

Handwritten initials in a circle: *RL*

ACTIVITY RECORD FOR BILLING

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 1 Y 11 M 27 D (F)
Dr. KAPIL BHAGWATRAO SACHANE



Name : _____

UHID No. : _____ IP No : _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

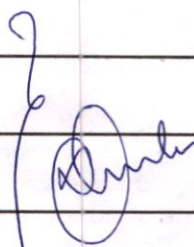
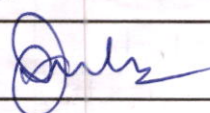
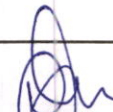

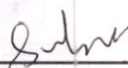

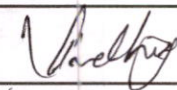
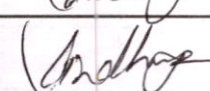
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/5/26	9 PM	ER	PICU	Ka... <i>(Signature)</i>
10/05/26	11 AM	PICU	OT	<i>(Signature)</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Bhandavani	11/5/26	9604971	<i>(Signature)</i>
2	DR. Gyandharwar	12/5/26	9604973	
3	Dr. Gyandharwar	14/5/26	9609184	<i>(Signature)</i>
4	Dr. Bhandavani	16/5/26		
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/5	CBP, PCT, ABG	26047398	
	RPO, Blood Grouping		
	Blood cfs		
	PT/APTT		
	QRS.		
11/5	CBP, Albumine, RBS	26047670	
12/5	RBS →	26048096	
	CBP, PCT,	26048112	
	Albumin.	26048207	Ashma
	RPO, calcium.	26048220 →	Ashma
	ABG.	26048429	Ashma
13/5	CBP, RBS	26048456	
14/5	RBS	26048505	
15/5	RBS		
15/5	RBCU	26050576	
16/5	RBCU	26050578	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
10/5	Inv. monitor.	}		9600488	}
	Inf. pump.				
	Syr. pump.				
	Syr pump.				
11/5	Inv. monitor.	}		9600488	}
	Inf. pump.				
	Syr. pump.				
12/5	Inv Monitor	}		9600488	}
	Inf Pump				
	Syr Pump				
13/5	Inv monitor	}		9600488	}
	Inf. pump				
	Syr pump				
	Alpha Bed				
14/5	Inv 2 Monitor	}		9600488	}
	Inf 2 Pump				
	Syr 2 Pump				
	Alpha bed				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
9/5	SV placement	①	}	[Signature]
#	Arterial line	①	9600490	[Signature]
	Catheterisation	①	9600527	[Signature]
10.5.26	Central line placement	①	9601945	[Signature]
11/05/26	Albumin Transfusion.	①	9603470	[Signature]
13/5/26	20% Albumin transfusion	①	9606567	[Signature]
14/5/26	Blood transfusion	①	9608476	[Signature]

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 9 D (F)
 Dr. SANDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26	<p><u>Chifting notes</u> SIB Resident</p>	
3pm	<p>A: 60% scab blunts</p>	<p><u>Plan:</u></p>
	<p>SIP Debridement + collagen + VAC</p>	<p>① continue piptaz D15 Amikacin D12</p>
	<p><u>issues:</u></p>	<p>② monitor vitals</p>
	<p>ongoing fever.</p>	<p>③ water for fever</p>
	<p>SpO₂ on room air - 98%</p>	<p>④ to check VAC pressures and VAC Dressing</p>
	<p>HR - 175/min</p>	<p>⑤ Do not apply Coconut oil</p>
	<p>PR - 30/min</p>	<p>⑥ FH R/B 3scoops over 24 hours</p>
	<p>BP - 100/62 mmHg</p>	<p>⑦ continue 95methyl 3hrs on (peptamen Jr) and hrs off</p>
	<p>active/alert</p>	<p>⑧ encourage orally</p>

Ushara

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/2026 8:30AM	<u>Shifting nodes</u>	
	D: 60s. Scald burns S/P - Debridement + collagen dressing + VAC dressing.	<u>Plan</u> Continue
	Ongoing fever spikes highest 101.2°f	INS. PEPIDAZ - D ₁₅ INS. AMIKACIN - D ₁₂
	On room air Hemodynamically stable	Continue supplements, Medications as per chart
	No fresh issues.	Encourage orally
	HR - 162bpm SpO ₂ - 99% RA CRIC 3sec	Monitor vitals Wif fever/Tachycardia
	BP - 96/58mmHg. Active, Alert	<u>Alert.</u> (Dr. Naveen)
22/5/2026 11AM	<u>CIS/B Dr. Sandeep sir</u>	
	D: 60s. Scald burn S/P - Debridement + collagen dressing + VAC dressing	<u>Plan</u> Continue Medications as per chart - VAC dressing Rlv today - Dr. Naveen sir Rlv T/M

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 12-05-2024 1 Y 11 M 27 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/05/24 9:20 AM	SIB Row team	
	55% Scald burn /	
	Burn wound sepsis.	Adv
	Pain	① Start PAIN
	① On pain free	② Strict aseptic
	② Post oral intake	precautions
	On room air	③ Send CBC, RR, ABG
	RR: 24/min SpO2 97%	Blood ch. cut levels
	Croomer	④ continue ventilation
	febrile Temp: 103°F	Practically
	HR: 150/min	⑤ Allow full oral feeds
	Peripheries warm pulse good	⑥ Keep NPO from 4 AM
	C/S 2x weekly	⑦ PA & PC for
	Chest: B/L A/C Spul. MPE	⑧ Wagon during tomorrow
	RA Spul B/C	⑨ No chatty
	Co alet atri:	⑩ watch for thrush
	well compliant	NOTE BY <u>RL</u>
	PR: 90/40 mmHg	<u>Shankh</u>
	SpO2 97%	
	GRBS: 126 mg/dL	
	C/O Dr. Kapil S.	

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

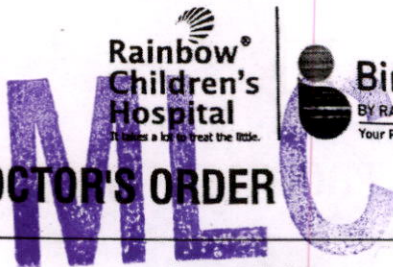
Date of Admission : 9/5/26 Day of Admission : Day - 2 Today's Date & Time : 10/5/26 8AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>55% scald burns</u>	Current Issues : <u>Tenospasms</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAC ⊕ clear</u>	
	CXR :	
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>ROOM APX</u> L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : <u>95</u> pH - <u>7.4</u> pO ₂ - <u>30</u> pO ₂ - <u>102</u> EtCO ₂ : <u>lac - 0.9</u> <u>tiO₂ - 25</u> P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
Any Nebs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details :		
Plan of care :		
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>SPM - HR - 140</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>2 sec</u> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : <u>105/56 (70) mmHg</u> CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings : <u>OF-8 - 73</u>	
Size of the heart and lung fields in latest CXR :		
Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <u>right radial</u>		
Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition :		
Day of arterial line : <u>D2</u> Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : <u>Alert, active</u>	
	Pupils : <u>2mm 2mm reacting</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
Plan of Care :		
Ramsay Sedation Score :		

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>7419</u> / (+/-) Input : <u>6:0</u> ml/k/d UO : <u>1.6</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>Soft diet</u> Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>4.0 ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>131</u> K <u>4.2</u> Cl <u>103</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Jug ppta2 - D2</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
	Sr. Creat : <u>0.4</u> Bld. Urea : <u>12</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>9.5</u> <u>9.3</u> / <u>9970</u> / <u>4.61</u> <u>lact</u> Any Coagulopathy : <u><44</u> Relevant Transfusion History : <u>51</u> Plan of Care : <u>PCT - 8.70</u>	
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS : <u>placed collagen dressing at 10:30 AM</u> <u>NPO</u>	

Doctor's Name (Handover given) : D. Nathan
 Signature : [Signature]
 Date & Time : 10/5/26 8 AM

Doctor's Name (Handover taken) : K. Sathy
 Signature : [Signature]
 Date & Time : 10/5/26 8 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/25 2 PM	case received from OT.	
	ABGs:- 55%. Scald burns.	
	procedure:- collagen dressing.	plan.
	sedation:- Iij midazolam Iij Fentanyl Iij propofol.	<ol style="list-style-type: none"> 1. IIV DNS 40ml/hr 2. w/f fever spikes. 3. Monitor vitals. 4. Continue face mask oxygen 5L 5. continue Iij propofol
	Input:- 150ml 150ml (RL)	6. plan to start feeds.
	outputs - Nil.	Keep NG tube.
	Blood loss - Nil.	7. CBP, serum Albumin (tomorrow)
	Intra op:- uneventful.	Noted by Meen
	post op:- stidor present.	Dr. Natheem
	Vitals.	peptamen Jr
	+IR- 120	
	BP- 106/60 (70) mmHg.	
	RR- 28.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>24x 10kg</p>	
	<p><u>Cureni Junior</u></p>	<p><u>Nutrition calculation</u></p>
	<p>1-34x = Basal requirement + 25 kcal x % BSA</p>	
	<p>= 560 + 25 x 55%</p>	
	<p>= 560 + 1375 kcal</p>	
	<p>= 1935 kcal</p>	
	<p>NPM target → 80-120%</p>	
		<p>Plan</p>
		<p>- Peptamen Jr 150ml 3hrly</p>
		<p>Noted by Mam</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/05/24 @ 9pm	SB Pw fellow	
	<p>At Emergency room</p> <p>2 year / girl from Kotadan, came to do: - fall in hot water over the body, limbs, anal 07/05/2024 at 10AM at home - Boiling hot water</p> <p>- took to nearby hospital, Panchaj hospital, managed here for 2 days Referred here for further management</p> <p>On Examination child conscious, oriented afebrile Chest B/L Air entry good RA dxf B/O CV NO focal dxpnt</p> <p>HR 150/min SpO2 97% O2n Local Examination 557.</p> <p>Field exam involving Anterior posture trunk, B/L Thighs B/L arm.</p>	<p>Adm ① Admit in Pw ② Secure arterial line ③ Send: RP, ZNR, Blood cl, ABG, CVF, CCF, Clini cl ④ Start ZIV 100% MF ⑤ Ziv PAPA2, Ziv Augmentin Sp Paracetamol Cyp. A to Z Vitamin C</p> <p>⑥ Send Send Blood group ⑦ Plastic Syphon Consultation ⑧ PAC & POC for Colaps density ⑨ Secure arterial Cath - ul Foley catheterization ⑩ Sterile precautions ⑪ Spat/spot chg by ⑫ Watch for fever spikes</p> <p>noted by [Signature]</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
09/05/26 @ 12pm	<u>cdw Dr Gyanesh war dr</u>	
	Extensive burn.	Adv
	Show the images	① Take CT slot at 10:30AM tomorrow
		the noted by Thank @R
09/05/26 @ 10:20pm	<u>Counselling room-2</u>	Dr Manish
	<p>Parents have been counselled in detail that child is having extensive injury due to scald burn. The denuded area has exposed underlying child is fibrotic it looks like wound had exposed on examination. The child will require debridement and collagen dressing. Another child is compatible on room air. But anytime whenever large area of skin is exposed that means child is more prone to get exposed. If such exposure happens child will go into sepsis and septic shock requiring multiple interventions and other organ failure. If such happen, risk of mortality is high we will try to prevent that from happening. we will do adequate care but even after that risk of deterioration and death later is explained.</p>	<p>f.B. Manish</p>

BAH-0055928 IP5-001736
Baby ANANYA
12-05-2024 1 Y 11 M 28 D
Dr. KAPIL BHAGWATRAO SACHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 12:00	<u>Counselling notes</u>	Dr. Sandeep Dr. Anirashu
	<p>parents have been counselled that the child has ~ 55% Burns. As skin is protective barrier, it protects from harmful bacteria - now as skin is injured there is risk of infection. Collegen dressing will be done. But even with dressing, there is risk of infection, Sepsis and death. As there is 55% Burns, there is 60-70% chance of death child should be kept in isolation to prevent infections. Dressings will have to be changed. If there is pain and further worsening, child will be kept on ventilator. Hospital stay would be approximately 2-3 weeks. To give prolonged antibiotics, PICC line will have to be placed.</p>	
	x Dhanraj (Father)	Machhori

BAH-00655928
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 12-05-2024
 Dr. KAPIL BHAGWATRAO SACHA

IP5-001736

1 Y 11 M 28 D



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	Procedure notes	Doctor's Order
10/5/26			
2PM	After taking informed consent central line inserted in Rt IJV. Fox flow and back flow established.	Procedure uneventful	
	HR - 160/min		
	RR - 28/min	Plan	
	SpO ₂ - 98%		
	BP - 100/60 mm Hg.	central line care line x-ray	
		Noted by	K. Jethava
		Main	
10/5/26			
6PM		<u>GALVESTIN FORMULA</u>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/5/26 5:20 PM	C/S/B PICU follow.	
	A/S:- 55% scaled burns. S/g collagen dressing.	plan.
	on room A/S	1. continue strict aseptic precautions.
	hemodynamics stable	2. continue NG feeds 150ml/3rd hourly peptamine junior.
	No fever spikes.	3. w/F fever spikes.
	started on NG feeds 150ml 3rd hourly (peptamine junior).	4. Monitor vitals.
	vitals.	5. CBP, Albumin tomorrow morning.
	HR - 150	6. plan to stop infusds.
	Bp - 100/70 (80) mmHg	Noted by Merin
	RR - 26.	Dr. Khatun

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 Dr. KAPIL BHAGWATRAO SACHANE
 IP5-00173631

Day - 5 of burns.



