

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Infant: _____ Dept : _____

Date of Admission: _____ of Discharge : 29/5/26 Time: 10AM

BAH-00397366 IP5-00174411
Baby NAVYASREE
03-09-2011 14 Y 8 M 25 D (F)
Dr. Prashant Bachina



Room / Bed No : 102 Ward : SPT Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	12:45 AM	ER	102	R

Cross Consultation Visit

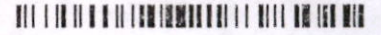
	Doctors Name	Date	Order No.	Signature
1	Dr. Satya Prasad	28/5/26	96324M	Priyanka
2	Dr. Naveen	28/5/26		
3				
4	Dr. Satya Prasad	29/5/26		Praveen
5				
6				
7				
8				
9				
10				



Rainbow Children's Hospital - Banjara Hills

8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad ,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174411 Admit Date : 28-May-2026 Admit Time : 01:06 AM UHID : BAH-00397366

Patient Details :

Patient Name : Baby NAVYASREE Age : 14 Y 8 M 25 D
Guardian : Mrs PRONEETHA DOB : 03-09-2011
Gender : Female Religion : Hindu
Occupation : Martial Status : Single
Address (H) : PLOT NO 259,, MANGA PURAM COLONY, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010 Phone No : 7032789690/ 8125227733
E-mail : proneethap@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 102 Ward Name : 1F-VIBGYOR
Room No : SPVT 102 Admission Type : First Visit

Contact Details :

Name : Mrs PRONEETHA Relationship : MOTHER
Contact Address : PLOT NO 259,, MANGA PURAM COLONY, Old Alwal Bolaram Bazar Hyderabad Telangana INDIA 500010 Phone No : / 7032789690

P.P
Signature

Doctor Details :

Doctor Name : Dr. Prashant Bachina Specialisation : PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor : Self Phone No :
Co-Consultant : Dr. M N V POU SHYA SAI

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prashant Bachina

Date : 28/5/20

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

Start Time of Assessment: Weight: 44.5kg

Allergic History:

Chief Complaints:
He flv/clo.
- Orthotopic liver transp.
No co
c HO - fever x 2d
pain abdomen x 2d
vomiting x 2d

Pediatric Assessment Triangle

A Appearance - TICLS (N)

B Breathing

C Circulation

Normal
 Abnormal

Pallor
 Cyanosis
 Mottling
 Bleeding

↑ WOB
 ↓ WOB
 Normal
 Gasping / Apnea

Initial Physiological Status: Stable Unstable
 Life Threatening
 Non Life Threatening

Any urgent interventions needed: Yes No
If Yes

Significant Past History: x/clo - MPA

Medication History: On-Tac/MMP/omnigly

Relevant Investigations:

Primary Assessment

Airway

Open
 Maintainable
 Not Maintainable

Breathing

Rate: 25/min SpO₂ on FiO₂ 86% IPR

Rhythm:

Retractions: Suprasternal ICR SCR
 Sternal Supraclavicular Nasal Flaring

Respiratory Noises: Stridor Wheezing Grunting

Air Entry: B/L AE (+)

Palpation Findings (if necessary)

Any urgent interventions needed: Yes No
If Yes start low flow



Circulation

HR: 123/min

CFT Central <354 Peripheral

Any urgent interventions needed: Yes No

BP: 120/87 mmHg

Pulse Volume: Central good 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

If Yes

NPO
IV fluids



Disability

GCS: 15/15 AVPU:

Pupils: Responsive Non-Responsive
Size Right Left

Active Seizures: Yes No Sugars: 145mg/dl

Signs of Neurological compromise

Any urgent interventions needed: Yes No

If Yes

Exposure



Temp.: 100.4 F

Any Rash: Yes No

If yes describe the rash

Active bleed

Lacerations Abrasions bruises

Describe:

Any urgent interventions needed: Yes No

If Yes

H PCM

- 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:

- P/A - diaphragm
Chest - JBL - U - axis entry

Labs Planned:

Chest XRay
Abdomen XRay
USG - abdomen
CBP / PCT / LFT /
amylase lipase /
Blood cts / CUE

Treatment Planned:

Low flow O2
NPO
IV fluids
IV PIPAZ
NPO
Penicillin
28/5/26

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

Final Diagnosis with possible Differential Diagnosis (if necessary): Acute Febrile illness

Assessment done by Name of the Doctor: Pauni V

Signature: Pauni V

Date & Time: 28/5/26

Sr. Doctor on Duty (If necessary)

Name of the Sr. Doctor:

Signature:

Date & Time:



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00397366 IP5-00174411
Baby NAVYASREE
03-09-2011 14 Y 8 M 25 D (F)
Dr. Prashant Bachina



Patient Name: Navyasree

UHID ID: _____

Department: _____

Consultant: _____



Pediatric Multiorgan History & Physical Examination

Name : Navya sree Age/Sex 14y
Information given by: mother Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

fever x 2 days
pain abdomen
vomiting / x severe evening

History of present illness :

child is a

✗ Plu/clo - Post orthotopic liver
transplant

̄ membranoproliferative glomerulo
nephritis
- on MMP / tac / amoxicillin

now ̄ clo

fever x 2 days
- low grade / every 8 hrs
- ̄ antipyretics

pain abdomen x evening
irradiates to
diffuse

associated ̄ vomiting
- 2 episodes / nonbilious /
non projectile



Pediatric History & Physical Examination

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

S/P - Oculotopic chias Traneplant

for EHLBA - @ 3 yrs

S/P - Splenectomy / peritoneal
shunt

S/P - Kidney biopsy - on 12/5/06

↳ Showed Ig A - MPGN

Birth & Neonatal History:

Term / NVD / 2.5kg /

NICU - stay

- Biliary atresia



Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

upper

Developmental History :

as per age.

