ANC-00016060 IP28-00004517
Baby TANVI S
02-11-2024 1 Y 7 M 3 D (F)
Dr. KRITHIKA P

DISCHARGE TRACKING SHEET

R: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	5/6/26 @ 10:05 am		[signature] 01781	
Activity Sheet updated by Pharmacy	5/6/26 at 10:10 am	5/6/26 at 10:17 am	Priya	

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ACTIVITY RECORD FOR BILLING

ANC-00016060
Baby TANVI S
02-11-2024
Dr. KRITHIKA P
IP28-00004517
1 Y 7 M 2 D (F)

Cash: ☐ Credit: ☐

Name:........ .... Age:.............. Gender:..........................

UHID No.:.......... Consultant:.................................. Dept.:..................................

Date of Admission:........................ Time:.................. Date of Discharge:.................. Time:..................

Room / Bed No:........................ Ward:................ Room Bed No.:........................ Ward:..................

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	8:15 Pm	BR	Ward	[signature]

Upated on								

DOCTORS VISITS

	Consultants	Date		Date		Date		Date		Date		Date		Date		Date		Date	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1																			
2																			
3																			
4																			
5																			
6																			

SURGERY / PROCEDURE CHART

Surgery / Procedure Details:		Surgery / Procedure Details:	
Date:	Duration:	Date:	Duration:
Start Time:	End Time:	Start Time:	End Time:
a. Surgeon:		a. Surgeon:	
b. Assistant:		b. Assistant:	
c. Anaestheist		c. Anaestheist	
Instruments		Instruments	
OT Equipment		OT Equipment	
Any Other Information		Any Other Information	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature

INVESTIGATIONS / PROCEDURES

Date	Time	Investigations	Sign	Date	Time	Procedures	Sign
4/6/26	7.50p	CBC, RFT, LFT, (7542)	[signature]	4/6/26	7.50p	PV plant (14860)	[signature]

PHOTOTHERAPY / OTHER SERVICES

Date	Connecting Time	Disconnecting Time	Total Consumption	Remarks	Signature

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

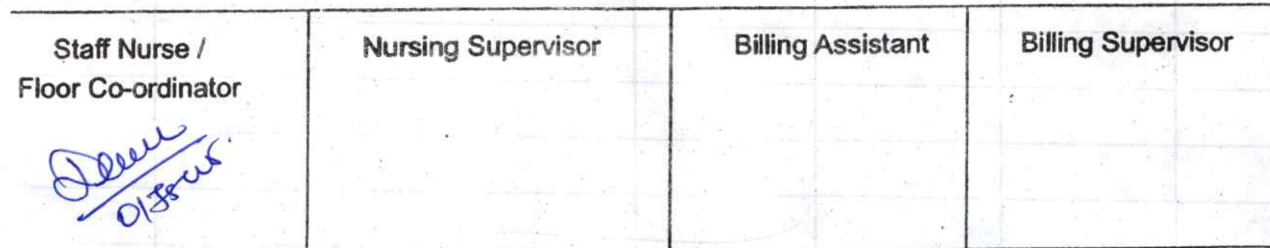
Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date										
Units										
Remarks										

ANY OTHER INFORMATION

Date : 5/6/26 Time : 10am Prepared By :



Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9:30pm	S/B Dr Sugima	
	A - Ant powder poisoning.	
	Child stable.	
	O/E Alert, active	
	Chest - NBAR ⊕	
	Vitals stable. CVS - S1 S2 ⊕	
	PA - soft, NT.	
	Took Breast feeding	
		Adv
		- w/f seizure.
	16/1455.	
5/6/26 9 AM	S/B Dr. Aneesh	
	ACCIDENTAL INGESTION OF ANT REPELLANT POWDER	
	- No vomiting, drowsiness, seizure	
	- No fresh complaints	
	Child alert active	
	Hydration fair	HR - 108/m
	Pulses well felt	RR - 30/m.
	CRT<3sec.	
	S/E - CVS, RS, CNS, P/A - NAD	
		Aneesh 168765

Docu. No. : RCH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

ANC-00016060 IP28-00004517
Baby TANVI S
02-11-2024 1 Y 7 M 2 D (F)
Dr. KRITHIKA P

RESULT SHEET

Date	4/6/26					
Time						
Hb	10.1 g					
PCV	30.					
RBC	4.76					
WBC	12.28					
N/L	19/72.					
Platelets	5.02					
CRP						
ESR						
PCT						
RBS	97.					
Na	136.					
K	4.9.					
Cl	106					
Ca/Mg iCa.	1.36					
Phosphate						
Urea	13.					
Creatinine	0.2.					
ALP	247.					
SGPT	36.					
SGOT	34					
T.Bill/Conj	0.3/0.					
T.Protein	7.1					
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						

Docu. No. : RCH /FRM / CLINICAL / 0138 (P.T.O)

Bicarb – 28.