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : Day - 3 Today's Date & Time : 11/5/26 8AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>55% scald burns</u> <u>s/p collagen dressing</u>	Current Issues : <u>Fever spikes</u> (80-6)
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VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :	
	CXR : <u>10/5.</u>
	SPO ₂ : <u>100%</u>	O ₂ by NC / FM / NRB mask / Oxyhood, at <u>RA</u> L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	Chest Physiotherapy Plan : Suctioning Needs :
Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details :		
Plan of care : <u>w/h distress</u>		

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR - 148/min</u>	
	Quality of Pulses : <u>good</u>	cap refill Time : <u>< 3 sec</u> Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : <u>100/50 (72)</u> CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min	
	<input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings :	
Size of the heart and lung fields in latest CXR :		
Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <u>Rt radial</u>		
Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : <u>Rt IJV central line</u>		
Day of arterial line : <u>Day - 3</u> Day of Central line : <u>Day - 2</u>		
Plan of Care :		

CNS	Neuro Exam : <u>15/15</u>	
	Pupils : <u>2+</u> <u>2+</u>	Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care :	
Ramsay Sedation Score :		

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>+1200</u> / (+/-) Input : ml/k/d UO : <u>2.5</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>20</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) : <div style="text-align: right; margin-top: 10px;"> <u>100ml pentamer Jr +</u> <u>1 scoop fit kid</u> <u>5 times a day</u> <u>+ oral diet</u> </div>	
	INFECTION	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Fnj: Pip2 D3</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :
		Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :
	NEPHROLOGY ISSUES	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : <u>8.6) 8970 / 21/21 / 9,32,000</u> Plan of Care :
CARE PROTOCOLS VAP Bundle Used ? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :		
FINAL COMMENTS	- Bl c/s. - 20% albumin transfusion.	
	Doctor's Name (Handover given) : <u>K-SATHYA</u> Signature : Date & Time : <u>11/12/2026 9AM</u>	

Doctor's Name (Handover given) : K-SATHYA
 Signature :
 Date & Time : 11/12/2026 9AM

Doctor's Name (Handover taken) : Nandan
 Signature : Nandan
 Date & Time : 11/05/2026, 9AM

BAH-00655928 IP5-00173631
 Baby ANANYA 1 Y 11 M 29 D (F)
 12-05-2024
 Dr. KAPIL BHAGWATRAO SACHANE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/5/26 3AM	CL/B PICU fellow.	
	ASIS:- 55%. scald burns.	
	on room APs.	plan.
	hemodynamically stable.	1. Give plasmalyte 100ml
	one fever spike 100.8F.	bolus over 1 hour.
	CO decreased urine output.	2. monitor urine output.
	vital.	
	HR - 150/min	N.B. Tanna
	Bp - 100/60 (70mmHg)	or water.
	RR - 26/min.	

3AH-00655928
 Baby ANANYA
 12-05-2024
 Dr. KAPIL BHAGWATRAO SACHANE
 IP5-00173631
 1 Y 11 M 29 D (F)

IR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	<u>NUTRITION REVIEW</u>	
7:40am		STOOL PASSED = 1 (Bristol-5)
	PBW: 10 kg (5th Centile)	
	REE: 559 kcal/d	Hb: 8.6 ↓ WBC: 8970
		Plt: 432000 Alb: 2 ↓
	55% Scald Burns	
	<u>Galveston Formula:</u>	
	1800 kcal/m ² (TBSA) +	1300 kcal/m ² (BSA) Burn
	55% Burns for TBSA = 0.47 m ²	
	0.55 × 0.47 = 0.258	
	1800 × 0.47 + 1300 × 0.258	
	846 + 335.4 = 1181.4 kcal/d	
	32 scoops of Peptamen junior (std. dilution)	
	Vol = 1120 ml/d	
	140 ml Q 3rd hourly	

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. KAPIL BHAGWATRAO SACHANE

IP5-00173631

1 Y 11 M 29 D (F)

PICO-2
 IR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9am	NOTATION REVIEW	
	GALVANSTON FORMOL	
	E 1181.4 hls	
	PBW: 10kg.	
	JBW: 9M	<u>HIGH PROTA SORT DIM</u>
	LDA: 720hls	<u>BRACKETS</u>
		KITCHEN / 124 / PONDUDI / SORT DORB
		Ehls.
	ASSURED PSTM	<u>MID DAY</u>
	3g / hld.	CHICK SOUP
	3g.	PANN BUNJI
		BRACKETS LUNCH & DINNER
		SORT DIM
		(RICK, DAI, SORT COOLU)
		<u>SIP PERM</u>
		5 PERTAM N fed
		7am, 10am, 4pm, 9pm, 11pm
		100% PERTAM N
		INCOOP FIT KID
		= 770hls / 38.7g / d.
		BRONNIS
		11/5/26.
		10m




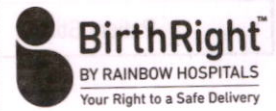
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		c/s/B Dr. Sandeep
(PM)	55% scald burn	Plan
	s/p collagen dressing	
	on room air	- Review regarding
	Hemodynamically stable	nutrition. (not taking
	fever spikes ⊕	orally)
	Tachycardia ⊕	- 150ml 3hrly peptamen Jr
	20% albumin given.	- Do not give lax.
	HR - 168/min	- strict aseptic precautions
	RR - 35/min	- Review about multivitamin
	SpO ₂ - 97%	
	BP - 110/60 mmHg.	
	PA - soft	
	CVS - S ₁ S ₂ ⊕	

not ch by
 Sindhu
 P. Sach

[Signature]

BAH-00655928 IP5-00173631
 Baby ANANYA 1 Y 11 M 29 D (F)
 12-05-2024 Dr. KAPIL BHAGWATRAO SACHANE

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Counseling notes</u>	Mr. Sandeep
11/5/26 1:30pm	parents have been counselled - that Albumin is being given (as serum albumin is low). feeds are being given through nasogastric tube right now child is stable. But the risk of infection is still there and will be seen in 2nd week. But still there is risk of infection. Child is being kept in isolation to prevent infection.	
		Madhur
	L. Dhuraj	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/05/24	S/S An team	
10:30 am	55% Scald mixed burn	
	Burn wound fissure	
	Dys	① Power now
	①. Tachycardia	② Continue full feeds
	②. Nutritional	③ Strict aseptic precautions
	Optimisation	④ Continue warm care
	③ Oxygen for pulse	⑤ 2nd alignment
	Off oxygen on room air	albumin to be
	Hemodynamically stable	⑥ 20ml/kg chole
	chest blood gas	⑦ continue PIPAA2
	↑ WBC	⑧ CBP, PCT tomorrow
	HA SpO2 98%	5. pttw in morning
	Cv. SpO2 98%	⑨ NG feeds
	alot active	150 ml / Q3H
	AP 170/min	Noted by
	SpO2 99% OPA	Jim
	RR 30/min	
	SpO2 102% bbm	
	SVC	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/24 @ 5pm	Caloric requirement: 1200 kcal NPM : 80:1. Residual protein: 60g/day	
	100ml Pertamine Jr (1:30) : - 1 scoop + 100ml fit kcal (s)	Caloric : 1200 kcal (800 kcal) 400 kcal 600 kcal/day 72 grams
	NPM Give 100ml + 300 kcal + 1 scoop fit kcal	1200 kcal/day + 400 kcal NPM: $\frac{1312}{11.5}$
	$\frac{1400 - 248}{11.52} : 1312$	NPM: $\frac{113}{1}$



IR-3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26 8am	<u>NUTRITION REVIEW</u>	
	55% Scald Burns	STOOL PASSED = 6 / Bristol-5
	PBW : 10 kg (5th centile)	HB: 8.4 WBC: 14270
	REE : 559 kcal/d	Plt : 4.4L Alb: 2
	Galveston formula : 1181.4 kcal/d	RBS : 160
	Assured protein : 3g/kg/d	
		Recall vol = 970 ml/d
	<u>MACROS (RECALL)</u>	
		B P C F
	Peptamen jr 28 scoops/d	1022 28 142.8 36.4
	Fit kid 6 scoops/d	309 29.7 41.4 2.7
	Egg white 1/2	9 1.8 - -
	Total	1340 59.5 184.2 39.1
	per/kg/d	134 5.9 18.4 3.9
	GIR : 12.7	
	NPN : (1:114)	
		Encourage oral Intake
		Diabetic Mousse



Day 6 of home

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : Day - 4 Today's Date & Time : 12/5/26 8A
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55%, scared hwns. Sp concern dressing	Current Issues : Fever spikes. Tachycardia.
	VITAL SIGNS	Today's Wt. (kg): Temp.: Blood sugar issues :
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE ⊕	
	CXR :	
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room Air L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : SWS HR - 170	
	Quality of Pulses : good cap refill Time : ~250c Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 106/60 (80) mm Hg CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min	
	<input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings : Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Right radial Day - 4 Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : RT JIV Day - 3 Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : alert, active - GCS 15/15	
	Pupils : 2mm reacting Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds		
	I/O / Balance : <u>+829</u> / (+/-) Input : <u>6.2</u> ml/kg/d UO : <u>20</u> ml/kg/hr Stools : <u>(6)</u>		
	NG output : PO intake : Feed Formula : <u>peptamine Purlox</u> Feed Schedule : <u>150ml/30d</u> <u>hours</u>		
	IV Fluids - Type of IVF : <u>DNS</u> @ <u>20ml/hr</u> (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> <u>total calories - 1340 cal</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : <u>134 cal/kg</u> Plan (G.I. & Liver) : <u>Feed: 1200ml</u> <u>protein - 59 gm</u> <u>DNS: 400ml</u> <u>5.99ml/kg</u> <u>Dnys: 90ml</u> <u>1770ml (1.75ml/kg)</u>		
INFECTION	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day) <u>TPN - 1:110</u>		
	Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : Describe c/s Reports : <u>Ig ppta2 - Du</u>		
	Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :		
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs :		
	P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details :		
	Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details :		
	Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :		
HEMATOLOGY	Relevant Labs (CBP etc) : <u>12/5</u> <u>8.4</u> <u>14.270↑</u> <u>4.4 labn</u>		
	Any Coagulopathy : Relevant Transfusion History : <u>< 36</u> / <u>53</u>		
	Plan of Care : <u>12/5</u> <u>pct - 3.46 ↓</u>		
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :		Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS : <u>Trace Albumin -</u>		