Immunization History :

as per age



Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) _____ (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) 44.8 kg (Centile _____)

On Examination :

Temperature : 100.4° F Pulse Rate : 120/min B.P. 129/90 C. SPO2 96% CPA
Resp. rate and type of breathing : 24/min 86% CPA
Rash (-) ↓
Lymphadenopathy (-) 96% O2 @ 2
Oedema : (-)
Allergies (if any) : _____

Respiratory System :

Inspection (any s/o distress) : _____
Air entry & breath sounds : _____
Any added sounds : clear.
Relevant data from outside (Chest X-Ray, ABG, etc.), ↓ air entry B/L lower zone

Cardiovascular System :

Inspection of precordium : _____
Heart Sounds : _____
Any murmur : S1 S2 (+)
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.): _____

Per Abdomen :

clitened, tenderneess (+)
External genitalia : _____

BAH-00397366 IP5-00174411
Baby NAVYASREE
03-09-2011 14 Y 8 M 25 D (F)
Dr. Prashant Bachina



Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : _____

Motor System:

Nutriton : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

Reflexes :

DTR

Superficials:

Plantars _____ (N)

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

Case of:- Post Outhitope, liver transplanted
& membranoproliferative glomerulonephritis
NOW & AFI.

BAH-00397366 IP5-00174411
 Baby NAVYASREE 14 Y 8 M 25 D (F)
 03-09-2011
 Dr. Prashant Bachina

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Prevent cl

Desired goals of the treatment: 1- Stability

Planned Labs:

CBP / PCT /
 Blood C/S
 LFT / CUE
 Amylase / Lipase
 X-ray - Abdomen / chest
 USA - abdomen - tm.

Planned Management

NPO
 IV Fluids
 IV Piptag
 20ml IV Ondans
 IV Pantop
 → monitor BP
 → Inform SOS
 if SpO₂ < 94%
 Start low flow O₂

DR. PRASHANT BACHINA
 Registration No: 11816

NB
 Renuka
 28/5/20

Signature of the Doctor: Pawani
 Name of the Doctor: Pawani V
 Date & Time: 28/5/20

Signature of the Consultant: [Signature]
 Name of the Consultant: Dr. Prashant
 Date & Time: 28/5/20, 11 AM

BAH-00397366 IP5-00174411
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/20 4 AM	<p>CLB - Recipient</p>	
		<p>Plan</p>
	<p>Chest X-ray → B/L - LI - opacities</p>	
	<p>Pleural effusion - B/L →</p>	<p>continue low flow O₂</p>
	<p>Abdomen - X-ray - fecal loading</p>	
	<p>SpO₂ - 92% CRD.</p>	<p>→ IV: piperacillin</p>
	<p>- 100% CO₂</p>	<p>→ NPO</p>
	<p>W/fin</p>	<p>- IV fluids</p>
	<p>Chest - ↓ air entry</p>	
	<p>B/L - lower zone</p>	<p>→ HOLD. Tac / MMA / Smacoids</p>
		<p>fill rounds</p>
	<p>lipase + 757</p>	
	<p>⊕ NO signs of RD</p>	<p>- RD w/f - signs of RD</p>
	<p>hemodynamically stable</p>	

BAH-00397366
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 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/20 11 AM	S/B Dr. Prashant B	Plan:
	C/O LRTI	1) Continue low flow oxygen
	} Past H/O: S/P OLT } Case of MPGN	2) Watch for tachypnea, increased work of breathing.
	O/E Alert	3) USG abdomen and chest (Dr. Nitin)
	Chest: Reduced air entry B/L lower zones	4) Review about increasing mmf dose and reducing steroid after discussing with Dr. Satya Prasad.
	Abdomen: Tenderness is @ lumbar region	5) anemia after USG abdomen. Increase amount dose and add colox
	SpO2: 92-93% on room air	6) Pulmonology consultation.
	BP: 112/80 mmHg	
	RR: 26/min	
	Dr. Hema	Dr. Hema
	DR. PRASHANT BACHINA Registration No: 11818	

BAH-00397366 IP5-00174411
 Baby NAVYASREE
 03-01-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina

Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 3:30 PM	USIB has no team	
	No fever No Vom	Plan
	No Abd pain complaint. feels tetraergic.	1). stop low flow O ₂ if RR > 28/min SpO ₂ < 96% } → Inform & restart low flow.
	USA done → B/L Pleural effusions R > L. 100-140 120-130 collapse of LL. no septa. mod. ascites	2). 10% Albumin 100ml now over 4 hours & recheck 3) 2/0 cholesty Daily wt check
	Stomach collapsed Dyspepsia w/rel tenderness 16mm gaslets.	4). Enema now. 5) RB PILAPOLINR } 4m 6AM 6) Add Sucral. Add Pantac make Pan BD.
	no Anemia ① Give Albumin ② To give stress dose hydrocortad 4mg methylpred 4mg OD ± mmf 360mg BD.	7) check vitals & inform.
	reflex o/E HR 96/min BP - to an early B/L LL-pneum SpO ₂ - 100% on RA RR - 28/min	reflex Stenosis noted by Swamee

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/20 9 AM	C/E/B - GastroTeam.	
	No fever - 36.6	Plan
	No vomiting	
	No pain abdomen	ix Deuce a per chart
	No Diarrhea	
	o/c - Hemodynamically stable	ix by vitals / stat- 10m
	Chest - clear, LAE B/L	
	P/A - soft lower	ix Monitor vitals
	No tenderness zone.	& IRD.
		ix Stop IV fluids
		ix R/v about
		Tac & mmf
		ix R/v.
		Nephro-consultation.
		regarding De-King
		oral steroids & mmf

DR. PRASHANT BACHINA
 Registration No: 11916



CROSS CONSULTATION FORM

Doctor Name : Dr. Satya Prasad V.V.S Date : 28/5/26 Time : 10 AM

Diagnosis : Flu/CO - Oculotropic Virus Tx

Hospital : RCH, BH

Referred for : Opinion Co-Management Transfer of care

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

- AP Membran
Proliferative Oculotropic Virus
Nephritis
Signature: _____

Findings and Recommendations :

Flu/CO - Oculotropic Virus tx
- MPCN
- on Tac / MMA / Omnacortil

- NO W E LRTI
- requires O₂ support

Plan

- Stop Omnacortil
- Start stress dose Hydrocortisone (50mg TID) 2mg/kg TID
- IV - 1 unit x BD - 30mg 40mg OD
- Repeat R₂ - T/m
- RW - sending CMV / EBV - PCR

DR. PRASHANT PRASAD
Registration No: 43599

Consultant :

Name : _____ Signature : _____ Date & Time : _____

00397366 IP5-00174411
 NAVYASREE
 2011 14 Y 8 M 25 D (F)
 Prashant Bachina



CONSULTATION FORM

Doctor Name : Dr. Navyasree Noween Date : 28/5/2026 Time : 3 pm

Diagnosis :

Hospital : RCH Bangalore

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____

Findings and Recommendations :

K/C/O ~~last~~ S/P OLT → 1 year history
 absence of
 ↓ - Splenectomy
 NS → kidney biopsy
 Ig A dominant
 MPGN. of GN.

(from 25th)
 - On ~~high dose~~ Steroids
 60mg/kg/day
 - On Tac
 - On MMF.

Background
 family history
 hyperlipidemia
 → HRAD

Now fever - 2 day (100.3°F / 100.9°F)
 Feels fullness in abdomen

O/E ⇒ Bil mid-mod PE
 R>L.
 with underlying collapsed LL

12.3 / 27000 / 2.5L
 N₇₆ L12
 PCT = 0.18

→ Piptaz
 → lowx 1mg/kg OD
 → Hydrocort 2mg/kg TID.

→ Pleural fluid volume
 (R) 150-160cc & (L) side 120-130cc

SGPT/OT = 82/68.
 albumin ⇒ 2 ↓
 amylase = 60
 lipase = 757.

Consultant :

Name : _____ Signature : _____ Date & Time : _____

~~USG and~~ → USG and \rightarrow Mod ardu

Plan

→ Correct albumin

→ Florent F Nodal Sny 1sny each mshul ny ldt time
x 1 month

→ MPI forrest (100/6) " — " x 7 capsules x 3 months

→ MPI heolin 50mg " — " — " x 7 capsules x 7 days

Continue Serial Shen dose.

IP Not improve plan or chest. and pleural tap.

(12)

Patie

BAH-00397366 IP5-00174411
 Baby NAVYASREE 14 Y 8 M 25 D (F)
 03-09-2011
 Dr. Prashant Bachina



RESULT SHEET

Date	28/5			
Time				
Hb	12.3			
PCV	36			
RBC	4.9			
WBC	27,100			
N/L	76/12			
Platelets	2.56 lakhs			
CRP				
ESR				
PCT	0.18			
RBS	145			
Na				
K		138		
Cl		3.3		
Ca/Mg		10.7		
Phosphate				
Urea		37		
Creatinine		0.9		
ALP	241			
SGPT	82			
SGOT	68			
T.Bill/Conj	2.4/0.6			
T.Protein	4.2			
S.Albumin	2.1			
S.Globulin	2.2			
A/G Ratio	2.2			
Uric Acid				
S.Amylase	60			
Sr.Lipase	757			
Blood Lactate				
S.Cholesterol				
PT/INR		22/1.7		
APTT		51	1mg VitK	
CSF Protein / Sugar				
Cells				
N/L	H ₂ O ₃ -	26		