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 : ....

....

....

....

Radiology :

USG : ....

X-Ray : ....

ECHO : ....

CT : ....

MRI ....

Others (ECG, Contrast Studies etc.,) : ....

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DRUG CHART

Date of Admission: 04/6/26. Drug Allergies: Nil. ☐ 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 / 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 : Inj EMESET				Date / Time	4/6
Dose	Route	Frequency	Start Date		
1.5mg	IV	SOS	4/6/26		
Doctor's Signature	Valid Period	Pharm.			
[signature]	24 hrs				
Additional Instructions:					[signature]

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 ....

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Baby TANVI S
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Dr. KRITHIKA P

REGULAR PRESCRIPTIONS

Weight. 10.7 Kg Ward. M01

DRUG : Inj PANTOPRAZOLE				Date / Time	4/6	5/6/26
Dose	Route	Frequency	Start Date			
10 mg	IV	OD	4/6/26	8P		8AM
Name & Signature of the Doctor Starting the Drugs: Dr Sargini						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date / Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

ANC-00016060 IP28-00004517
Baby TANVI S
02-11-2024 1 Y 7 M 2 D (F)
Dr. KRITHIKA P

Weight. 10.7 Kg Ward. M01

VARIABLE DOSE	Date ► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE	Date ► Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses

VERIFIED BY : Name .... Signature ....

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Baby TANVI S
02-11-2024 1 Y 7 M 2 D (F)
Dr. KRITHIKA P

I.V. FLUIDS CHART

Weight. 10.7 kg Ward. MO1

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

VERIFIED BY : Name .... Signature ....

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Doc. No. : RCH/ FRM / CLINICAL / 125

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

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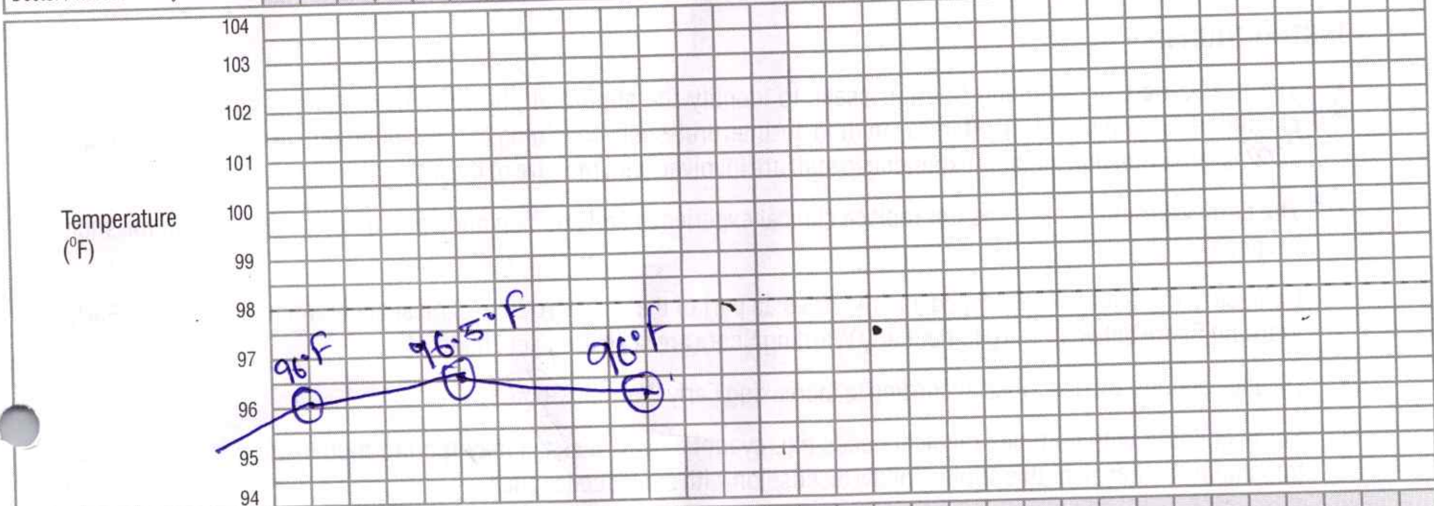
EARLY WARNING SCORE: CHILDREN'S UNIT