Doctor's Name (Handover given) : Dr. Natter
 Signature :
 Date & Time : 12/5/26 8 AM

Doctor's Name (Handover taken) : Shah
 Signature :
 Date & Time : 12/5/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/05/2024 @ 12:30 PM	SIB Dr. Sundeeep	
	A 50% labd burn/ Burn wound type.	Adv ① Give hourly feeds of 50ml. with feeding bag 200ml. → Dur 4hr
	Issue ① Ongoing fever spikes.	② Add 1 scoop of p/acid b. 200ml. p/acid
	② Persistent tachycardia	C.I: 30 direction ③ To discuss updy study propofol (only) - 3dce
	On room air Hemodynamically stable	④ continue PIPIT 2 ⑤ wait for albumin ⑥ PP2 - now / will decide
	HR = 170-180/min febrile now - HR 190/min SpO2 99% OPA	⑦ Add calcium and ⑧ Bother change ⑨ cumulative balance chart
	Chest Bilateral crackles good. - SpO2 Normal vesicular breath S2	⑩ Make paracetamol ⑪ give paracetamol ⑫ Sialoderm proctogram
	No soft B0 cm Abt abd	⑬ chart for HA ⑭ Review drawing on Buttab area
	Cumulative - 2400ml +ve	N.B. Asthma



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>12/5/24</u> <u>1 PM</u>	<u>Dr. Sandeep</u>	
	Child's condition is explained to parents. Child is looking good. But there are persistent fever spikes & heart rate is high. We are giving antibiotics & building up nutrition. the Strict asepsis is needed. Any infection will flare up & child's condition may worsen. Condition of child is still at risk.	
		<u>Subyo</u>

BAH-0065928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 0 D (F)
Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Cumulative	
10/05	+1600.	
6/10E	+ 829	
<u>12/05</u>		

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631
 2 Y 0 M 0 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26		c/s/B Dr. Sandeep
5PM	55% scald burns	Plan
	burn wound sepsis	- Add Inj Amikacin.
	Issues	- w/f fever spikes.
	- Fever spikes	- CBP T/W
	- persistent tachycardia	- Give peptamen Jr
	On room air	50ml hourly, 200ml over
	Hemodynamically stable	4hr (1:30 dilution)
	HR - 180 β - 190/min	- encourage orally
	RR - 38/min	- 80s propranolol
	SpO ₂ - 98%	- position change
	BP - 114/70 mmHg	- siloderm / proctoguard
	chest - B/c air entry \oplus	for CIA
	NUBS	- Barrier dressing for
	P/A - soft	buttock area and
	cvs - alert, active	hygiene to maintain
		N.B. Ashma,
		f
		PS/MS

BAH-00655928 IP5-00170
 Baby ANANYA 2 Y 0 M 8 D
 12-05-2024
 Dr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : (15) Today's Date & Time : 23/5/26 8AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>60% scald burns</u>	Current Issues :	<u>104.5</u>
	<u>slp debridement + collagen + VAC</u>	<u>Fever spikes</u>	<u>101.4</u> <u>101.2</u>

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM
Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
air entry ⊕
 CXR :
 SPO₂ : 100% O₂ by NC / FM / NRB mask / Oxyhood, at RA L / min
 Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :
 Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebbs : ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM
Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : HR - 150/min
 Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin
 Blood Pressures : NIBP : 100/50 mmHg IBP : CVP :
 Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine mcg / kg / min - Nor Epinephrine mcg / kg / min
 Milrinone mcg / kg / min
 Any Other Infusions :
 Last 2D Echo Findings :
 Size of the heart and lung fields in latest CXR :
 Arterial line in situ : Yes No Place of art, line & its condition :
 Central line in situ : Yes No Place of central line & its condition : RT ITV
 Day of arterial line : Day of Central line :
 Plan of Care :

CNS
 Neuro Exam : ACS - ale A 15/15
 Pupils : 3+ 3+ Sedation Used ? Yes No Any paralysis ? Yes No
 Types of Sedation : ⊖ Types of Paralysis : ⊖
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care :

Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+775</u> / (+/-) Input: ml/k/d UO: <u>5-2</u> ml/kg/hr Stools: NG output: PO intake: Feed Formula: <u>pentanen Jr</u> Feed Schedule: <u>75ml/hr 3hr on + 28coop fit kid in 24hr</u> IV Fluids - Type of IVF: <u>DNS</u> @ <u>20</u> ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>soft</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver):			
	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>piperac D₁₅</u> Describe c/s Reports: Other Labs (Latex, Serology, etc): <u>Amikacin D₁₂</u> Ongoing Antibiotics:			
	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Catheterized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:			
	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:			
	VAP Bundle Used?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details:		Pending Lab Results: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:	
	FINAL COMMENTS: <u>wound ch - steph circus pseudomonas candida</u>			

Doctor's Name (Handover given): K. Sathy
 Signature: [Signature]
 Date & Time: 23/5/26

Doctor's Name (Handover taken): Prandan
 Signature: [Signature]
 Date & Time: 23/5/26, 8 AM

Lund and Browder chart: Appropriate burn chart for different childhood age groups should be used to accurately estimate the extent of BSA burned (**Fig. 5**).

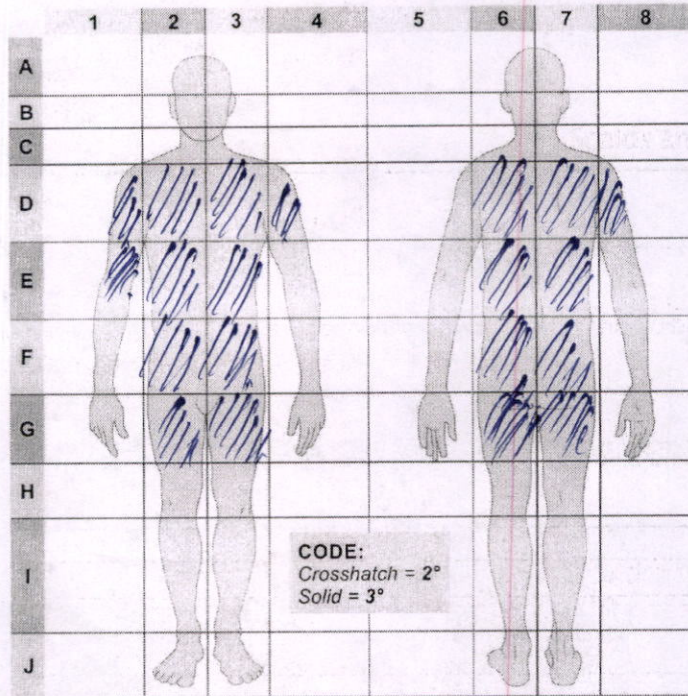
Burn estimate and diagram age and area

Initial evaluation*

Signature: Monech
 Date of burn: 07/05/26
 Date completed: 09/05/26

*To be completed by the admitting physician or licensed independent practitioner on admission

This is a working burn estimate diagram only, and is not as accurate as photography



Area	Birth-1 yr	1-4 yrs	5-9 yrs	10-14 yrs	15 yrs	Adult	2°	3°	Total
Head	9	17	13	11	9	7			
Neck	2	2	2	2	2	2			
Anterior trunk	13	13	13	13	13	13			
Posterior trunk	13	13	13	13	13	13			
Right buttock	2.5	2.5	2.5	2.5	2.5	2.5			
Left buttock	2.5	2.5	2.5	2.5	2.5	2.5			
Genitalia	1	1	1	1	1	1			
Right upper arm	4	4	4	4	4	4			
Left upper arm	4	4	4	4	4	4			
Right lower arm	3	3	3	3	3	3			
Left lower arm	3	3	3	3	3	3			
Right hand	2.5	2.5	2.5	2.5	2.5	2.5			
Left hand	2.5	2.5	2.5	2.5	2.5	2.5			
Right thigh	5.5	6.5	8	8.5	9	9.5			
Left thigh	5.5	6.5	8	8.5	9	9.5			
Right lower leg	5	5	5.5	6	6.5	7			
Left lower leg	5	5	5.5	6	6.5	7			
Right foot	3.5	3.5	3.5	3.5	3.5	3.5			
Left foot	3.5	3.5	3.5	3.5	3.5	3.5			
**Only 2° and 3° burns are included in the total TBSA burn percent									
							55.5		

Fig. 5: Lund and Browder burn assessment chart (all numbers are in percentages). (TBSA: total body surface area)

Estimation of Body Surface Area for a Burn



Day - 7 - borns



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : day - 5 Today's Date & Time 13/5/26 8 AM

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% scald burn Slp collagen dressing	Current Issues : Fever spikes Tachycardia
----------	---	--

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.): BAE @ Clear
	CXR :
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room A97 L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : EtCO ₂ : P/F ratio : O.I. :
	Chest Physiotherapy Plan : Suctioning Needs :
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): Spus HR - 160
	Quality of Pulses : cap refill Time : ~25 sec Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : 100/60 CVP : 70 mmHg
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings :
	Size of the heart and lung fields in latest CXR :
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : Postd Roibal - Day - 5 Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : Rt IJV Day - 4 Day of arterial line : Day of Central line : Plan of Care :

CNS	Neuro Exam : alert, active GCS 15/15
	Pupils : 2mm 2mm 2mm Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :
	Plan of Care : Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+1634</u> / (+/-) Input: <u>9.1</u> ml/kg/d UO: <u>2.3</u> ml/kg/hr Stools: NG output: PO intake: Feed Formula: <u>peptamenque junior</u> Feed Schedule: <u>50ml each hourly</u> IV Fluids - Type of IVF: <u>D5</u> @ <u>40 ml/hr</u> ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na <u>137</u> K <u>4</u> Cl <u>105</u> Ca <u>9.8</u> Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>soft</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: <u>total calories - 1319</u> Plan (G.I. & Liver): <u>protein 405m</u> <u>NPN - 1177</u>	
	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>Aug pipaz - D5</u> Describe c/s Reports: Other Labs (Latex, Serology, etc): <u>Aug Amoxicillin - D2</u> Ongoing Antibiotics:	
	Sr. Creat: <u>0.3</u> Bld. Urea: <u>5</u> Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Catheterized: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
	Relevant Labs (CBP etc): <u>B15</u> Any Coagulopathy: <u>0.3 / 23060 / 4.42</u> Relevant Transfusion History: <u>42 / 43</u> Plan of Care:	
CARE PROTOCOLS		
VAP Bundle Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details:	Pending Lab Results: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details:	
FINAL COMMENTS		
<u>trace cultures</u>		

Doctor's Name (Handover given): Dr. Nataraj
 Signature: [Signature]
 Date & Time: 13/5/20 8AM

Doctor's Name (Handover taken):
 Signature:
 Date & Time:



PR-3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 8am	<u>NUTRITION REVIEW</u>	
	55.1. Scald Burns	STOOL PASSED = 5 / Bristol = 5
	PBW: 10 kg (5 th centile)	Hb: 8.3, WBC: 23000, PLT: 442000
	REE: 559 kcal/d	Na: 137, K: 4, cl: 105
	Galveston formula: 1181.4 kcal/d	
	Assured protein: 3g/kg/d	
		Recall vol = 1200 ml/d.
	<u>MACROS (RECALL)</u>	
		E P C F
	Peptamen jr 34 slops/d	1241 34 173.4 44.2
	Egg 1	78 6 0.6 5
	Total	1319 40 174 49.2
	Per kg/d	131.9 4 17.4 4.92
	GIR: 12	
	NPN: [1:177]	
		Encourage oral Intake

*Nikhil
Paediatrician*

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y O M O D (F)
 12-05-2024
 Dr. SANDEEP REDDY