BAH-00397366
 Baby NAVYASREE IP5-00174411
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina



DRUG CHART

Date of Admission: 20/5/16 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)

94.8 kg

DRUG : Tab PARACETAMOL				Date Time																	
Dose	Route	Frequency	Start Date																		
500mg	PO	SOS	28/5																		
Doctor's Signature		Valid Period	Pharm.																		
P. Chaurani			✓																		
Additional Instructions:																					
7 1000 mg																					

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



REGULAR PRESCRIPTIONS

Weight 44.8kg Ward SPV5

VERIFIED

DRUG : <u>Inj TAZOBACTAM PIPERACILLIN</u>				Date Time	<u>28/5</u> <u>29/5</u>
Dose	Route	Frequency	Start Date		
<u>4.5g</u>	<u>IV</u>	<u>q8h</u>	<u>28/5</u>	<u>6am</u>	<u>11:30 am</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pawani</u>				<u>2pm</u>	<u>5pm</u>
Additional Instructions:				<u>10pm</u>	<u>3pm</u>
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : <u>Inj PANTOPRAZOLE</u>				Date Time	<u>28/5</u>
Dose	Route	Frequency	Start Date		
<u>40mg</u>	<u>IV</u>	<u>q24h</u>	<u>28/5</u>	<u>6am</u>	<u>2pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pawani</u>				<u>8</u>	<u>Penaka</u>
Additional Instructions:				<u>changed at 28/5 4m.</u>	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : <u>Inj ONDANSETRON</u>				Date Time	<u>28/5</u> <u>29/5</u>
Dose	Route	Frequency	Start Date		
<u>6mg</u>	<u>IV</u>	<u>q8h</u>	<u>28/5</u>	<u>6am</u>	<u>2pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pawani</u>				<u>2pm</u>	<u>10pm</u>
Additional Instructions:				<u>Relaxed</u>	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : <u>Tab STAMLO.</u>				Date Time	<u>28/5</u> <u>29/5</u>
Dose	Route	Frequency	Start Date		
<u>2.5mg</u>	<u>PO</u>	<u>q12h</u>	<u>28/5</u>	<u>7am</u>	<u>5pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>Pawani</u>				<u>7pm</u>	<u>5pm</u>
Additional Instructions:				<u>Discontinue</u>	
Daily Doctor's Endorsement by a Sign					

BAH-00397366 IP5-00174411
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina



Sheet No:

REGULAR PRESCRIPTIONS

Weight ... 11.8 kg ... Ward ... G/W ...

DRUG : <u>1/2 LASIX</u>				Date	<u>28/5</u>	<u>29/5</u>														
Dose	Route	Frequency	Start Dt.	Time																
<u>40mg</u>	<u>IV</u>	<u>OD</u>	<u>28/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Pawani</u> <u>10AM Souparaj Nikal</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>1/2 HYDROCORTISON</u>				Date	<u>28/5</u>	<u>29/5</u>														
Dose	Route	Frequency	Start Dt.	Time																
<u>50mg</u>	<u>W</u>	<u>TID</u>	<u>28/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Pawani</u> <u>10AM Souparaj Nikal</u> <u>2PM Souparaj Nikal</u> <u>10PM Souparaj Nikal</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>5/4 COLAX</u>				Date	<u>28/5</u>															
Dose	Route	Frequency	Start Dt.	Time																
<u>15ml</u>	<u>PO</u>	<u>HS</u>	<u>28/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Keeshanfyga</u> <u>10AM Souparaj Nikal</u> <u>2PM Souparaj Nikal</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : <u>5/4 SUCRAL</u>				Date	<u>28/5</u>	<u>29/5</u>														
Dose	Route	Frequency	Start Dt.	Time																
<u>10ml</u>	<u>PO</u>	<u>TID</u>	<u>28/5</u>																	
Name & Signature of the Doctor Starting the Drugs:				<u>Keeshanfyga</u> <u>6AM Souparaj Nikal</u> <u>2PM Souparaj Nikal</u> <u>4PM Souparaj Nikal</u> <u>10PM Souparaj Nikal</u>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name

VERIFIED

BAH-00397366 IP5-00174411
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina



Sheet No:

REGULAR PRESCRIPTIONS

Weight 11.8k Ward Sp.5

DRUG : TAB SHELLAL				Date/Time	28/5
Dose	Route	Frequency	Start Dt.		
250mg	PO	OD	28/5		
Name & Signature of the Doctor Starting the Drugs:					
Pawar					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : SyP BGVON				Date/Time	28/5
Dose	Route	Frequency	Start Dt.		
5ml	PO	Q12H	28/5		
Name & Signature of the Doctor Starting the Drugs:					
Pawar					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : MU-OUT Tab OMNACOR				Date/Time	28/5
Dose	Route	Frequency	Start Dt.		
30mg	PO	Q12H	28/5		
Name & Signature of the Doctor Starting the Drugs:					
Pawar					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : MU-OUT POWDER				Date/Time	28/5
Dose	Route	Frequency	Start Dt.		
	PO	HS	28/5		
Name & Signature of the Doctor Starting the Drugs:					
Pawar					
Additional Instructions:					
3 scoops in 360 ml in water					
Daily Doctor's Endorsement by a Sign					