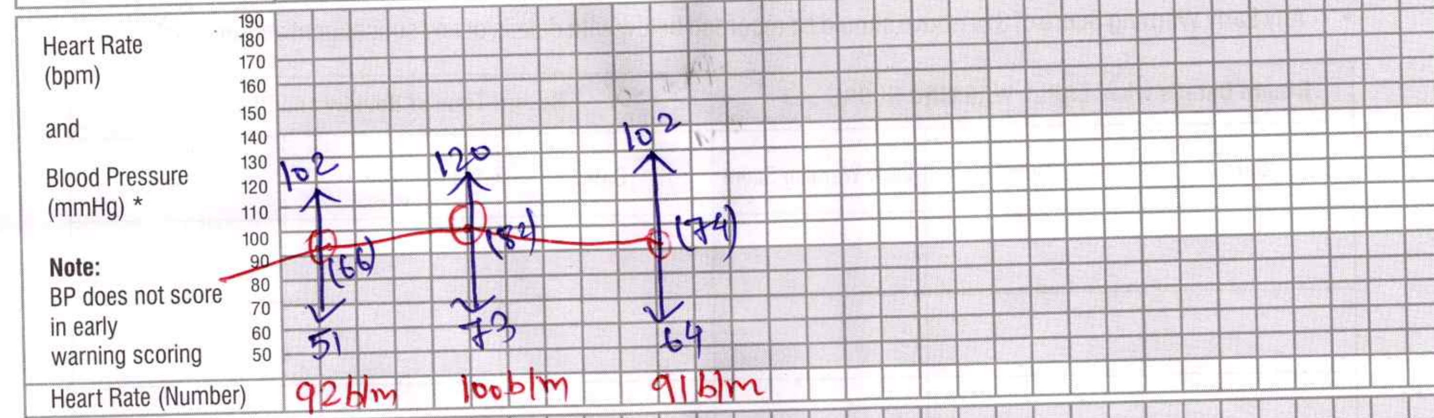
Date : 4/6/26 Time:	8:25 Pm	12 Am	4 Am
Doctor / Nurse / Family Concern?	✓	✓	✓

Temperature (°F)



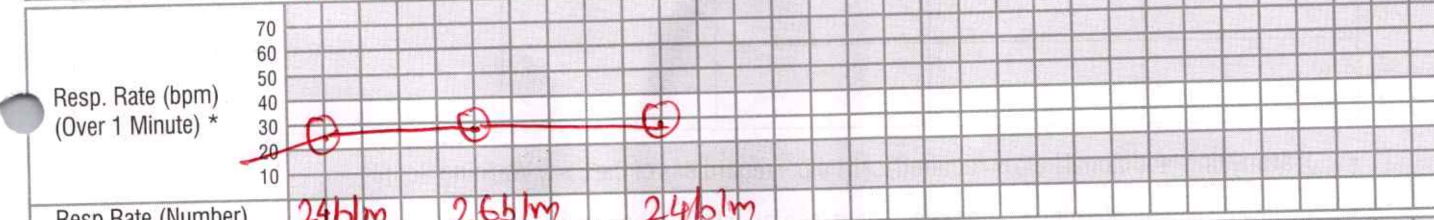
Heart Rate (bpm) and Blood Pressure (mmHg) *

Note: BP does not score in early warning scoring



Heart Rate (Number)	92 b/m	100 b/m	91 b/m

Resp. Rate (bpm) (Over 1 Minute) *



		8:25 Pm	12 Am	4 Am
Resp Rate (Number)		24 b/m	26 b/m	24 b/m
Resp Distress	Mod/ Severe			
	None / Mild	✓	✓	✓
Receiving O_2 (l/min)				
O_2 Saturations (%)		99%	97%	98%
Conscious Level	Normal	✓	✓	✓
	Altered			
GCS *		15/15	15/15	15/15
TOTAL SCORE Number of shaded boxes		01	01	01
Pain Score		0/10	0/10	0/10
Observer's Initials		[signature]	[signature]	[signature]

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.

Patient Sticker

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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.