PROGRESS NOTES AND DOCTOR'S ORDER

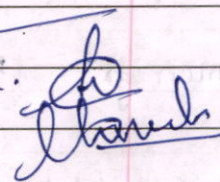
Date & Time	Progress Notes	Doctor's Order
13/5/26 2:30 PM	CIS/B to sandeep plan.	
	<p>ASST: - 55% scald burns. s/p collagen dressing</p>	<p>1. Continue same antibiotics. 2. Serum Albumin - now. (hold) 3. continue NG feeds 50ml each hour.</p>
	<p>on room APX hemodynamically stable</p>	<p>4. 20% Albumin 100ml over 10 hours without</p>
	<p>Fever spikes present</p>	<p>90 laxix.</p>
		<p>decrease IVF DNS some/wr during albumin</p>
		<p>M.B. Ashua</p>

BAH-00655926
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY

IP5-00173631
 2 Y O M O D (F)




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>4 PM 2/5/24</p>	<p style="text-align: center;"><u>S/R Protocols</u></p> <p>• 55% scald burns / Sp collagen dressing - • Burn wound debride</p> <p>On room air Tachycardia (+) Oxygen fair pink. Hemodynamically stable chest clear (+) SpO₂ available + 40-55 ml. Bolus PA Syst B (+) CO. BLi uph 2ml 2hr 2 episode of loss</p> <p>HR 180/min SpO₂ 99+ BP 140/70 mm</p> <p>Hold feed.</p>	<p style="text-align: center;"><u>Adv</u></p> <p>① continue P₁ thide at 40ml/hr</p> <p>② continue feed at 100ml + 150ml (1-2 ml) 50ml/hr continuous feeds</p> <p>③ continue P₁ P₂ thide</p> <p>④ Temperature monitoring watch for fair pink</p> <p>⑤ input output check</p> <p>⑥</p> <p>⑦</p> <p>M.S. Ashma. </p>

BAH-00655928

IP5-00173631

Baby ANANYA

12-05-2024

2 Y 0 M 0 D

(F)

Dr. SANDEEP REDDY



IR-3

Rainbow
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It takes a lot to treat the little.

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Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/24	<u>NUTRITION REVIEW</u>	
7:40 AM	55% Scald Burns	STOOL PASSED = 5 / Bristol-5
	PBW: 10 kg (5th Centile) ✓	
	REE: 559 KCal/d ✓	Hb: 8.3 WBC: 23060
	Galveston formula: 1181.4 KCal/d	Plt: 4.42L Alb: 2.6
	Assured protein: 3g/kg/d	
	RDA = 770 kJ/d. ✓	
	NG Feeds	Recall vol = 1200 ml/d
	Peptamen junior	
	(1:30 ml) dilution	
	50 ml/hr continuous feeds	
	<u>MACROS (RECALL)</u>	
		E P S F
	Peptamen jr 40 scoops/d	1460 40 204 52
	Idli 1	40 3 10 0.1
	Boiled egg white 1/2	9 1.8 0 0
	Rice, veg 20g	26.1 0.8 5.4 0.18
	Total	1535.1 46.6 219.4 52.2
	per kg/d	153.5 4.56 21.9 5.2
	AIR : 15.2	
	NPH : (1:184)	
	Brown M 14/5/24 9:12 AM	Encourage orally
		Dietitian Monice

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y O M O D (F)
 12-05-2024
 Dr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 14/5/26 Day of Admission : Day 6 Today's Date & Time : 14/5/26
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>55% staid Burns</u> <u>SIP collagen Burns</u>	Current Issues : <u>fever spikes</u>
-----------------	---	--------------------------------------

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>Bilateral air entry present</u>
	CXR :
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>Room air</u> L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>HR-123/min</u>
	Quality of Pulses : <u>good</u> cap refill Time : <u>2.5s</u> Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : <u>110/64 (84)</u> CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings :
	Size of the heart and lung fields in latest CXR :
	Arterial line in situ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <u>(Rt) Radial Day-6</u> Central line in situ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : <u>(Rt) IIV Day-5</u> Day of arterial line : Day of Central line : Plan of Care :

CNS	Neuro Exam : <u>alert</u>
	Pupils : <u>2+</u> <u>2+</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>peplamine TX</u> Feed Schedule : <u>some hilly</u> IV Fluids - Type of IVF : <u>DNS</u> @ <u>60ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>137</u> K <u>4</u> Cl <u>105</u> Ca <u>9.8</u> Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :			
	INFECTION	<input checked="" type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : <u>PCT-1179</u> Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>ing. piper D6</u> Describe c/s Reports : <u>ing. Amikacin D3</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :		
		NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>5</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>14.5pb</u> <u>7.5/26.880/5.5lakhs</u> Any Coagulopathy : <u>61/31</u> Relevant Transfusion History : Plan of Care :
CARE PROTOCOLS				VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
	FINAL COMMENTS - continue same - strict asepsis			

Doctor's Name (Handover given) : Madhuri
 Signature : Madhuri
 Date & Time : 14/5/26 @ 8: Am

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/24 10am	c/s/B Dr. Sandeep	Plan
	A:- 55% scald burns	1. continue same antibiotics
	on room air	2. Dr. Guaneswar review
	Tachycardia (+)	3. ↓
	HR - 170/min	to send cultures
	BP - 100/60 mm Hg	3. PRBC transfusion
	fever spikes (+)	4. fittid 2 scoops/day
	procalcitonin ↓	to add in peptamen for
		5. Continue same NG feeds
		6. limb physiotherapy
		Gently
		7. strict aseptic handling
		of lines
		8.
	Dr. Ashma.	

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y O M O D (F)
Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

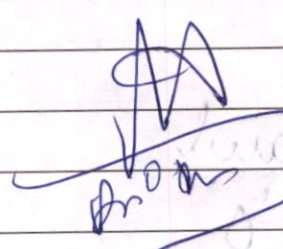
BAH-00655928
 Baby ANANYA
 12-05-2024 2Y0M0D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/05/2024 @ 1 pm	Counselling room 2	Dr Sandeep
	<p>child is healthy and all feeding well. child is healthy on room air and heart is functioning well. @ we had done respiratory marker (procalcitonin) which is reading healthy child has 2 concerns. 1st concern is child is having persistently elevated heart rate. 2nd concern is fever spikes. Both the above problems are common with burn child. we are giving adequate hydration and addressing infection. we are already giving major respiratory and procalcitonin and infection. child may deteriorate acutely and high risk of worsening signs and death is explainable. child is healthy feeds well. Today we are planning to give blood transfusion. child will require atleast 4-5 weeks of stay.</p>	
	S. Sankar	
	Sandeep	Sandeep

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/2026 5:00pm	c/s/b <u>Dr Sandeep</u>	
	55-l. Scald Burns Day-8 <u>slp collagen dressing</u>	<u>Plan</u>
	<u>Issues</u>	① continue piptax Amikacin
	① Fevers spikes ⊕ Tachycardia ⊕	② W/F Worsening tachycardia, fevers spikes
	Hemodynamically stable child on Room air	③ continue feeds
	<u>Feeds</u> : some/hour	④ continue w/F ⊕ some/hour
	U.O Adequate Tolerates feeds well	⑤ strict aseptic handling of lines.
	HR - 180/min	N.B. Asthma.
	SpO ₂ 100%	
	BP - 109/62 mmHg	
	PR - 94/min	

BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY

IP5-00173631

Day - 8 of hrs.



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : Day - 7 Today's Date & Time : 15/5/26 8 AM

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% scald burns . s/p collagen dressings	Current Issues : Fever spikes . loose stools ⊕
----------	---	---

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : B/A ⊕ Clear
	CXR :
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room Air L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : EtCO ₂ : P/F ratio : O.I. :
	Chest Physiotherapy Plan : Suctioning Needs :
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Spuen HR - 160
	Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : 98/64 (20) mmHg CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min
	<input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings :
	Size of the heart and lung fields in latest CXR :
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : RBW Radial D7
Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : RT IV Day - 6	
Day of arterial line : Day of Central line :	
Plan of Care :	

CNS	Neuro Exam : Alert, RAPVE
	Pupils : 2mm 2mm reactive Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :
	Plan of Care : Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.

NPO PO feeds NG Feeds NJ Feeds GT Feeds

I/O/Balance: +1095 / (+/-) Input: 9.45 ml/k/d UO: 4.87 ml/kg/hr Stools:

NG output: PO intake:

Feed Formula: peptamine gator Feed Schedule: 50ml each hour

IV Fluids - Type of IVF: DNS @ 40ml/hr ml/hr (..... times maintenance)

TPN: Yes No - If yes, details:

..... % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day)

..... Cal/kg/d Nitrogen Trace elements & MVI

Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase:

Latest LFT:

Abd Exam: soft

Any organomegaly? Yes No - If yes, describe:

Plan (G.I. & Liver):

INFECTION

Febrile Afebrile Current Antibiotics Details (antibiotic name and day #):

Cultures Sent? Yes No - If yes, details: Inj piptaz - 02

Describe c/s Reports:

Other Labs (Latex, Serology, etc): Inj Amracyn - 04

Ongoing Antibiotics:

NEPHROLOGY ISSUES

Sr. Creat: Bld. Urea: Other Relevant Labs:

P.D. Yes No - If yes, details:

Diuretics: Yes No - If yes, details:

Catheterized: Yes No - If yes, then day of Catheter:

Relevant Radiology (USC, MCUG radioisotope scan etc):

Plan of Care:

HEMATOLOGY

Relevant Labs (CBP etc): 15/5

Any Coagulopathy: 8.3 / 25.900 / 4.87

Relevant Transfusion History: <59 / 26

Plan of Care:

CARE PROTOCOLS

VAP Bundle Used? Yes No NA

CRBSI Bundle Used? Yes No NA

CA - UTI Bundle Used? Yes No NA

Patient Managed as per Relevant Protocols: Yes No NA

If yes, then details:

Pending Lab Results: Yes No

If yes, then details:

Pending Consultations: Yes No

If yes, then details:

FINAL COMMENTS

Trace cultures

Doctor's Name (Handover given): MA

Signature: Dr. Nathan

Date & Time: 15/5/26 8 AM

Doctor's Name (Handover taken): Sudya

Signature: [Signature]

Date & Time: 15/5/26 2:10 PM

IR-3




PROGRESS NOTES AND DOCTOR'S ORDER

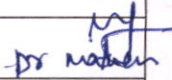
Date & Time	Progress Notes	Doctor's Order				
15/12/26	<u>NUTRITION REVIEW</u>					
7:40am	55% Scald Burns ✓	STOOL PASSED (9) Bristol-5				
	PBW: 10kg (5th Centile) ✓	Hb: 8-3 Ptt: 4.87L				
	REE: 559 kcal/d ✓	Alb: 2.6 ✓				
	Galveston formula: 1181.4 kcal/d					
	Assured protein: 3g/kg/d ✓					
	NG Feeds					
	Peptamen junior	Recall vol = 1200ml/d				
	(1:30ml) dilution	(120 cc/kg/d)				
	50 ml/hr continuous feeds					
	<u>MACROS (RECALL)</u>					
		<table border="0" style="width:100%; text-align:center;"> <tr> <td>E</td> <td>P</td> <td>C</td> <td>F</td> </tr> </table>	E	P	C	F
E	P	C	F			
	Peptamen jr 40 scoops/d	1460 40 204 52				
	Egg whites 3	54 10.8 0 0				
	Meal (Rice, Dal) 4 spoons	26.1 0.8 5.41 0.18				
	Total	<table border="0" style="width:100%; text-align:center;"> <tr> <td>1540.1</td> <td>51.6</td> <td>209.4</td> <td>52.18</td> </tr> </table>	1540.1	51.6	209.4	52.18
1540.1	51.6	209.4	52.18			
	per/kg/d	<table border="0" style="width:100%; text-align:center;"> <tr> <td>154</td> <td>5.1</td> <td>20.9</td> <td>5.24</td> </tr> </table>	154	5.1	20.9	5.24
154	5.1	20.9	5.24			
	NPN: (1:159)					
	TEMP SPIICES					
	WBC - 25,000					
	FOOD NEUTROPHILIC					
	GUIDE LINES ONLY					
	STRICT FOOD HANDLING PRECAUTION					
	BIRNITM 15/12/26 9:10am					
		Dietitian Moulice				

