The New India Assurance Co. Ltd.

Krishav Aadvik

Beneficiary name	**Krishav Aadvik**
Member ID	**4029140634**
Employee code	**911105**
Relation	**First Child**
Date of Birth	**03-Apr-2020**
Primary insured	**Anushya Karthickrajaa**
Valid upto	**31-Mar-2027**
Room Eligibility 1	**Twin Sharing AC Room for Employee/Spouse/Child**
Room Eligibility 2	**Twin Sharing AC Room for Parent/Parent-in-law**
Policy Holder	**Twin sharing AC room**

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Hospital
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

UHID ID: _____ GUC-00075914 IP18-00036238 _____

Baby KRISHAV AADVIK K

03-04-2020 6 Y 2 M 26 D (M)

Dr. PRAHLAD N

Department: _____ _____

Consultant: _____

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name: _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

History of present illness :

C/O Loose stools - 4 episodes/day ×10d
↓
non-bloody
watery in nature

Abd pain generalized ×10d
more over umbilical

NO C/V fever

4/3/2026 MCV - B/L Double moiety C complete
ureters duplication on eith
Grade IV reflux into (L) moiety
Grade II reflux in Upper POD ures

Patient Sticker

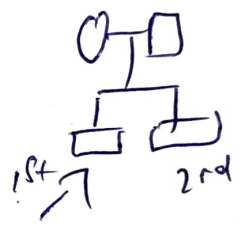
Past History : (Including details of any previous investigation or treatment)

Adenotonsillectomy : Feb 2025

Birth & Neonatal History:

LSCS | Term | 3.02kg | CIAB | No NICU Stay

Family Chart



Birth & Socio Economic History:

About Father : NAD

About Mother :

Any additional Information :

Developmental History : NAD

Immunization History : Uptodate IAP Schedule

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): 120cm (Centile 99th)

Weight (kgs) 29.5kg (Centile _____)

UL - 120/80 mmHg
LL - 102/86 mmHg

On Examination :

Temperature : 97°f Pulse Rate : 122/min B.P. _____ SPO2 98% on RA

Resp.rate and type of breathing : NAD

Rash (-)

Lymphadenopathy (-)

Oedema : (-)

Allergies (if any): (-)

(P.T.O.)

Patient Sticker

Respiratory System :

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

Air entry & breath sounds : VBS(+)

Any addes sounds : (-)

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

Cardiovascular System :

Inspection of procordium : (N)

Heart Sounds : S1S2(+)

Any murmur : (-)

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

Per Abdomen :

Inspection : (N)

Palpation : SOFT INT

Ausculation : BS(+)

Spine : (N) External Genitelia : (N)

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

Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert

Cranial Nerves :

Motor System :

Nutriton : (N)

Tone: (N) Power (N)

Co-ordinator :

Posture : (N)

Involuntary Movements :

Patient Sticker

Reflexes :

DTR (+)

Plantars _____ **Superficials:**

Sensory System :

Bladder / Bowel : (N)

Clinical Summary & Diagnostic: Dx: AGE / Hypertension

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:	50th	98	55
	90th	112	70
Desired goals of the treatment :	95th	116	74
	99th	123	82

Planned Labs:

CBC ✓
CRP ✓
RP-2
Urine RIE
PCR

Planned Management

Enteral/parenteral regimen
1-1-1

IV Pan 30mg IV Q24H

IV Emset 3mg Q8H

Strict I/O Chart
Adm

Signature of the Doctor: C.D

Name of the Doctor: C.D Epm

Date & Time: 29/6/22 @ 2:00AM

Signature of the Consultant: .....

Name of the Consultant: .....

Date & Time: .....

(P.T.O.)

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Baby KRISHAV AADVIK K
03-04-2020 6 Y 2 M 26 D (M)
Dr. PRAHLAD N

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/20		
3:30 AM	S/B Dr. DEEPAK	
	Adv: AGE	
	? Hypertension	
	Child reviewed	
	child has no fever spikes	
	no loose stools	
	O/E:	
	Child is Conscious, alert, afebrile	
	CVS: S1S2 @	BP: 126/84 mm Hg
	RS: VBS @	PR: 100/min
	P/A: Soft	SpO2: 98% in RA
	CNS: NFND	
		Dr
		TO monitor T/D chart
		TO Monitor BP every 2nd hrly
		TO DO urine PE & PCR
		TO continue oral chart
		C. Deepak
		10/4/15