VERIFIED

VERIFIED

VERIFIED BY : Name

VERIFIED

28/5

-00397366
 / NAVYASREE IP5-00174411
 9-2011 14 Y 8 M 25 D (F)
 Prashant Bachina



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG :				Date															
Dose	Route	Frequency	Start Dt.	Time															
Inj. PANTOPRAZOLE				28/5	29/5														
40mg	N	BD	28/5	6 AM	X														
Name & Signature of the Doctor Starting the Drugs:				Prashant Bachina															
Additional Instructions:				6 PM Prashant Bachina															
Daily Doctor's Endorsement by a Sign																			
CYP RANITIDINE				28/5	29/5														
5ml	PO	BD	28/5	6 AM	X														
Name & Signature of the Doctor Starting the Drugs:				Prashant Bachina															
Additional Instructions:				6 PM Prashant Bachina															
Daily Doctor's Endorsement by a Sign																			
PROMET-F Nasal spray				28/5	29/5														
1 spray	Early nasal	HS	28/5	10 PM	X														
Name & Signature of the Doctor Starting the Drugs:				Prashant Bachina															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			
MDI FORACORT				28/5	29/5														
2 puffs	Per nasal	BD	28/5	6 AM	X														
Name & Signature of the Doctor Starting the Drugs:				Prashant Bachina															
Additional Instructions:				6 PM Prashant Bachina															
Daily Doctor's Endorsement by a Sign																			

VERIFIED

Signature

Name

IP5-00174411
 -00397366
 Y NAVYASREE
 9-2011 14 Y 8 M 25 D (F)
 Prashant Bachina

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
50mcg	Per nasal	BD	28/5	10AM																			
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:				10pm please																			
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG :				Date Time																			
Dose	Route	Frequency	Start Dt.																				
Name & Signature of the Doctor Starting the Drugs:																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							

VERIFIED BY : Name Signature
 2mfs
 Prashant Bachina



Weight 44.8 kg Ward G/W

VARIABLE DOSE		Date Time	Nurse Sig.	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.	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
<u>28/5</u>	<u>2:10 AM</u>	<u>1mg PARACETAMOL</u>	<u>500 mg</u>	<u>IV</u>	<u>Pawan</u>	<u>Keneka</u> <u>R</u>
<u>28/5</u>	<u>u am</u>	<u>1mg BUSCOPAN</u>	<u>20mg</u>	<u>IV</u>	<u>Pauq</u>	<u>Soma</u> <u>Aparanjita</u> <u>Soma</u> <u>Priyanka</u>
<u>28/5</u>	<u>3pm</u>	<u>PROCTOGLUC ENEMA</u>	<u>1</u>	<u>PR</u>	<u>Keshav</u>	<u>Priyanka</u>
<u>28/5</u>	<u>4pm</u>	<u>20% ALBUMIN</u>	<u>100ml</u>	<u>IV</u> <u>4hrs</u>	<u>Keshav</u>	<u>Saurav</u> <u>Priyanka</u>
	<u>8pm</u>	<u>ly. Parix</u>	<u>20mg</u>	<u>IV</u> <u>midway</u>	<u>Keshav</u>	<u>Saurav</u> <u>Priyanka</u>
<u>29/05</u>		<u>ly Vit K</u>	<u>10mg</u>	<u>IV</u> <u>Endway</u>	<u>R</u>	

VERIFIED
Refused

e 5:30
pr

e 8pr

VERIFIED BY Signature

BAH-00397366 IP5-00174411
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Sachina

Patient



FLUID CHART

Sheet No. : 1

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			
	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												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5	08:00 am			68ml		/					0	pnijya	
	09:00 am			68ml		/					0		
	10:00 am	DNS	N	68ml		/			500ml		0		
	11:00 am		P.	68ml		/					0		
	12:00 pm		O	68ml		/					0		
	01:00 pm										0		
Total Intake :						Total Output :							
28/5	02:00 pm		rice	68ml		/					0	pnijya	
	03:00 pm		water			/			100ml		0		
	04:00 pm	DNS		68ml		/					0		
	05:00 pm			68ml		/					0		
	06:00 pm	Albumin		68ml		/					0		
	07:00 pm	fructofuran		68ml		/					0		
Total Intake :						Total Output :							
28/5	08:00 pm			68ml		/					0	Seenu	
	09:00 pm			68ml		/					0		
	10:00 pm	DNS		68ml		/					0		
	11:00 pm					/			135ml		0		
	12:00 am		Boys milk			/					0		
	01:00 am				68ml		/				0		
Total Intake :						Total Output :							
29/5	02:00 am			68ml		/					0	Seenu	
	03:00 am			68ml		/					0		
	04:00 am	DNS	H2O	68ml		/					0		
	05:00 am			68ml		/					0		
	06:00 am					/					0		
	07:00 am						/			200ml			0
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