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY

IP5-00173631
 2 Y 0 M 2 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/25	C/S/B <u>Dr Sandeep</u>	
12:40pm		
	Dys: - 55% scald burn.	<u>plan.</u>
	on room Air.	1. Continue same antibiotics
	hemodynamically stable.	2. Increase feeds to 60ml/hr 55ml/hr
	tachycardia better	3. Trace cultures.
	fever spikes present.	4. Re-evaluate NPN ratio with current feeds.
		5. Add two flat acid scoops per day.
		<p style="text-align: right;">  Noted by (BL) </p>

MR 3

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2Y0M2D (F)
Dr. SANDEEP REDDY



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

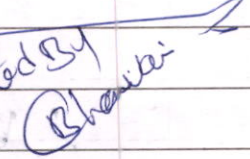
BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 2pm.	<p align="center"><u>Counselling room.</u></p> <p align="center"><u>Dr. Sandeep.</u></p>	
	<p>Child's condition is stable. Heart rate is slightly on the higher side. Oxygen requirement & feeding are normal. Wound is healing. Deep wound take 4-5 weeks time to heal completely. We are focusing on strict asepsis & building nutrition for the child. Condition of child is stable.</p>	<p align="right"><i>[Signature]</i></p>
	<p>L Dhankas</p>	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order												
15/5/26	c/s/B Dr. Sandeep	<u>Plan</u>												
4pm														
	As:- 55% scald burns	1) continue 55ml/kg he NG feeds												
	on room air	2) w/f fever spikes												
	hemodynamically stable	3) trace swab cl												
	sinus tachycardia (+)	4) Add 2 fit kid scoops / day												
	HR - 166/min	in NG feeds												
	fever spikes (+)	5) high protein diet orally												
	NG feeds - 55ml/kg	6)												
	<table border="0"> <tr> <td></td> <td>calc</td> <td>protein</td> </tr> <tr> <td>peptamen fr</td> <td>1346</td> <td>38.3</td> </tr> <tr> <td>fit kid</td> <td>100</td> <td>10</td> </tr> <tr> <td></td> <td><u>1446</u></td> <td><u>48.3</u></td> </tr> </table>		calc	protein	peptamen fr	1346	38.3	fit kid	100	10		<u>1446</u>	<u>48.3</u>	<p>Noted by </p>
	calc	protein												
peptamen fr	1346	38.3												
fit kid	100	10												
	<u>1446</u>	<u>48.3</u>												
	NPN = 162:1													

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 2 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

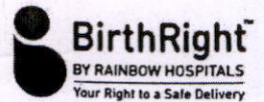
Date & Time	Progress Notes	Doctor's Order
15/5/26 9:40pm	c/d/w Dr. Sandeep Issues:- ↑ PCT fever spikes on room air hemodynamically stable	<u>Plan</u> 1) Add meropenem polymyxin-B teicoplanin fluconazole } hold 2) send Blood clts 3) send ABG, LDH, ferritin N.B Annu. Dr. Pratyak
15/5/26 12am	c/d/w Dr. Sandeep lactate - 1.7 fever spikes - better LDH - 624 ferritin - 152	<u>Plan</u> 1) continue piptaz amikacin 2) discuss with plastic surgeon regarding debridement + dressing N.B Annu. Dr. Pratyak
16/5/26 12am	c/d/w Dr. Guanelwa discussed regarding clinical condition	<u>plan</u> 1) post for debridement + dressing in OT @ 3pm on 16/5/26 + PAE ↓ POC N.B Annu. Dr. Pratyak (P.T.O)

IR-3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 8am	<u>NUTRITION REVIEW</u> 55% Scald Burns	STOOL PASSED = 6 Bristol - 5, 6
	PBW: 10 kg (5th Centile) REE: 559 kcal/d	Hb: 8-3 NBC: 25900
	Galveston formula: 1181.4 kcal/d Assured protein: 3g/kg/d	Plt: 4.87L Alb: 2.6
	NO Feeds ✓	✓
	Peptamen junior (1:30 ml) dilution	Recall vol = 1290ml/d (129 cc/kg/d)
	55 ml/kg continuous feeds with Fit kid 14 scoop in each feed ✓	
	<u>MACROS (RECALL)</u>	
		<u>E</u> <u>P</u> <u>C</u> <u>F</u>
	Peptamen jr 43 scoops/d	1569.5 43 219.3 55.9
	Fit kid 6 scoops/d	309 29.7 41.4 2.7
	Idli 114	10 0.75 2.5 0.02
	B. Egg whites 314	13.5 2.7 0 0
	Rice & veg 2 spoons	13 0.4 2.7 0.09
	Total ✓	<u>1915</u> <u>76.5</u> <u>265.9</u> <u>58.7</u>
	Per kg/d	191.5 7.65 26.5 5.87
	NPN : (1:130) Burns 16/5/26 8:57am	Encourage orally
		Diethan Mounice

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/2020 Day of Admission : Day - 8 Today's Date & Time : 16/5/2026 8:00 AM
 PRISM - III Score in first 24hrs. of Admission : 0 Today's SOFA Score : 0

OVERVIEW
 Diagnosis : 55% scald Burns & collagen dressing
 Current Issues : fever spike

VITAL SIGNS Today's Wt. (kg) : _____ Temp.: _____ Blood sugar issues : _____

RESPIRATORY SYSTEM
 Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (+). No crackles heard RR - 30/min
 CXR : _____
 SpO₂ : 100% O₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min
 Ventilatory Support : Yes No - Day # of Vent : _____ Nitric Oxide : Yes No - If Yes, details : _____
 Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____
 ABG : 7.45 / 35 / 7 EtCO₂ : _____ P/F ratio : _____ O.I. : _____
 Chest Physiotherapy Plan : _____ Suctioning Needs : _____
 Any Nebbs : _____ ICD ? Yes No, if Yes, details : _____
 Plan of care : _____

CARDIO VASCULAR SYSTEM
 Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : _____ HR - 160/min
 Quality of Pulses : Good cap refill Time : 5 sec Liver Edge : _____ cm below Rt costal margin
 Blood Pressures : NIBP : _____ IBP : 96/54 CVP : _____
 Infusion of : Dopamine _____ mcg / kg / min - Dobutamine _____ mcg / kg / min
 Epinephrine _____ mcg / kg / min - Nor Epinephrine _____ mcg / kg / min
 Milrinone _____ mcg / kg / min
 Any Other Infusions : _____
 Last 2D Echo Findings : _____
 Size of the heart and lung fields in latest CXR : _____
 Arterial line in situ : Yes No Place of art, line & its condition : _____
 Central line in situ : Yes No Place of central line & its condition : _____
 Day of arterial line : _____ Day of Central line : _____
 Plan of Care : _____

CNS
 Neuro Exam : sleepy
 Pupils : _____ Sedation Used ? Yes No Any paralysis ? Yes No
 Types of Sedation : _____ Types of Paralysis : _____
 Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____
 Plan of Care : _____
 Ramsay Sedation Score : _____

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance: <u>7/9g</u> / (+/-) Input: ml/k/d UO: ml/kg/hr Stools: NG output: PO intake: Feed Formula: Feed Schedule: IV Fluids - Type of IVF: @ ml / hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: Any organomegaly? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver):	
	<input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Describe c/s Reports: Other Labs (Latex, Serology, etc): Ongoing Antibiotics:	
	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Catheterized: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:	
	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:	
	NEPHROLOGY ISSUES	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Catheterized: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:
	INFECTIO	<input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: Describe c/s Reports: Other Labs (Latex, Serology, etc): Ongoing Antibiotics:
	HEMATOLOGY	Relevant Labs (CBP etc): Any Coagulopathy: Relevant Transfusion History: Plan of Care:
	CARE PROTOCOLS	VAP Bundle Used? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used? : <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details: Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details:
	FINAL COMMENTS	

Doctor's Name (Handover given) : Dr. White
 Signature : [Signature]
 Date & Time : 15/2016 11:00 AM

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :

BAH-00655928
 Baby ANANYA IP5-00173631
 12-05-2024 2 Y 0 M 4 D (F)
 Dr. SANDEEP REDDY




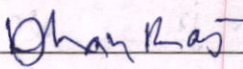
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/4/2020 12:30 AM	<p>cls/b Dr Sandeep <u>Plan</u></p> <p>60-1 scald Burns</p>	<p>Dr. Gyaneshwar Review</p>
	<p>checked on Room air</p>	<p>SOS Debridement</p>
	<p>fever spikes (+)</p>	<p>(2) Continue Same Antibiotics</p>
	<p>Also now for debridement</p>	<p>(3) If no Debridement then to start feeds.</p>
	<p>Handy crumby stool</p>	
	<p>U.O. Dehydrated</p>	<p>(4) Send Serum Albumin</p>
		<p>AA noted by ASHRA</p> <p><u>Dr. [Signature]</u></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26		
5:30 PM	car received from OT.	
	Dx:- 60 x scalp burns.	plan. 1. continue face mask .5L/min
	procedure :- debridement + collagen dressing	2. Keep NPO
	sedation :- i/j propofol.	3. send CBP, ABG - NOW
	i/j fentanyl	GRBS.
	i/j midazolam.	
	Input :- 80 ml RL.	4. Monitor vitals.
	output :- NPI.	5. continue IV fluids
	Inpact :- oneventful.	6. strict aseptic precautions.
	vital.	
	HR - 160	11. B.
	Bp - 110/80 (90) mmHg	Ariam
	RR - 24.	Dr Mathew.
	GRBS - 113 mg.	
		7) CBP albumin

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2024 1:30pm	Counselling Notes	Room 2 Dr Sandeep
	<p>Parents have been counselled that, child had fever yesterday and child was dull. yesterday she had reported PCR which is high. Baby cried & looks better. Today Dr. Gyaneshwar will see the child. Child may need dressing, debridement today. From a tubercle site of injection is more. If injection requires risk by hypotension, ventilation explained to parents. Next 2-3 weeks are important. Parents were explained about site of metastasis on bones.</p>	
 <u>Dr. Dilika</u>		<p>Father:  Dhyan Ras</p>



2R-3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/24	<u>NUTRITION REVIEW</u>	
7:30 am	55% Scald Burns	STOOL PASSED = 4 / Bristol = 5
	PBW: 10kg (5 th centile)	
	REE: 559 kcal/d	Hb: 7.5, WBC: 2733, PLT: 615000
	Galveston formula: 1181.4 kcal/d	Alb: 2.7
	Assumed Protein: 3g/kg/d	
	NG feeds	
	Peptamen junior	Recall vol = 605 ml/d
	(1:30 ml) dilution	[60 cc/kg/d]
	55ml/hr continuous feeds	
	with fit kid 1/4 scoop in	
	each feed	
	<u>MACROS (RECALL)</u>	
		E P C F
	peptamen jr 20 scoops/d	730 20 102 26
	fit kid 3 scoops/d	154.5 14.85 20.7 1.35
	B-egg whites 1 1/2	27 5.4 0 0
	Total	911.5 40.25 122.7 27.35
	per kg/d	91.15 4.02 12.27 2.73
	NPN: [1:114]	
		Encourage orally

No Milk Dilution



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : Day-9 Today's Date & Time : 12/5/26 8 AM

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% scaled borny sp coughn drsng + dehydrated	Current Issues : Fever spikes
----------	--	-------------------------------

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BAE (P) clear	
	CXR :	
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room Air L/min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : pH-7.4 pCO ₂ -30 PO ₂ -103 Lac-1.7 HCO ₃ -23 O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :	

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : Sinus HR-140	
	Quality of Pulses : good cap refill Time : ~25sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 100/50 (80) mmHg CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min	
	<input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR : Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left radial Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : Right IJV DG Day of arterial line : D2 Day of Central line : Plan of Care :	

