

Rainbow  
Childre  
Hospita

ANC-00015875 IP28-00004477  
Baby MAHISHAN SUTHARSAN (M)  
21-12-2024 1 Y 5 M 8 D  
Dr. KIRSHNA SAMEERA



**CHARGE TRACKING SHEET**

UHID :

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		29/5/26 at 9Am.	Pauab 072905.	
Activity Sheet updated by Pharmacy		10:20 Am	<u>PKR</u>	

# ACTIVITY RECORD FOR BILLING



Name: .....

UHID No: ..... IP No: **ANC-00015875** Consultant: ..... Dept: .....  
**IP28-00004477**

Date of Admission: ..... Tin **21-12-2024** **1 Y 5 M 7 D** (M) **Dr. KIRSHNA SAMEERA** Charge: ..... Time: .....

Room / Bed No: ..... Ward  Available bed type: .....



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	9:30 AM	ER	PICU	<i>[Signature]</i>
28/5/26	8 PM	PICU	MTN	<i>[Signature]</i>

## CROSS CONSULTATION VISIT

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

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/5/20	cbc, <del>cvp</del> , <del>blood cl's</del>	7248	
28/5/20	xby, <del>PBS</del>	7247	
28/5/20			





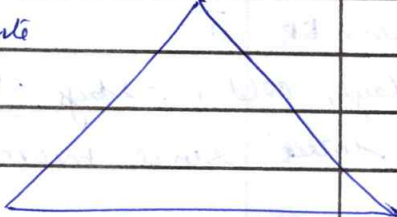


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	S/B Dr. Divya Sri	
9-45am		
	Urid received from ER	
	c/o fever - 3 days, cold, - 2 days	
	Respiratory distress since morning.	
	OF	
	Tentative	
	Temp 100.8 F	
	oral cavity - B/L tonsillar pustules ⊕	
	RS - Nasal congestion ⊕	
	RR - 33/min	
	mild ICD ⊕, supra sternal retraction ⊕	
	B/L OF ⊕, conducted sounds ⊕	
	SpO <sub>2</sub> - 99.1 PA	
	CUS - S/S <sub>2</sub> ⊕	
	PIA - 20/1.	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/12/24	S/B Dr. Kirshna Sameera	
3pm		
	Awake Active	RR - 24/min Nasal congestion ⊕ B/L ⊕ Conducted sounds ⊕ SpO <sub>2</sub> = 97% RA
		
	HR - 120/min CRT - 2 sec, CP/PP - +/+ S <sub>1</sub> S <sub>2</sub> ⊕, No murmur	
	Continue INT. CEFTRIAXONE, Syp Rised plus. Syp Paracetamol SOS. Nasal saline drops 2' 24H	
	Temperature charting.	
		DS 12/12/24



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 9pm	SIB D <sub>2</sub> Malini	
	c/o Noisy breathing	
	Nose block	
	Ear intake better	
	Urine output good	
	Last fever spike - 101 F @ 9pm	
	O/E Child sleeping	
	afebrile	
	RR - 32/min	CNS - soft
	SpO <sub>2</sub> - 98%	RS - BAE
		By conducted sounds
		PIA - soft
		CNS - NFI/D
	Continue the same	
	Added nasal saline drops	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/12/24 9:40 AM	SIBDH. Mittal	
	Child Fed Few spikes (+) - low grade, Sparely out of cold (+) Nasal congestion (+)	
	O/E: Dull / variable Afebrile PPOF	
	S/E: CVS: S2 (+) RS: B/LAS (+) B/L crackles sounds (+)	
	Plan: Discharge at request	
	K	

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 Dr. KIRSHNA SAMEERA



4. MAHISHAN SUTHARASAN



### RESULT SHEET

Date	28/5/26				
Time					
Hb	12.2				
PCV	36				
RBC	4.40				
WBC	25470				
N/L	31/58				
Platelets	243				
CRP	15				
ESR					
PCT					
RBS	77				
Na					
K					
Cl					
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					



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 21-12-2024 1 Y 5 M 7 D (M)  
 Dr. KIRSHNA SAMEERA



## MEDICATION RECONCILIATION FORM

Drug Allergies: ANL  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: PICU

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	<u>Sup. P120 (120mg/5ml)</u>	<u>5ml P/O</u>	<u>P/O</u>	<u>P/O<sup>SOS</sup></u>	<u>27/5</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	<u><del>Amoxicillin</del></u>		<u><del>P/O</del></u>			<input type="checkbox"/> C <input checked="" 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. Kirthungsten