I	**IDENTITY:** I am (name), a nurse on ward (X). I am calling about (child X)
S	**SITUATION :** 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	**BACK GROUND :** 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)
A	**ASSESSMENT :** 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.
R	**RECOMMENDATION :** 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)

ANC-00016060 IP28-00004517
Baby TANVI S
02-11-2024 1 Y 7 M 2 D (F)
Dr. KRITHIKA P

Doc. No. : RCH/ FRM / CLINICAL / 125

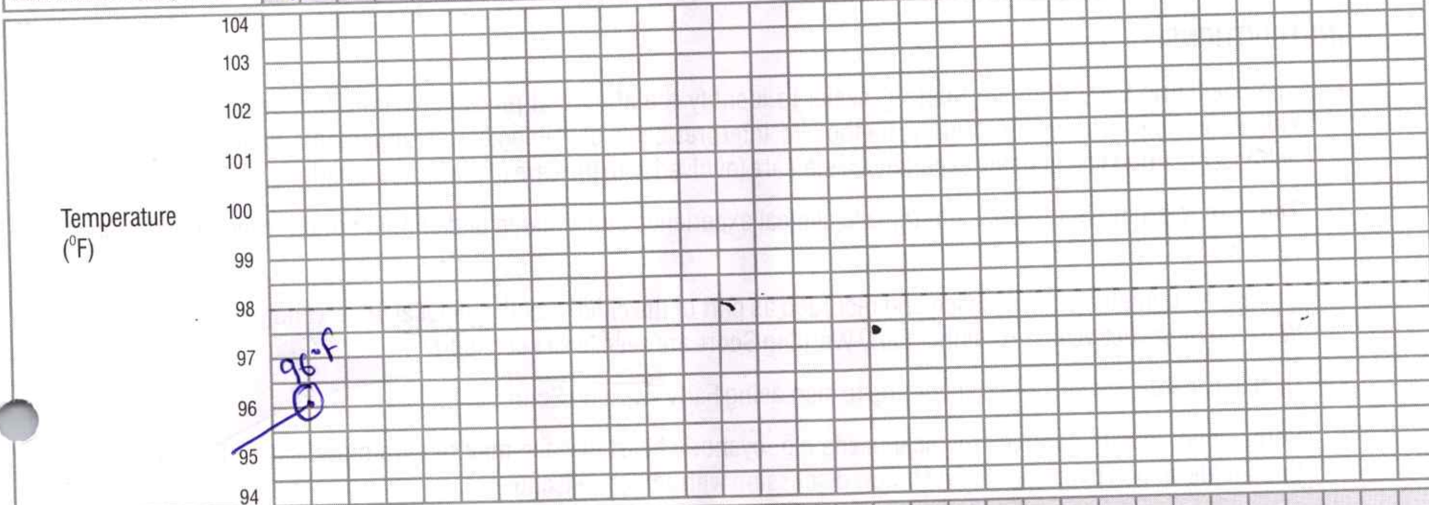
PRESCHOOL (1-5 years)

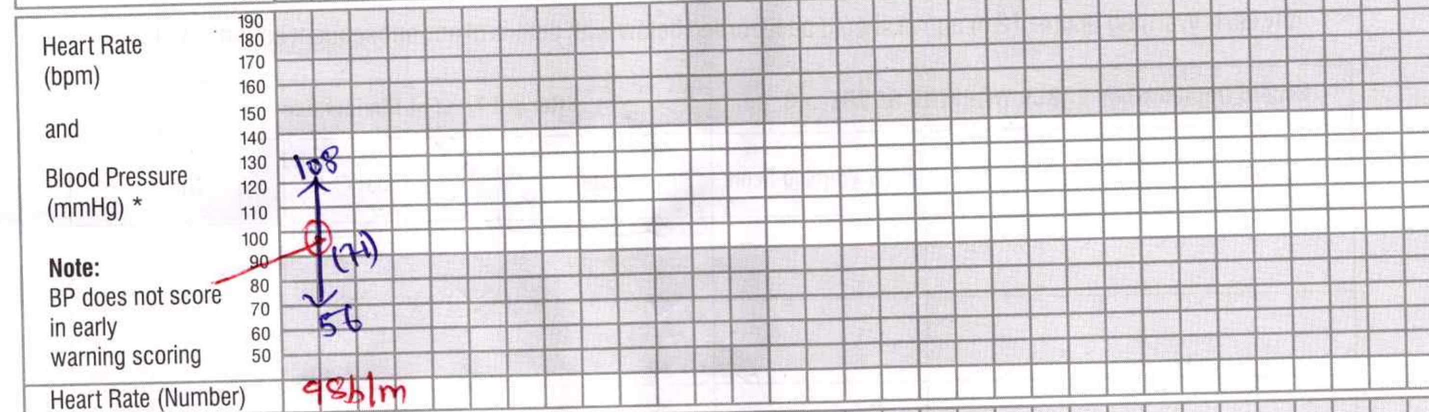
Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