CNS	Neuro Exam : Alert, active	
	Pupils : 2mm 2mm reactive	Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O/Balance: <u>+73A</u> / (+/-) Input: <u>6.6</u> ml/k/d UO: <u>3.6</u> ml/kg/hr Stools: NG output: PO intake: Feed Formula: <u>peptamine purior</u> Feed Schedule: <u>55ml every hour</u> IV Fluids - Type of IVF: <u>fasted @</u> ml/hr (..... times maintenance) TPN: <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>DNS - home/ur</u> % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs: Na K Cl Ca Mg P HCO3 Sr. Amylase: Sr. Lipase: Latest LFT: Abd Exam: <u>BA</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe: Plan (G.I. & Liver):				
	INFECTION	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #): Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details: <u>Inj piptab - 09</u> Describe c/s Reports: Other Labs (Latex, Serology, etc): <u>Inj Ampicin - 06</u> Ongoing Antibiotics:			
		NEPHROLOGY ISSUES	Sr. Creat: Bld. Urea: Other Relevant Labs: P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Diuretics: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details: Catheterized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter: Relevant Radiology (USC, MCUG radioisotope scan etc): Plan of Care:		
			HEMATOLOGY	Relevant Labs (CBP etc): <u>1715</u> Any Coagulopathy: <u>7.5 27330 615000</u> Relevant Transfusion History: <u>50</u> Plan of Care: <u>33</u> <u>1715</u> <u>albumin - 2.7</u>	
				CARE PROTOCOLS	VAP Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details: Pending Lab Results: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details: Pending Consultations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details:
	FINAL COMMENTS				<u>PRBC transfusion.</u>

Doctor's Name (Handover given): Dr Nathan
 Signature: [Signature]
 Date & Time: 1715/26 8AM

Doctor's Name (Handover taken):
 Signature:
 Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/26. 10:20 AM	<u>Counseling notes.</u>	Dr Sandeep.
	<p>patient is having 65% scald burns, Fever spikes present mixed burns present, yesterday debridement done, re-admitted fever spikes present. WBC counts are high. today we are giving PRBC transfusion. child is taking feeds receiving multiple debridements if needed. superficial burns are better. Grafting may be needed. donor grafts may be needed. child was on piptaz and amoxicillin antibiotics. Deep tissue injury are present. It will take 4 week to recover. patient condition explained to attenders in their own language.</p>	
	<p>Father & Mother</p>	
		<p>M Dr Mathan</p>

Patient Sticker

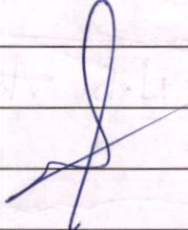
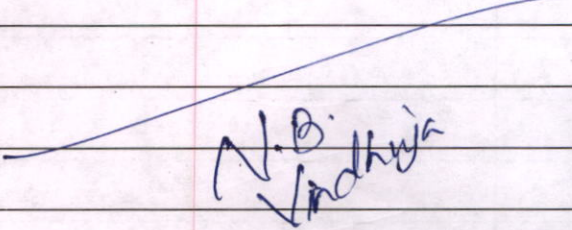
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 5 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/5/2024 09:00am	C/S/B Dr Sandeep	
	COT - Scald Burn	
	Fever spikes @ Activity good	<p><u>Ad</u></p> <ul style="list-style-type: none"> - PBC transfusion now. - Traa Blood Cl &
		<p>Pus cl.</p> <ul style="list-style-type: none"> - Pse feeds to 60ml/hr (1:30 of)
		<ul style="list-style-type: none"> - To give 3 scoops of Fitted per day.
		<ul style="list-style-type: none"> - Encourage orally
		<ul style="list-style-type: none"> - Keep changing pants.
	Plw Dr Gyanendra	<ul style="list-style-type: none"> - Apply wound to collagen. - Operous - Soframon/Marypa
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S/B - pprctam</u>	
<u>17/5/26</u> <u>9:5pm</u>	<p>↳: 65% scald burn</p> <p>ongoing fevers (+) vitals stable child active low grade fever spikes (+) hemodynamically stable HR - 160/min</p>	<p>plan:</p> <p>(1) cont pprctam Amikacin</p> <p>(2) Trae Blood culture wound swab culture</p> <p>(3) monitor vitals watch for fevers</p> <p>(4) medication as per chart</p> <p>(5) strict Asepsis</p> <p>(6) continue 60ml/hr NG feeds with 3 fitted scoops/day in NG feeds</p> <p>(7) Encourage orally</p> <p>N.B. Asthma.</p>
		<p><i>[Signature]</i></p>

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 6 D (F)
 Dr. SANDEEP REDDY



BAH-00655928 IP5-00173631



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : D.10 Today's Date & Time 18/5/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <i>SS-1 Scald Burns S/P Collagen breaking + debridement</i>	Current Issues : <i>liver spikes ⊕</i>
	VITAL SIGNS Today's Wt. (kg) : <i>10 kg</i> Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <i>BIL AE ⊕. Clear</i>	
	CXR :	
	SPO ₂ : <i>98%</i> O ₂ by NC / FM / NRB mask / Oxyhood, at <i>on room air</i> L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <i>HR 155/min</i>	
	Quality of Pulses : <i>good</i> cap refill Time : <i>3 sec</i> Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : <i>97/56/38</i> IBP : CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine <i>0</i> mcg / kg / min - <input type="checkbox"/> Nor Epinephrine <i>0</i> mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings :	
	Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <i>Left radial</i> Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : <i>Right IJV</i>	
	Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : <i>alert</i>	
	Pupils : <i>2p</i> <i>2f</i> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : <i>0</i> Types of Paralysis : <i>0</i>	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>1900</u> / (+/-) <u>0</u> Input : <u>10.5</u> ml/k/d UO : <u>6.7</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>peptamen Jr</u> Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>40ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>0</u> K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
INFECTION	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>piperacillin Na</u> Describe c/s Reports : <u>Amikacin Na</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
HEMATOLOGY	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
FINAL COMMENTS	<ul style="list-style-type: none"> - Strict Asepsis - Continue IV Antibiotics - Review upgrading if further fever spikes 	

Doctor's Name (Handover given) : Modhwa
 Signature : Modhwa
 Date & Time : 8/5/26

Doctor's Name (Handover taken) : Nandan
 Signature : Nandan
 Date & Time : 18/5/26 @ AM

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631
 2 Y 0 M 5 D (F)

IR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
18/5/26	<u>NUTRITION REVIEW</u>					
8am	55% scale Burns	STOOL PASSED = 8 / Bristol-5				
	PBW: 10 kg (5th Centile)	Hb: 7.5 WBC: 2730				
	REE: 559 kcal/d	Plt: 615000 Alb: 2.7				
	Galveston Formula: 1181.4 kcal/d	✓				
	Assured protein: 3g/kg/d					
	NG Feeds					
	Peptamen junior	Recall vol = 1430 ml/d				
	(1:30 ml) dilution	48 scoops for recall				
	60 ml/hr continuous Feeds	(143 cal/kg/d)				
	with Fitkid 3 scoops/day	✓				
	<u>MACROS (RECALL)</u>					
		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;"><u>E</u></td> <td style="padding: 0 10px;"><u>P</u></td> <td style="padding: 0 10px;"><u>C</u></td> <td style="padding: 0 10px;"><u>F</u></td> </tr> </table>	<u>E</u>	<u>P</u>	<u>C</u>	<u>F</u>
<u>E</u>	<u>P</u>	<u>C</u>	<u>F</u>			
	Peptamen jr 48 scoops/d	1952 48 244.8 62.4				
	Fit kid 3 scoops/d	154.5 14.8 20.7 1.35				
	Egg white 1/2	9 1.8 - -				
	Watermelon juice 100ml	30 0.65 7.5 0.15				
	Total	<u>1945.5 65.2 273 63.9</u>				
	per kg/d	194.5 6.52 27.3 6.39				
	NPN: (1:160)					
		<i>Dietitian Houice</i>				

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 5 D (F)
 12-05-2024
 Dr. SANDEEP REDDY

PBW-2
 2R3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/1/26 9:30	NUTRITION REVIEW	
	① DO CYCLIC FEED	
	3 rd HOUR ON 1 st HOUR OF FC	
	PBW: 10 kg	
	② 100 - 120 ml / Wk	
	1000 - 1200 ml / d	
	60 to 70 ml / Wk	
	③ PREPARE W	
	1st loop / 3rd DIVISION	
	④ W/H RIT KID loop	
	700 ml	
	⑤ GASTRO DIET (IDU / KIZLARI) POWDER	
	(AVOID JUICES)	

BROWN
 11/1/26
 9:30 am

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 7pm	C/S/B Dr Sandeep.	plan
	D/S:- 60% scald burn.	1. cyclical feed 60ml each hour
	on room	3hr on
	s/p collagen dressing +	9hr off
	debridement.	peptamine junior without fit kit
	on room Air.	2. continue same antibiotics.
	hemodynamically stable.	3. monitor vitals.
	fever spikes present	4. trace blood cultures.
	vitals.	5. CBP, PCT, Serum Albumin tomorrow morning.
	TIR- 140	6. Change dressing.
	Sp- 100/70 mmHg.	7. make patient stand.
	RR- 26.	8. continue IV fluids 40ml/hr

[Handwritten signature]

N.B.
 Vinchhija

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631
 2 Y 0 M 5 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/2026 6 PM	C/S/B PICO team	
	D: 60% scald burn S/P Debridement + Collagen dressing	Pain - continue medication as per chart
	On Room Air Hemodynamically Stable No fresh issues	- continue cyclical feeds 60ml/hr → 3hr on 2hr off - continue IV fluid
	Ongoing fever spikes	- Make patient to stand.
		- monitor vitals - R/V regarding labs <u>Result.</u>
		(Dr. Nandan) Noted by Vindhuja



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : D11 Today's Date & Time : 19/5/26 8:00 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : <u>55y - scald burns .</u> <u>sp collagen disease + dehydrated</u>	Current Issues : <u>fever spikes</u> <u>loose stools .</u>
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>BAE ⊕ (Clear)</u>	
	CXR :	
	SPO ₂ : <u>98%</u> O ₂ by NC / FM / NRB mask / Oxyhood, at <u>Room A92</u> L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt :	
	ABG : EtCO ₂ : P/F ratio : O.I. :	
	Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>clear HR = 140</u>	
	Quality of Pulses : <u>good</u> cap refill Time : Liver Edge : <u>25cm</u> cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : <u>90/60 (70) mm Hg</u> CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min	
	<input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min	
	<input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions :	
	Last 2D Echo Findings : Size of the heart and lung fields in latest CXR :	
Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : <u>left axillary</u>		
Central line in situ : <input type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition :		
Day of arterial line : Day of Central line :		
Plan of Care :		
CNS	Neuro Exam : <u>aba, active</u>	
	Pupils : <u>2mm 2mm reactive</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. :	
	Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : <u>1334</u> / (+/-) Input : <u>8.9</u> ml/k/d UO : <u>7.6</u> ml/kg/hr Stools : <u>-</u> NG output : PO intake : Feed Formula : <u>peptamen junior</u> Feed Schedule : <u>60ml/hr</u> <u>3hr on cycle</u> <u>10 off feeds</u> IV Fluids - Type of IVF : <u>DNS</u> @ <u>40ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na K Cl Ca Mg P HCO ₃ Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :
	<input checked="" type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>Aug Piptoz D11</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : <u>Aug Amilacin - DS</u> Ongoing Antibiotics :
	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :
	Relevant Labs (CBP etc) : <u>19/5/26</u> <u>9.2</u> <u>34,060</u> <u>6.9</u> <u>WBC</u> Any Coagulopathy : <u>754</u> Relevant Transfusion History : <u>2U.</u> Plan of Care : <u>19/5</u> <u>Albumin</u> <u>pct</u> <u>1.7</u> ↓ <u>2.9</u>
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :
FINAL COMMENTS	<u>Trace CBP, pct, Albumin.</u>