Date & Time: 28/5/26 9A

Nurse Name & Signature: [Signature]

Date & Time: 28/5/26 9A



## MEDICATION RECONCILIATION FORM

Drug Allergies: NA  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: PICU Shifted to: MII

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	3% SALINE NEB	cpul	NEB	Q4H	28/5/26 6pm	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	RELENT PLUS	2cp	PO	Q12H	28/5/26 12pm	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	CEFTRIAZONE	450mg	IV	Q12H	28/5/26 10AM	<input checked="" 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. Ragh

Date & Time: 28/5/26 6pm

Nurse Name & Signature: [Signature]

Date & Time: 28/5/26 8 PM









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✓ FRM / CLINICAL / 125

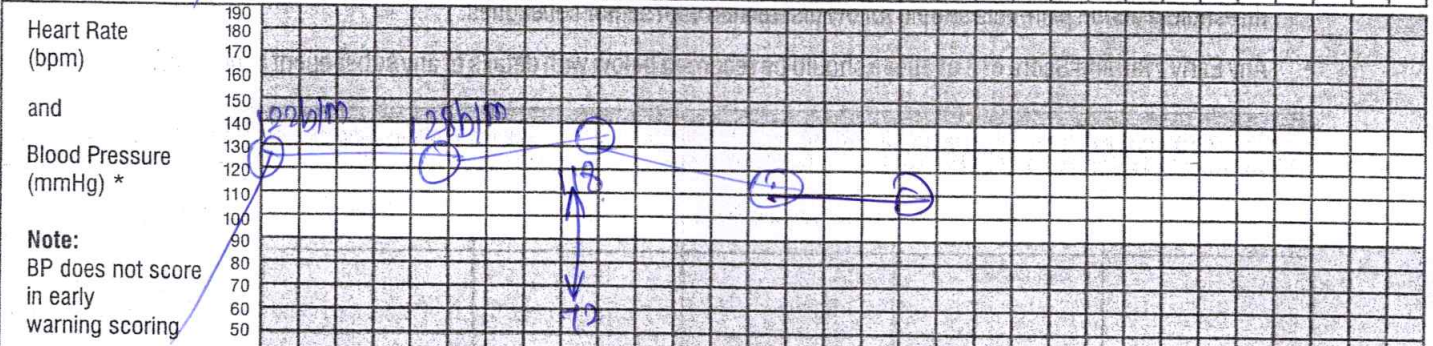
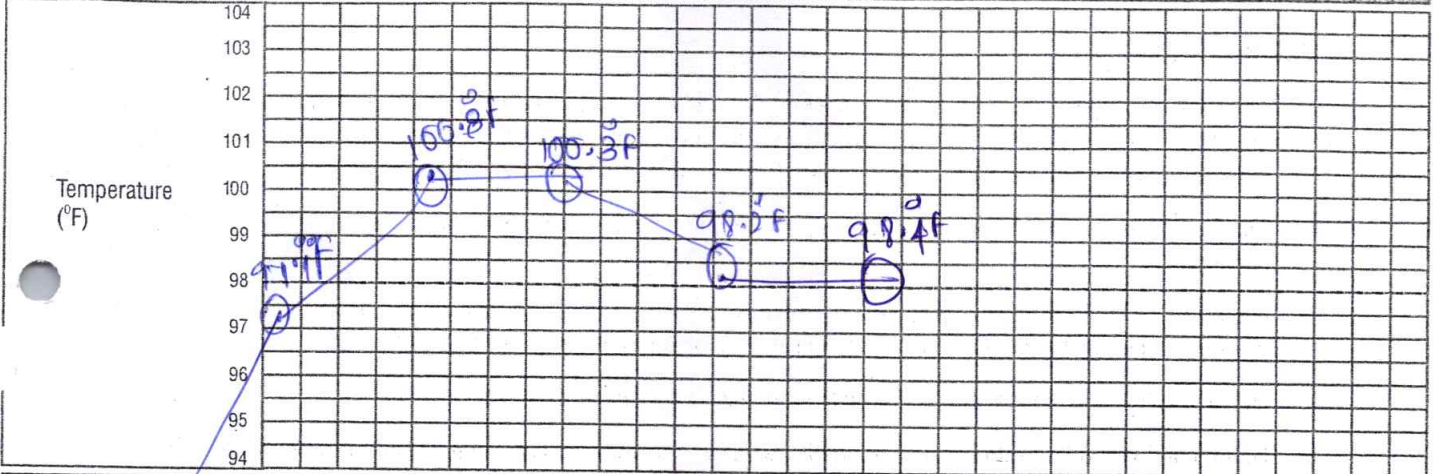
**PRESCHOOL (1-5 years)**  
 Children's Observation &  
 Early Warning Scoring Chart