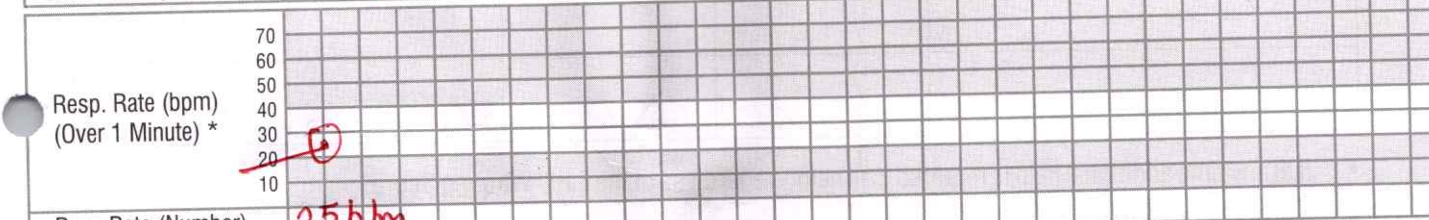
Date : 5/6/26 Time: 7:30 PM

Doctor / Nurse / Family Concern? ✓





Heart Rate (Number) 98b/m



Resp Rate (Number) 25b/m

Resp Distress	Mod/ Severe	
	None / Mild	✓
Receiving O_2 (l/min)		
O_2 Saturations (%)		98%
Conscious Level	Normal	✓
	Altered	
GCS *		15/15
TOTAL SCORE Number of shaded boxes		01
Pain Score		0/10
Observer's Initials		[illegible]

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.
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Patient Sticker

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- Detailed actions are described according to increasing Early Warning Score.
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- 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!
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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.

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B	**BACK GROUND :** 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)
A	**ASSESSMENT :** 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.
R	**RECOMMENDATION :** 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)

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FLUID CHART

Sheet No. : ① 04/6/26.

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											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm	:- Patient Received from ER :-										
	09:00 pm	H2O	50ml								0	[illegible]
	10:00 pm									✓	0	
	11:00 pm	H2O	50ml								0	
	12:00 am									✓	0	[illegible]
	01:00 am	H2O	50ml								0	
Total Intake : 150ml						M- 0		Total Output : U- 2				
	02:00 am	H2O	50ml							✓	0	[illegible]
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	[illegible]
	07:00 am										0	
Total Intake : 50 ml						M- 0		Total Output : U- 1				

Total 24 hrs. Intake	200 ml.	Total 24 hrs. Output	U- 3 times passed.

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☑ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Receiving Notes (4/6/26)
4/6/26	8:15Pm	Patient Received from ER with c/o Accidental ingesion of Ant Powder, After ingesion No further complaints present, No vomiting complaints. No seizure Activity Present → RF 050905
4/6/26	8:25Pm	Patient initial Assessment done No other complaints, Patient is in Normal diet, vitals are stable and ~~All~~ Normal → RF 050905
4/6/26	9:30Pm	DR. Sufima maam came and she saw the child she said to continue same → RF 050905
5/6/26	12Am	Patient vital signs checked and Documented in file, vitals are stable and Normal, Baby is crying so BP came little higher → RF 050905
5/6/26	2Am	Baby is stable and Active, well oriented on comands, No further complaints present → RF 050905
5/6/26	4Am	Patient vital signs checked and Documented in file, vitals are stable and Normal Now Baby is sleeping → RF 050905

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
5/6/26	6 Am	inj. Pantroprazole 10mg Given to Patient As per drug chart order → [signature]
5/6/26	7Am	Baby I/O collected and Documented in file → [signature]
5/6/26	8Am	Patient Hand over Given to Morning Duty Staff → [signature]
		MORNING DUTY NOTES.
5/6/26	8:30 Am	Baby details hand over taken from night duty staff. [signature]
		> on Assessment, baby looks active, alert and oriented. [signature]
	10am	> S/B Dr. Sameera mam ordered to discharge the baby today. No need of MLC / confirmed by Dr. Sameera mam
		> pharmacy returns done. [signature]
		> Billing process initiated [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Docu. No. : RCH /FRM / CLINICAL / 089