Doctor's Name (Handover given) : Dr Nathan
 Signature : [Signature]
 Date & Time : 19/5/26 8AM

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 5 D (F)
 Dr. SANDEEP REDDY



IR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																								
19/5/26 7:40am	<u>NUTRITION REVIEW</u>																									
	60% Scald Burns PBW: 10kg (5th Centile) Rec: 559 kcal/d	STOOL PASSED = 7/B-5,6																								
	Galveston formula: 1181.4 kcal/d Assured protein: 3g/kg/d	✓ (small) HB: 9.5 WBC: 30050 Plt: 6.58 Alb: 2.7																								
	NB Feeds Cyclical Peptamen junior ✓ Cl: 30 ml dilution 60 ml/hr (3hr on 1hr off) ✓	Recall vol = 1080 ml/d [108 cal/kg/d] 36 scoops for recall ✓																								
	<u>MACROS (RECALL)</u>																									
	Peptamen jr 36 scoops/d Idli 114 Egg whites 2 1/2 Total ✓ per/kg/d	<table border="1"> <thead> <tr> <th>E</th> <th>P</th> <th>C</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>1314</td> <td>36</td> <td>183.6</td> <td>46.8</td> </tr> <tr> <td>10</td> <td>0.75</td> <td>2.5</td> <td>0.025</td> </tr> <tr> <td>45</td> <td>9</td> <td>0</td> <td>0</td> </tr> <tr> <td>1369</td> <td>45.7</td> <td>186.1</td> <td>46.82</td> </tr> <tr> <td>136.9</td> <td>4.5</td> <td>18.6</td> <td>4.68</td> </tr> </tbody> </table>	E	P	C	F	1314	36	183.6	46.8	10	0.75	2.5	0.025	45	9	0	0	1369	45.7	186.1	46.82	136.9	4.5	18.6	4.68
E	P	C	F																							
1314	36	183.6	46.8																							
10	0.75	2.5	0.025																							
45	9	0	0																							
1369	45.7	186.1	46.82																							
136.9	4.5	18.6	4.68																							
	NPN : [1:153]																									
	BROWNIY 19/5/26 PM	Dietitian Ananya																								
	ALLOW CHICK SOUP / Egg pornem TODAY	BROWN 19/5/26 AM																								

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/25 12:30 PM	C/S/B Dr Sandeep.	plan.
	<p>Δxis! - 55% scald burns s/p collagen dressing debridement</p>	<p>1. Increase feeds to formula 3hr on 2hr off.</p>
	<p>on room AB hemodynamically stable fever spikes present.</p>	<p>2. Make patient stand. 3. continue IV fluids 30ml/hr. 4. continue same antibiotics. 5. NO labs tm. 6. Dr Navin plastic surgeon review today plan debridement tomorrow.</p>
		<p>M.B MOUMITA</p>
		NPO

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 7 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		Dr sandeep
9 PM	<p align="center"><u>counseling notes -</u></p> <p>patient having fever spikes, loose stools are decreased under cereal feeds. today plastic surgeon will reviewed, if required debridement will be done tomorrow. patient wounds are healing. patient condition explained to attenders in their own language.</p>	
	<p align="center">- DILEEP (Uncle)</p>	<p align="center">MY Mr. Nathan</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26	C/S/B	pro follow -
19/5/26 6 PM		
	ASB! - 55% scald burns	plan.
	s/p collagen dressing	1. continue usual feeds
	debridement	Tome/ox gns on in off.
	on room AFD	
	hemodynamically stable.	2. Make patient stand.
	low grade fever spikes present.	3. Clear stools immediately
	<u>Vitals.</u>	4. Aseptic precautions.
	TIR - 150	
	BP - 90/70 (60) mmHg.	5. Continue same antibiotics.
	RR - 30.	6. Monitor vitals.
	2 loose stools small amounts	7. tomorrow debridement
		PAC, POC.
		Serum electrolyte 11m San
		8. OT slot to confirm.
		9. Keep NPO from 5 AM.
		Dr Mathews
		MIB Moumita

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631
 2Y0M7D (F)

day-14 of born.



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : day-12 Today's Date & Time : 20/5/26 8:44

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% scald burns. 4p collagen dressings + debridement.	Current Issues : fever spikes better -
-----------------	--	--

VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
 BAE ⊕

CXR :
 SpO₂ : 98% O₂ by NC / FM / NRB mask / Oxyhood, at Room A/B L / min

Ventilatory Support : Yes No - Day # of Vent : Nitric Oxide : Yes No - If Yes, details :

Ventilatory Settings : Leak around ETT : Delivered Vt :
 ABG : EtCO₂ : P/F ratio : O.I. :
 Chest Physiotherapy Plan : Suctioning Needs :
 Any Nebbs : ICD ? Yes No, if Yes, details :
 Plan of care :

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam (Heart sounds, murmur etc.) : Sinus BR - 140.
 Quality of Pulses : good cap refill Time : 2 sec Liver Edge : cm below Rt costal margin

Blood Pressures : NIBP : IBP : 90/57 (74) mmHg CVP :
Infusion of : Dopamine mcg / kg / min - Dobutamine mcg / kg / min
 Epinephrine mcg / kg / min - Nor Epinephrine mcg / kg / min
 Milrinone mcg / kg / min
 Any Other Infusions :
 Last 2D Echo Findings :
 Size of the heart and lung fields in latest CXR :
Arterial line in situ : Yes No Place of art, line & its condition : left radial artery.
Central line in situ : Yes No Place of central line & its condition :
Day of arterial line : Day of Central line :
 Plan of Care :

CNS

Neuro Exam : alert, active

Pupils : 2mm 2mm reacting to light Sedation Used ? Yes No Any paralysis ? Yes No

Types of Sedation : 2 Types of Paralysis :
 Relevant CT Scan, MRI EEG, Neurosonogram etc. :
 Plan of Care :
 Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.	<input type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input checked="" type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : <u>+424</u> / (+/-) Input : <u>0.1</u> ml/k/d UO : <u>6.1</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>peptamine junior</u> : Feed Schedule : <u>70 ml/hr 3h on 1hr off</u> IV Fluids - Type of IVF : <u>DNS @ 30 ml/hr</u> (..... times maintenance) TPN : <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>135</u> K <u>4.2</u> Cl <u>104</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	INFECTION	<input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>29 pptca - D12</u> Describe c/s Reports : Other Labs (Latex, Serology, etc) : <u>29 ampicillin - D9</u> Ongoing Antibiotics :			
		NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :		
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>19/5/26</u> <u>9.2</u> <u>34,060</u> ↑ Any Coagulopathy : <u><54</u> <u>6.9</u> <u>24</u> Relevant Transfusion History : Plan of Care : <u>19/5/26</u> <u>pct</u> — <u>1.7</u> ↓	
				CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
	FINAL COMMENTS <u>posted for debridement + vac dressing</u> <u>keep NPO</u>				

Doctor's Name (Handover given) : Dr Watson
 Signature : [Signature]
 Date & Time : 20/5/26 8AM

Doctor's Name (Handover taken) : [Signature]
 Signature : [Signature]
 Date & Time : 20/5/26

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 6 D (F)
 12-05-2024
 Dr. SANDEEP REDDY

TR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	<u>NUTRITION REVIEW</u>	
8am	55% scald Buons	STOOL PASSED = 5 / Bristol 1-5, 6
	PBW: 10kg (5th Centile)	
	REE: 559 KCal/d	Hb: 9.2 PLt: 6.96L
	Galveston Formula: 1181.4 KCal/d	Alb: 2.9
	NA Cyclical Feeds	
	Peptamen junior	
	C1: 30ml dilution	Recall vol = 1080 ml/d
	70mlr (3hr on 1hr off)	36 scoops for recall
		[108 cc/d]
	<u>MACAOS (RECALL)</u>	
		E P C F
	Peptamen jr 36 scoops/d	1314 36 183.6 46.8
	Egg whites 3/4	136 2.7 0 0
	Idli ①	40 3 10 0.1
	Coconut water 100ml	15.3 0.25 3.3 0.15
	Total	1382.9 41.9 196.9 47
	per kg/d	138.2 4.1 19.6 4.7
	MPN : (1:180)	
	B/S/N/T/M 20/5/26 9am	Distortion Mounice



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/26	60% scald burns	c/s/b Dr Sandeep
12:30 PM	slp collagen dressing + debridement	Plan
		- shift to OT on call
	fever spike ⊕	
	no no spike 5 AM	- perianal area;
	vitals stable	apply oint sofremycin
	o/e	
	child alert	- Restart cyclical feed
	on room air.	after shifting from OT
		⊕ TO send infected tissue
		for ck
		- TO take incision after OT
		- Review fluid requirement
		post op. Based on
		skin healing.
		noted by Alven
		/
		/

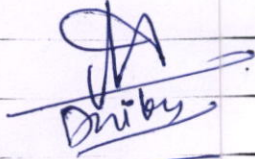
BAH-00655928
 Baby ANANYA
 12-05-2024 2Y0M7D (F)
 Dr. SANDEEP REDDY



GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/05/26 1:30 pm	<p>she is <u>Counselling Notes</u></p>	
	<p>she is well, only one case of fever yesterday. stool output improved. Her rashes are improving. Today Surgeon will examine and tell about the rashes & do dressing. she is accepting feeds well. If after today's dressing, if wounds are good and no fever spikes in Next 24hrs, we will try to shift the baby to ward in 48-72 hrs. No escalation of antibiotics needed as she is well with that.</p>	
	<p>1 <u>Shankar</u></p>	<p>Father <u>Dhanraj</u></p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/5/2024		C/S/B Dr. Sandeep
3:00pm		Plan
	60% scald Burns 1 P collagen dressing	① Send CBP Now ② Tramadol stat
	Came from OT post debridement.	③ Restart feeds after 1 hour @ 9:00pm
	Blood loss - 30-40ml	
	skin on back is intact	④ 70ml pectamine junior
	Sample given for culture	(3 hour on and 1 hour off)
	Rest all areas healed	
	currently chld on Room and	⑤ Once feeds are started
	Hemodynamic stable	rate 100 @ 20ml/hour
	HR - 150/min	⑥ amoxicillin orally
	SpO ₂ 100%	⑦ W/F knee splint
	RR - 28/min	
	BP - 98/52 mmHg	
		 noted by Ameer

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 8 D (F)
 Dr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : P13 Today's Date & Time : 21/5/26

PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% Stald Burn SIP debridement + collagen dressing	Current Issues : fever spikes
	VITAL SIGNS Today's Wt. (kg) : Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : Bilateral air entry present	
	CXR :	
	SPO ₂ : 96-97% O ₂ by NC / FM / NRB mask / Oxyhood, at room air L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :	
	Ventilatory Settings : Leak around ETT : Delivered Vt : ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs :	
	Any Nebbs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 146/min	
	Quality of Pulses : good cap refill Time : 3sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 96/10(78) CVP :	
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input checked="" type="checkbox"/> Epinephrine mcg / kg / min - <input checked="" type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min	
	Any Other Infusions : Last 2D Echo Findings : Size of the heart and lung fields in latest CXR :	
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left Radial Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : right IJV Day of arterial line : Day of Central line : Plan of Care :	
CNS	Neuro Exam : alert	
	Pupils : 2+ 2+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : Types of Paralysis :	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :	

FLUIDS STATUS NUTRITION AND G.I.	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I / O / Balance : / (+/-) <u>±383</u> Input : <u>6</u> ml/k/d UO : <u>44</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ <u>40ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>135</u> K <u>4.7</u> Cl <u>104</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : <u>DN</u> Abd Exam : <u>soft</u> Any organomegaly? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>piperat D13</u> Describe c/s Reports : <u>Amikacin D10</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :	
NEPHROLOGY ISSUES	Sr. Creat : <u>0.3</u> Bld. Urea : <u>5</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : <u>201/126</u> <u>8.7/47.360/8.18 hku</u> Any Coagulopathy : <u>629/119.5</u> Relevant Transfusion History : Plan of Care :	
CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :	Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Culture wound</u> Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :
	FINAL COMMENTS <p style="text-align: center; font-size: 1.2em;">plan vac. dressing at 11pm</p>	