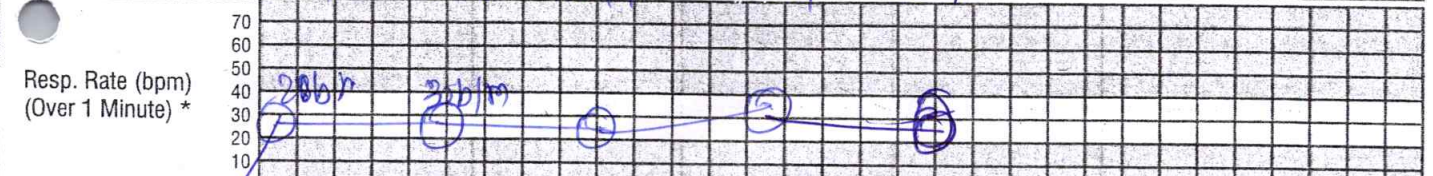
**EARLY WARNING SCORE: CHILDREN'S UNIT**

Date : 28/12/24 Time: 7pm 10:30pm 12Am 2Am 4Am

Doctor / Nurse / Family Concern? ✓ ✓ ✓ ✓ ✓



Heart Rate (Number) 122b/m 128b/m 134b/m 119b/m 110b/m



Resp Rate (Number) 28b/m 30b/m 32b/m 30b/m 30b/m

Resp Distress Mod/ Severe None / Mild ✓ ✓ ✓ ✓ ✓

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 99% 97% 96% 97% 98%

Conscious Level Normal / Altered ✓ ✓ ✓ ✓ ✓

GCS \* 15/15 15/15 15/15 15/15 15/15

**TOTAL SCORE** Number of shaded boxes 01 01 01 01 01

Pain Score 0/10 0/10 0/10 0/10 0/10

Observer's Initials DJ AS SA SS AS 01/10/24

**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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FRM / CLINICAL / 125

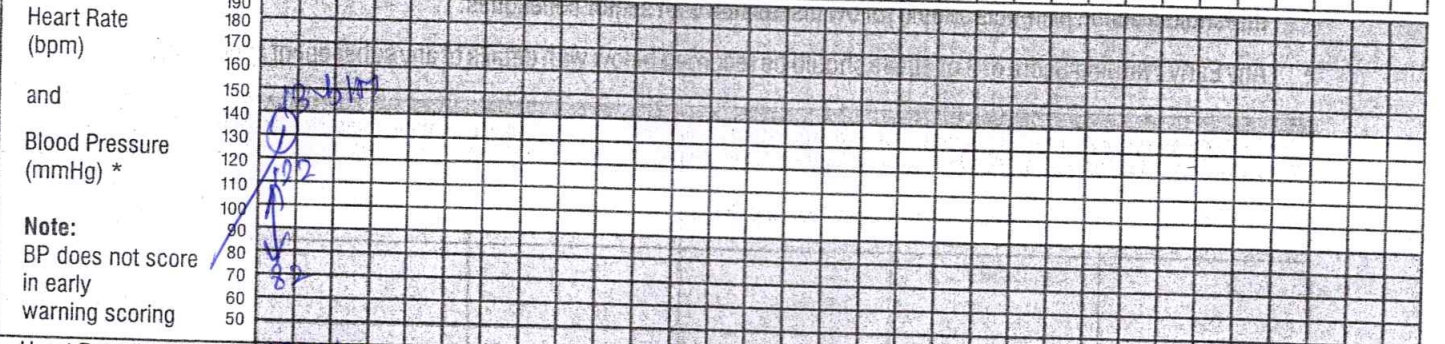
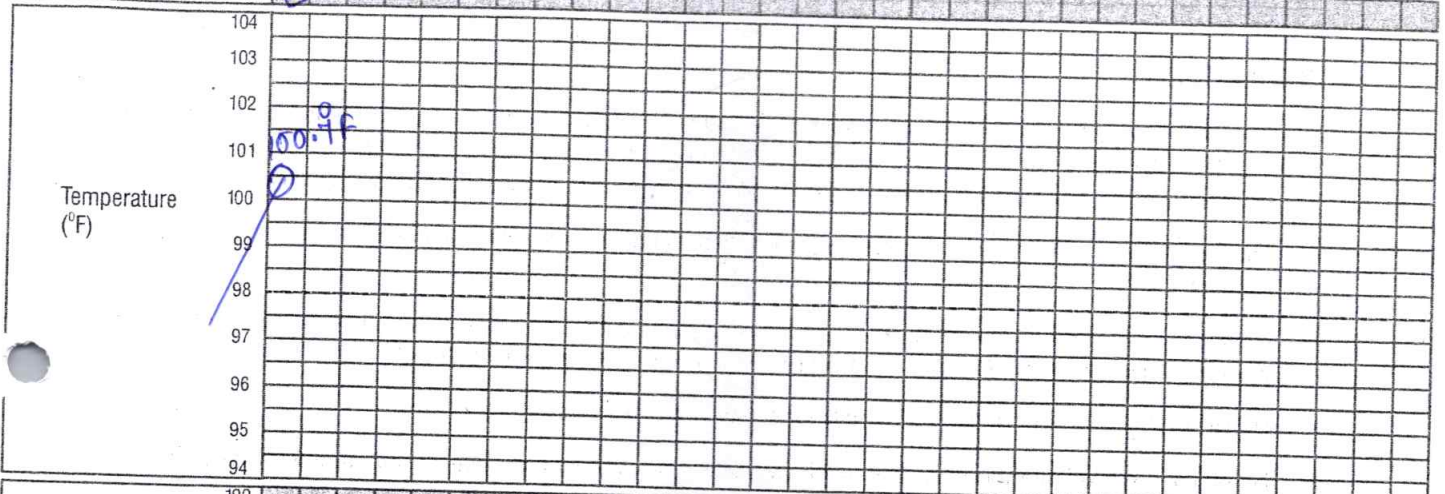
**PRESCHOOL (1-5 years)**  
 Children's Observation &  
 Early Warning Scoring Chart