FLUID CHART



Sheet No. : 3

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
29/8	08:00 am	↓		68ml	/						0	Pravech		
	09:00 am			68ml							0			
	10:00 am	↓		68ml							0		Pravech	
	11:00 am	↓		68ml							0			
	12:00 pm	↓												Pravech
	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													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
Total Intake :						Total Output :								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
Total Intake :						Total Output :								
Total 24 hrs. Intake						Total 24 hrs. Output								

Patient Sticker

FLUID CHART

Sheet No. :

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 Thrombophlebitis 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												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake	
-----------------------------	--

Total 24 hrs. Output	
-----------------------------	--

102

NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 28/5/26 Time: 9 AM

Weight: 44.5 kgs Centile: > 10th

Height: 157 cm Centile: 25th

Inference: underweight child

RDA: - Calories: 1850 kcal/d Protein: 33g/d

Diet Recommendations: child is on NPO

Re-Assessment: _____

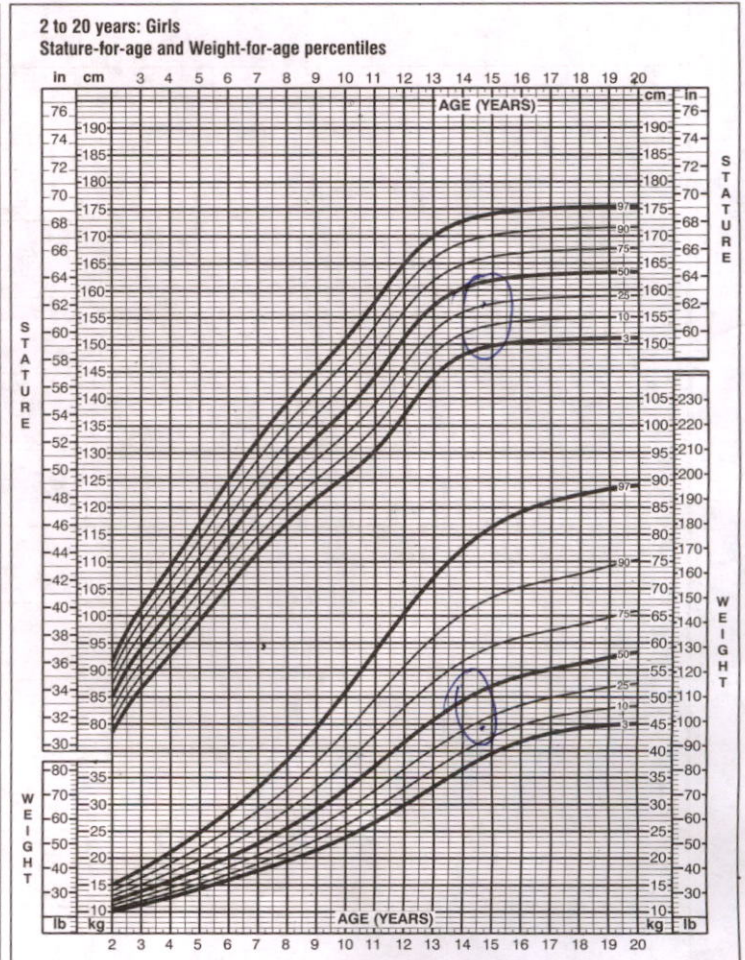
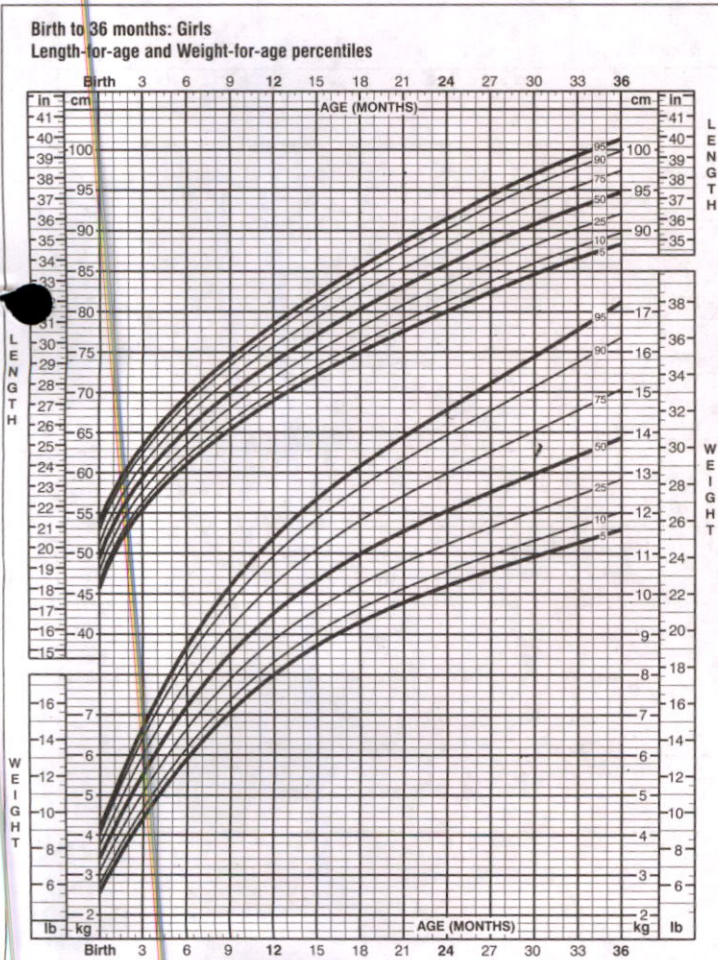
Food Allergies: NO Veg/Non-veg: NON-VEG

Diagnosis: AFI

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: P.S.