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/24 9AM	S/B Dr. chandiraleka	
	Δ - AGE C some dehydration / Hypertension	
	child seen & examined sleeping c/o loose stools ✓ no fever, vomiting, Hydration - peripheries warm peripheral pulses felt CRT < 3sec	
	O/E afebrile CVS-S1S2 ✓ RS - B/L AE ✓ P/A - soft, non tender hepatosplenomegaly	BP - 116/74 mmHg PR - 108/min
	19/24	Adv - continue septran prophylaxis - intravenous paracetamol - monitor vitals

Docu. No. : BCH /FRM / CLINICAL

IP18-00036238

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DRUG CHART

Date of Admission: 28/6 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 : Syp. P 250mg				Date / Time	29/6
Dose	Route	Frequency	Start Date	4.30 PM	PBK
4.5ml	PO	SOS			
Doctor's Signature		Valid Period	Pharm.		
Additional Instructions: SOS if pain once in 6hrs					

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 ..... Signature .....

Patient Sticker

REGULAR PRESCRIPTIONS

Weight. 29·5 Ward. .....

Resply

DRUG : Enterogermina

Dose	Route	Frequency	Start Date
1	PO	1-1-1	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
29/6	6AM	4PM
10PM		

DRUG : Inj PAN

Dose	Route	Frequency	Start Date
30mg	IV	Q24H	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
29/6	2PM	
2AM		

DRUG : Inj GTESET

Dose	Route	Frequency	Start Date
3mg	IV	Q8H	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
29/6	6AM	2PM
10PM		

DRUG : SYRUP SEPTRAN

Dose	Route	Frequency	Start Date
6ML	PO	0-0-1	29/6

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	
29/6	8PM

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PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : ..... Date : .....

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

Start Time of Assessment: ..... Weight: .....

Allergic History: .....

Chief Complaints: .....
Loose stools - 4episodes
Abd pain 1x1d

Pediatric Assessment Triangle

A Appearance - TICLS ..... Alert

B Breathing
- ☐ ↑ WOB
- ☐ ↓ WOB
- ☑ Normal
- ☐ Gasping / Apnea

C Circulation
- ☑ Normal
- ☐ Abnormal
  - Pallor ☐
  - Cyanosis ☐
  - Mottling ☐
  - Bleeding ☐

Initial Physiological Status: ☑ Stable ☐ Unstable
- Life Threatening ☐
- Non Life Threatening ☐

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Significant Past History: .....

Medication History: .....

Relevant Investigations: .....

Primary Assessment

Airway
- ☑ Open
- ☐ Maintainable
- ☐ Not Maintainable

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Breathing

Rate: ..... SpO_2 on FiO_2 ..... 98% on RA

Rhythm: .....

Retractions: ☐ Suprasternal ☐ ICR ☐ SCR ☐ Sternal ☐ Supraclavicular ☐ Nasal Flaring

Respiratory Noises: ☐ Stridor ☐ Wheezing ☐ Grunting

Air Entry: BAE

Palpation Findings (If necessary) .....

Any urgent interventions needed: ☐ Yes ☑ No
If Yes .....

Circulation

HR: ..... CFT [Central ..... Peripheral .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

BP: ..... mmHg

Pulse Volume: [Central ..... Peripheral .....

If in Shock: [Compensated ..... Hypotensive .....

Muffled Heart Sound: ☐ Yes ☐ No

Engorged Neck Veins: ☐ Yes ☐ No

Murmurs: ☐ Yes ☐ No

Liver Span: .....

ECG: .....

Any Signs of Heart Failure: ☐ Yes ☐ No

Disability

GCS: ..... AVPU: .....

Pupils: [Responsive ☐ Non-Responsive ☐

Size [Right ..... Left .....

Active Seizures: ☐ Yes ☐ No Sugars: .....

Signs of Neurological compromise .....

.....

Any urgent interventions needed: Yes No

If Yes .....

Exposure

Temp.: .....

Any Rash: ☐ Yes ☐ No,

If yes describe the rash .....

Active bleed .....

Lacerations ☐ Abrasions ☐ bruises ☐

Describe: .....

Any urgent interventions needed: ☐ Yes ☐ No

If Yes .....

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: .....

.....

.....

.....

.....

.....

.....

Need for Oxygen: ☐ Yes ☐ No if yes Low Flow ☐ High Flow ☐ PPV ☐

Final Diagnosis with possible Differential Diagnosis (If necessary): .....

Assessment done by C. DEEPAK

Name of the Doctor: .....

Signature: .....

Date & Time: 29/6/22 01:45 AM

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor: .....

Signature: .....

Date & Time: .....