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

Date : 29/12/24 Time: 7:20 AM

Doctor / Nurse / Family Concern?



Heart Rate (Number) 132 bpm



Resp Rate (Number) 30 bpm

Resp Distress Mod/ Severe None / Mild

Receiving O<sub>2</sub> (l/min) O<sub>2</sub> Saturations (%) 95%

Conscious Level Normal / Altered

GCS \* 15/15

**TOTAL SCORE**  
 Number of shaded boxes 01  
 Pain Score 5/10  
 Observer's Initials KS

- ACTIONS**
- 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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# 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												
<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	H <sub>2</sub> O	50ml							0	26		
<b>Total Intake :</b> 50ml						<b>Total Output :</b>						0	26
	08:00 pm	H <sub>2</sub> O	50ml							0	8		
	09:00 pm	H <sub>2</sub> O	50ml							0	8		
	10:00 pm	H <sub>2</sub> O	50ml						✓	6	01998		
	11:00 pm									0			
	12:00 am									0	8		
	01:00 am								✓	0	01998		
<b>Total Intake :</b> 100ml						<b>Total Output :</b> m=0 u=2 times						0	8
	02:00 am									0	8		
	03:00 am									0	01998		
	04:00 am									0			
	05:00 am									0			
	06:00 am									0	8		
	07:00 am	H <sub>2</sub> O	50ml						✓	0	8		
<b>Total Intake :</b> 50ml						<b>Total Output :</b> m=0 u=1 times						0	8
<b>Total 24 hrs. Intake</b>		200ml											
<b>Total 24 hrs. Output</b>		u=3 times m=0											

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# FLUID CHART

Sheet No. : 2

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
29/12/24													
	08:00 am												
	09:00 am	Two 50ml											
	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>						<b>Total 24 hrs. Output</b>							