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

29/5/26

10am child is stable. oral intake is Fair.

continue \bar{c} Normal diet — Nikitha.

BAH-00397366 IP5-00174411
 Baby NAVYASREE 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina

No. : RCHBH/FRM/CLINICAL/127

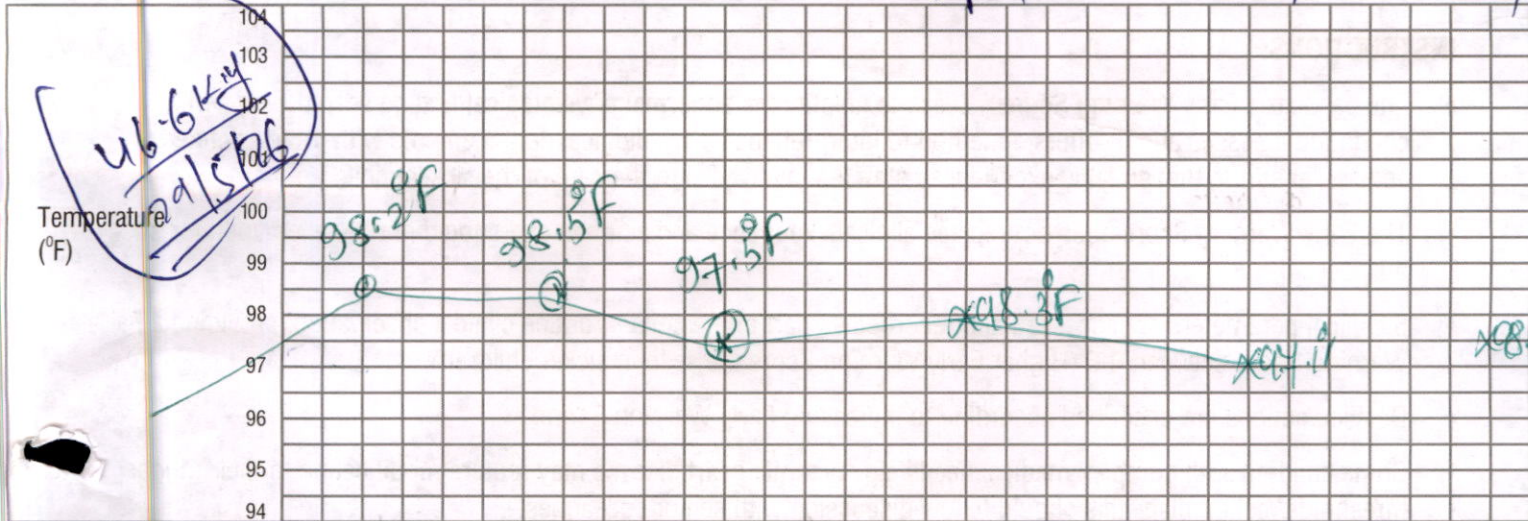
TEENAGE (12 + years)
Children's Observation & Early Warning Scoring Chart

Rainbow Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 22/5 Time: 10AM 2pm 6pm 10pm 2am 6am
 Doctor / Nurse / Family Concern?



Heart Rate (bpm)	Blood Pressure (mmHg) *
112	112/84 (94)
115	115/89 (91)
119	119/91 (99)
120	120/70 (83)
120	120/71 (83)
119	119/77 (90)

Heart Rate (Number): 99b/m, 90b/m, 94b/m, 102b/m, 100b/m, 110b/m

Resp Rate (Number)
21b/m
24b/m
26b/m
24b/m
26b/m
28b/m

Receiving O ₂ (/min)	O ₂ Saturations (%)
without O ₂	92-94%
2 L O ₂	100%
without O ₂	100%
with RA	94%
RA	96%
RA	94%

GCS *
14/15
14/15
15/15
15/15
15/15
15/15

TOTAL SCORE
Number of shaded boxes: 2
Pain Score: 1
Observer's Initials: R

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: Scores 3 should be recorded overleaf

* 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.

