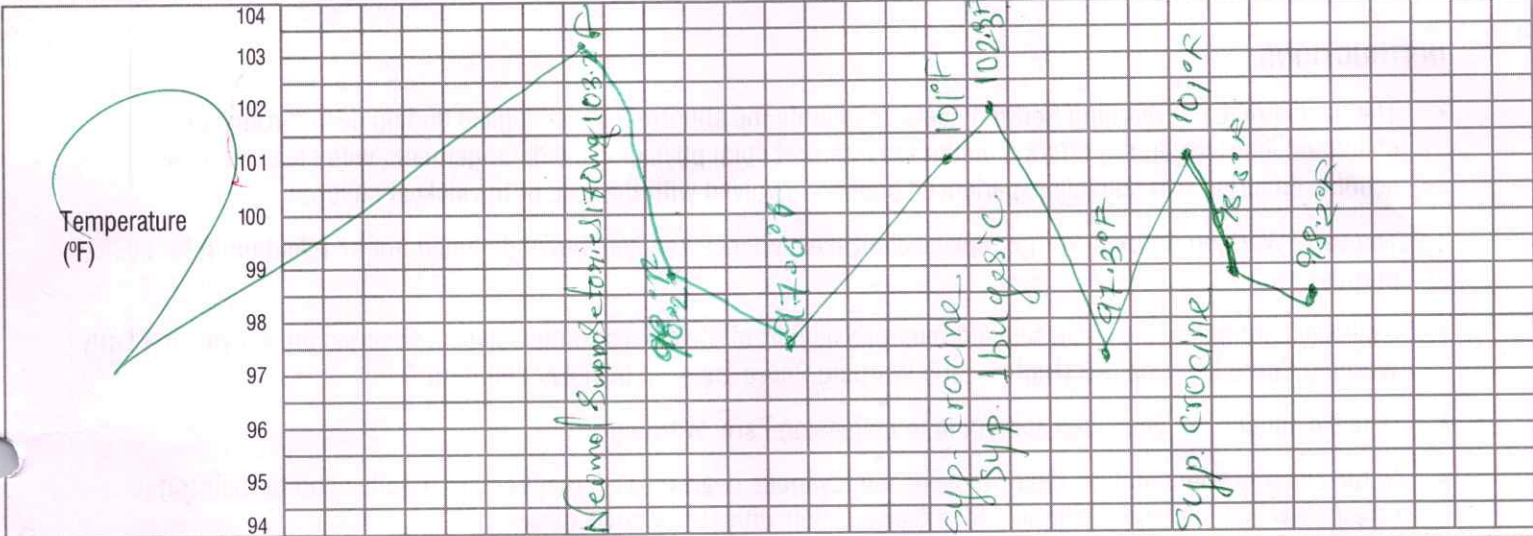




**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date: 27/07/23 Time: 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7

Doctor / Nurse / Family Concern? 30 20 20 40



Resp Distress	Mod/ Severe None / Mild	RA	RA	RA	RA
Receiving O <sub>2</sub> (l/min)					
O <sub>2</sub> Saturations (%)		98%	99%	99%	99%
Conscious Level	Normal Altered	17/6	19/6	21/5	14/5

<b>TOTAL SCORE</b>				
Number of shaded boxes		0	0	0
Pain Score				
Observer's Initials		MI	MI	MI

<b>ACTIONS</b> 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.

<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 I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)



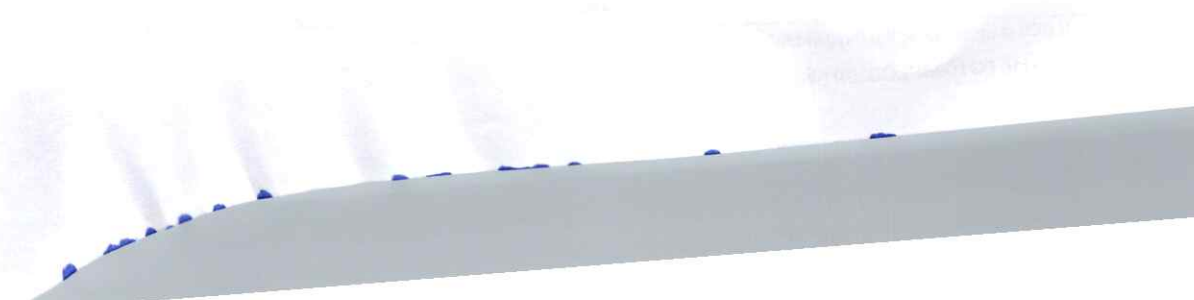
Handwritten text across the top of the page, including some circled characters.



Vertical handwritten text on the left side of the page, possibly a list or notes.



Handwritten text on the right side of the page, below the diagram.



KOH-00302101  
 Master THAMMIRAJU RUDHR  
 05-07-2023 2 Y 10 M 22 D (M)  
 Dr. MEERA IYER

IP2-00056398

29/5/2024



# 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 Thrombo-phlebitis 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													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm	D												
	03:00 pm	N												
	04:00 pm	N	Kichidi											
	05:00 pm		H2O											
	06:00 pm	S												
	07:00 pm													
<b>Total Intake :</b> Kichidi H2O DNS - 62ml						<b>Total Output :</b> U = 1 m = 2								
	08:00 pm													
	09:00 pm	D	curd											
	10:00 pm	N	Rice											
	11:00 pm		H2O											
	12:00 am	S												
	01:00 am													
<b>Total Intake :</b> DNS - 138 ml + curd & ric						<b>Total Output :</b> U - 02 M - 02								
	02:00 am													
	03:00 am	D	H2O											
	04:00 am	N	F											
	05:00 am													
	06:00 am	S	soup											
	07:00 am													
<b>Total Intake :</b> H2O + soup + DNS - 138.						<b>Total Output :</b> U - 02 M - 01								
<b>Total 24 hrs. Intake</b>		Kichidi + H2O + soup + DNS - 338.				<b>Total 24 hrs. Output</b>		U - 05 M - 06.						



20/5/26

**FLUID CHART**

Sheet No. : 2

- 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	Idly											
	10:00 am	Soup											
	11:00 am	+ H <sub>2</sub> O											
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>			Idly + soup + H <sub>2</sub> O.			<b>Total Output :</b>					U - 2 M - 5		
	02:00 pm												
	03:00 pm	Coconut Rice											
	04:00 pm												
	05:00 pm												
	06:00 pm	H <sub>2</sub> O											
	07:00 pm												
<b>Total Intake :</b>			Coconut Rice + H <sub>2</sub> O			<b>Total Output :</b>					U - 01 M - 02		
	08:00 pm												
	09:00 pm	Dextrose											
	10:00 pm	+ Milk											
	11:00 pm												
	12:00 am												
	01:00 am	Milk											
<b>Total Intake :</b>			Dextrose + Milk			<b>Total Output :</b>					U - 02 M - 00		
	02:00 am												
	03:00 am	Milk											
	04:00 am												
	05:00 am	H <sub>2</sub> O											
	06:00 am												
	07:00 am												
<b>Total Intake :</b>			Dextrose Milk + H <sub>2</sub> O, soup.			<b>Total Output :</b>					U - 00 M - 00		

**Total 24 hrs. Intake** : soup + H<sub>2</sub>O, Milk, Idly

**Total 24 hrs. Output** : U - 05 M - 05