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <i>WALC Pneumonia</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		Post OP Day:				
<b>BACKGROUND</b>	Date	<i>28/5/26</i>	<i>28/5/26</i>				
	Shift	<i>MAE</i>	<i>N</i>				
	Medical Condition (Any special condition to be noted):	<i>Pneumonia</i>	<i>Pneumonia</i>				
<b>ASSESSMENT</b>	Diet:	<i>(N)</i>	<i>(N)</i>				
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>MP</i>	<i>RA</i>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>99.2 F</i>	<i>100.7 F</i>			
		Res:	<i>24 bpm</i>	<i>22 bpm</i>			
		SpO <sub>2</sub> :	<i>98%</i>	<i>95%</i>			
		Pulse:	<i>136 bpm</i>	<i>132 bpm</i>			
		BP:	<i>98/51</i>	<i>122/82</i>			
		LOC:	<i>AVR</i>	<i>Alext</i>			
Fall Risk Score:		<i>14</i>	<i>14</i>				
Pain Score:	<i>0/10</i>	<i>0/10</i>					
Skin Integrity	<i>Intact</i>	<i>Intact</i>					
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>				
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>-</i>	<i>-</i>				
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>ADL Dependent</i>	<i>ADL Dependent</i>				
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

Patient Sticker



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

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 21-12-2024 1 Y 6 M 7 D (M)  
 Dr. KIRSHNA SAMEERA



# NURSING CARE RECORD



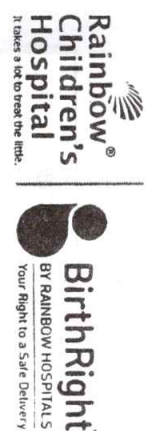
Date: 28/5/22

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation
  - Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	Assessed the general condition of the patient → maintain airway & oxygenation.	8:30 pm	Assessed the general condition of the patient → maintain airway & oxygen level.	child vitals are in stable	Re-assessment was done	Prj 618670
Afternoon	Assessed the general condition of the patient → maintain airway and oxygen level.	9:30 pm	Assessed the general condition of the patient → maintain airway & oxygen	child vitals are in stable	Re-assessment was done	Prj 618670
Night						

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 D. KIRSHNA SAMEERA

**NURSING CARE RECORD**



Date: 29/5/26

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am → To administer medication as per Advice	2Pm	→ Administered medication as Advised	Baby is happy and sleeping at 8Am	Baby is Alert	Pooja over
Afternoon						
Night						



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies ..... N/A

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)		
DATE	TIME	
		<del>Evening Duty on</del>
		<del>Relieving duty on 18/12/24</del>
	9:30 AM	Child received from ER with RA to tertiary center, fully present. SPM monitoring. In line present in RT meta can put vsm rate & line core present. R/F D/S started 2cm from child on @ dist. plan to monitor 1 PM 01820
	10 AM	Em. xom use my @ 0.5yr. p. 25 & 3 yr given on PR during chart mdr. vch. 3 V. RAC given on PR during chart mdr. PM 01820
	12 PM	5yr. R. dist plus 2nd given on PR during chart mdr. Grad assessment suction dem. Thick secretions present. PM 01820
	1 PM	@ rate vch 2/vm on PR during vsm monitored the vch & recorded & vch are stable → PM 01820
		mdr. 3 x mdr given on PR during chart mdr. → PM 01820
	4 PM	check the vch & recorded & pump. 100% & 5yr. p. 25 - 3rd given on PR during chart mdr. → PM 01820
	6 PM	Child is shifted to MHA & hand over given to ward staff. → PM 01820

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

NP/

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<b>28/5/26 - Reviewing notes</b>
	6pm	child is having breast taken from Pica conscious and oriented, IV line kept in position, vital monitoring and recording, Neb. 3-1. All P/N given as per drug chart.
	7pm	Intake and output monitoring
	8pm	Handover over given to night duty staff.
		<b>28/5/26 Night Duty Notes</b>
	8pm	child hand over taken from evening duty staff child active alert awake child stable IV line present and patent child had soft stool no vomiting
	10pm	Nasoclear 2 drops each nose given 3% NaCl Nebulization P/N given temperature 100.3°F syp - 150mg 3ml syp Relent plus 2ml P/O given
29/5/26	12AM	vitals stable no fever spike child passed urine not collect urine Routine sample child is slept

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

KS  
over



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/12/24	2AM	Nasoclear 2 drops each nose given
		Neb 3% Nacl P/N nebulization given
	4AM	vitals checked and recorded
	6AM	Nasal suction given 3% Nacl nebulization
		P/N Nasoclear Nasal drops 2 each nose given
	7:20AM	vitals checked T → 100% if syp - 250mg
		3ml given child
	8AM	WHD hand over to next duty staff
		<u>MORNING SHIFT (29/12/24)</u>
29/12/24	8AM	Patient Hand over taken from Night Duty staff
		Baby is stable and active NO further complaints
29/12/24	9:30AM	Patient file send to Binny as per doctor Adviana patient request

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