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)

BAH-00397366
 Baby NAVYASREE
 03-09-2011 14 Y 8 M 25 D (F)
 Dr. Prashant Bachina

oc. No. : RCHBH/ FRM / CLINICAL / 127

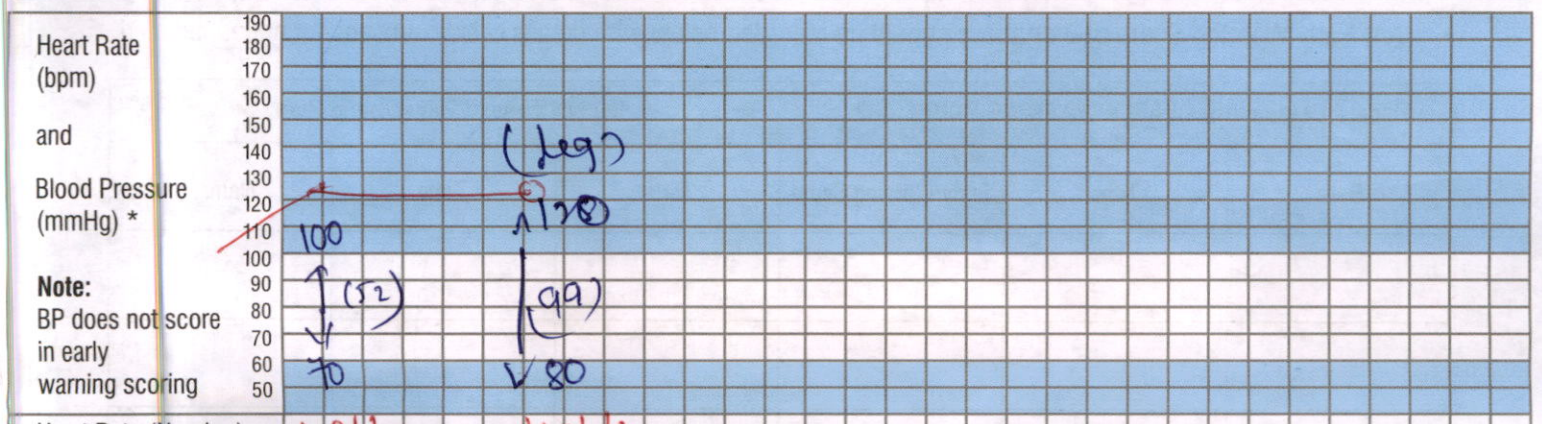
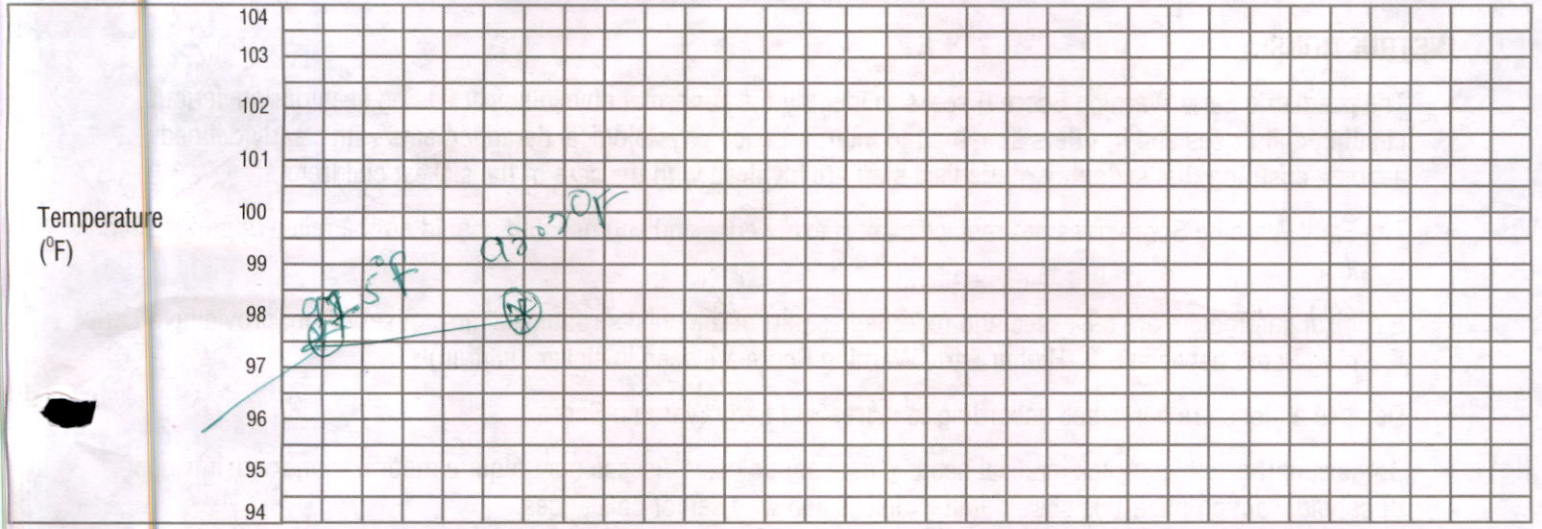
TEENAGE (12 + years) Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 28/05 Time: 2pm

Doctor / Nurse / Family Concern? 60m



Heart Rate (Number) 102b/m 112b/m



Resp Rate (Number) 26b/m 21b/m

Resp Distress Mod/ Severe None / Mild

Receiving O₂ (l/min) 2L 2L with 0.2
 O₂ Saturations (%) 98% 100% (92-93)%

Conscious Level Normal Altered

GCS * 15/12 15/12

TOTAL SCORE Number of shaded boxes 1 1

Pain Score 0 0

Observer's Initials P P

- 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: Scores 3 should be recorded overleaf

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