Doctor's Name (Handover given) : Madhu
 Signature : Madhu
 Date & Time : 21/5/26 am

Doctor's Name (Handover taken) :
 Signature :
 Date & Time :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 7:30 AM	<u>NUTRITION REVIEW</u> 60% Scald Burns	STOOL PASSED = 2 Bristol-5
	PBW: 10 kg (5th Centile)	Hb: 8.7 Ptt: 8.18L
	REE: 559 Kcal/d	Alb: 2.9
	Galveston Formula: 1181.4 Kcal/d	
	NG Cyclical Feeds	
	Peptamen junior	
	(1:30 ml) dilution	Recall vol = 900 ml/d
	70ml/kg (3hr on the off)	23 scoops for recall
		(70cc/kg/d) with NPO
	<u>MACROS (RECALL)</u>	
		<u>E</u> <u>P</u> <u>C</u> <u>F</u>
	Peptamen jr 23 scoops/d	839.5 23 117.3 29.9
	Rice & veg 1/4 plate	30 0.75 5.5 0.17
	Idli 1/2	20 1.5 5 0.05
	Total	<u>889.5</u> <u>25.2</u> <u>127.8</u> <u>30.1</u>
	per kg/d	88.9 2.52 12.7 3
	NPN : (1:195)	
		child is on NPO
		Dietitian Manica
	B.M. Reddy 21/5/26 a.k.l.m	

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 Baby ANANYA
 12-05-2024 2 Y 0 M 7 D (F)
 Dr. SANDEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/26 12:40PH	C/S/B Dr Sandeep	par
	DSS: - 60% scald burn.	1. Rp, PCT - now.
	on room Air	2. ABG - now
	Hemodynamically stable.	3. Continue antibiotics.
	on central feeds	4. central feeds
	Temp 38.5 on	75ml/hr shs on
	central feeds	shs off.
	Temp 38.5 on	5. plan to shift to ward. (Zone B
	shs off.	single Room).
	no fever spikes.	6. Infusals DNS - 20ml/hr.
	VAC - dressing done.	7. stop paracetamol.
		noted by Sandeep
		pr nathan

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 8 D (F)
Dr. SANDEEP REDDY



LEI - Ananya



PROGRESS NOTES AND DOCTOR'S ORDER ↓ Dr. Sandeep Reddy

Date & Time	Progress Notes	Doctor's Order
21/05/2026	<u>Counseling note</u>	
8:00pm	The kids are well now. Front side dressing is removed. Only Back side dressing & VAE is placed. If everything goes well, we will try to shift the baby to ward coming morning. we didn't do any bloods today.	
	Dr. A. K. S. Reddy	DILEEP (Father)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		c/s / B Dr. Sandeep
21/5/26	60% scald burn	Plcn
SPM	slp debrident / slp VAC dress	
	On room air	→ Continue DNS
	Hemodynamically stable	@ 20ml/hr
	on cyclical feeds	→ cyclical feeds to continue
	peptamen Tx (1:30)	
	75ml/hr 3hr on	
	1hr off	→ encourage orally
	Issue 2	→ w/t fever spikes
	Fever spikes 100.2	Noted by Sivalinga 21/5/26 @ 5:10pm
	101.2	
	HR - 170/min	
	RR - 25/min	
	SpO ₂ - 98%	
	BP - 100/60 mmHg	
	accepting orally.	

f
K. Sekhar

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 9 D (F)
Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Dr. Sandeep

Date & Time	Progress Notes	Doctor's Order
<u>23/05/26</u>	Counseling Note	
	She is doing well today, wound is healthy front side. If everything is	
	good, we will shift her in the evening to the ward.	
	Next dressing will be decided after Surgeon Review. She may need	
	10 more days of hospitalization. We will shift her to single room.	
	Dr. Karter	
	Dhanraj	

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y O M 8 D (F)
 Dr. SANDEEP REDDY



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 9/5/26 Day of Admission : D14 Today's Date & Time : 22/5/26 at 7:55 AM
 PRISM - III Score in first 24hrs. of Admission : Today's SOFA Score :

OVERVIEW	Diagnosis : 55% scald Burns S/P Debridement + collagen+ VAC	Current Issues : fever spikes
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VITAL SIGNS	Today's Wt. (kg) : 10kgs	Temp.:	Blood sugar issues :
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RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BIL AE ⊕
	CXR :
	SPO ₂ : 98% O ₂ by NC / FM / NRB mask / Oxyhood, at Room air L / min
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details :
	Ventilatory Settings : Leak around ETT : Delivered Vt :
	ABG : EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : Suctioning Needs : Any Nebbs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care :

CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR - 155/min
	Quality of Pulses : good cap refill Time : 2.3sec Liver Edge : cm below Rt costal margin
	Blood Pressures : NIBP : IBP : 118/57 (70) CVP :
	Infusion of : <input type="checkbox"/> Dopamine mcg / kg / min - <input type="checkbox"/> Dobutamine mcg / kg / min <input type="checkbox"/> Epinephrine mcg / kg / min - <input type="checkbox"/> Nor Epinephrine mcg / kg / min <input type="checkbox"/> Milrinone mcg / kg / min
	Any Other Infusions :
	Last 2D Echo Findings :
	Size of the heart and lung fields in latest CXR :
	Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left radial Central line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of central line & its condition : Right IV Day of arterial line : Day of Central line : Plan of Care :

CNS	Neuro Exam : alert
	Pupils : 2+ 2+ Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Types of Sedation : Types of Paralysis :
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : Plan of Care : Ramsay Sedation Score :

FLUIDS STATUS NUTRITION AND G.I.	<input checked="" type="checkbox"/> NPO <input type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds				
	I / O / Balance : / (+/-) <u>+62</u> Input : <u>2.4</u> ml/k/d UO : <u>4.8</u> ml/kg/hr Stools : NG output : PO intake : Feed Formula : <u>peptamen Jr.</u> Feed Schedule : <u>25ml/hr cycled feeds</u> IV Fluids - Type of IVF : <u>DNS</u> @ <u>20ml/hr</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>134</u> K <u>3.9</u> Cl <u>10.3</u> Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : <u>(0)</u> Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
INFECTION	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, details : <u>wound culture</u> Describe c/s Reports : <u>ppolar D14</u> <u>Amikacin D11</u> Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :				
	Sr. Creat : <u>0.3</u> Bld. Urea : <u>17</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :				
NEPHROLOGY ISSUES	Relevant Labs (CBP etc) <u>21/5</u> <u>9.1/31.4/20/8.7.3 b/w</u> Any Coagulopathy : <u>6/9/16</u> Relevant Transfusion History : Plan of Care :				
	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details : Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>wound culture</u> Pending Consultations : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details :				
CARE PROTOCOLS	If yes, then details :				
FINAL COMMENTS	<u>wound culture to trace</u>				

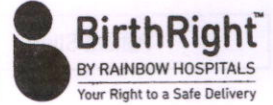
Doctor's Name (Handover given) : Medhmi
 Signature : Medhmi
 Date & Time : 22/5/26 at 8am

Doctor's Name (Handover taken) : Kjetha
 Signature : Kjetha
 Date & Time : 22/5/26 8:30am

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 Baby ANANYA
 12-05-2024 2 Y 0 M 8 D (F)
 Dr. SANDEEP REDDY



IR-3



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/24 8am	<u>NUTRITION REVIEW</u>	
	60% Scald Burns	STOOL PASSED = 3/ Bristol-5 ✓
	PBW: 10kg (5th Centile)	
	REE: 559 kcal/d	Hb: 9.1 WBC: 39420
	Galveston Formula: 118.4 kcal/d ✓	Plt: 8.73 Alb: 3 ✓
		Amy: 59 ✓
	NO Cyclical Feeds	
	Peptamen junior	
	(1:30 ml) dilution	Recall vol = 1125 ml/d
	70 ml/hr (3 hr on 1 hr off)	37 scoops for recall
		(112 cal/kg/d) ✓
	<u>MACROS (RECALL)</u>	
		<u>E</u> <u>P</u> <u>C</u> <u>F</u>
	Peptamen jr 37 scoops/d	1350.5 37 188.7 48.1
	Iddi 1	40 3 10 0.1
	Egg white 1/2	9 1.8 0 0
	Paneer 5g	13.3 0.91 0.06 1
	Total	1412.8 42.7 198.7 49.2
	per kg/d	141.2 4.2 19.8 4.92
	NPN: [1:182]	
	Brown 22/5/24 9am	Encourage orally
		Distilled Mouza



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26 10 AM	c/s/b Dr Sandeep	Plan
	60% scald burn	
	slp debridement / slp vac	- continue 75ml/hr
		cyclical feed
		3hr on, 1hr off
	4 episodes small quantities stool	+ 2 scoops of Fit Kid over 24hr
	Fever spike ⊕	- encourage orally
	On room air	- continue background fluids
	Hemodynamically stable	
	alert, active	- keep in PICU today
	HR - 160/min	- w/ fever spike
	RR - 40/min	Hemodynamic instability
	SpO ₂ 98%	
	BP - 110/60 mmHg	- Trace c/s
		Noted by Sindhuja
		22/5/26 10:15 AM
		K. Chitra



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	clotB piceu team	<u>Plan</u>
3pm	As:- 60% scald burne	1) w/f fever spikes
	s/p debridement +	2) reform if urine
	VAC dressing	output < 20ml/hr
	Issue:- fever spikes	3) continue background
	tachycardia	IV fluids
	on room air	4) continue cyclical feeds
	HR - 180/min	as per plan
	BP - 105/42 mm Hg.	5) encourage orally
	SpO ₂ - 98%	6) trace cl
	urine output - normal	Noted by Sindhuja
		22/5/26 2:10pm
22/5/26	clotw Dr Sandeep.	
8pm	<u>Issue:</u>	<u>plan:</u>
	pCT - 12-7	1. continue some antibiotics.
	fever spikes.	
		Dr Nathan
		Noted by venula
		22/5/26 8:10pm

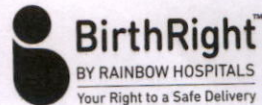
BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631
 2 Y 0 M 9 D
 (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2Y0M0D (F)
Dr. SANDEEP REDDY



CROSS CONSULTATION FORM

Doctor Name : Dr. Gyaneshwar Date : 12/5/26 Time : 4pm

Diagnosis : Burns 55%

Hospital : RCH

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:

Burns

Signature: [Signature]

Findings and Recommendations :

S/B Dr. Gyaneshwar

→ ^{PS} found contact at Medulla / bulbar area.

- No loss of deep B/L U/L

- Post-tan → deep burn i loss of collagen
Ant-tan - Collagen due well

- dress for B/L U/L upper thigh due

✓ Mantle Hs 710gm
Sialta 7215gm

Dressing charges
Rs 5000/-

Consultant :

Name : Dr. Gyaneshwar Signature : [Signature] Date & Time : 12/4/2026
[Signature]

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Dr. SANDEEP REDDY



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BAH-00655928
Baby ANANYA
12-05-2024 2 Y 0 M 7 D (F)
Dr. SANDEEP REDDY



CROSS CONSULTATION FORM

Doctor Name : Dr. naveen Date : 19/5/26 Time : 2 pm

Diagnosis : 60 y. scald burn

Hospital : Rainbow hospital

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:

Burns

[Signature]
Signature:

Findings and Recommendations :

19/5/26

SIB Renuka Reddy

PG E 55-60% mixed Burn

ATLC

Case referred for

debridement + vac + dress

Gamma

PAC

Typhoid (SOS)

Consultant :

Name : M. V. Naveen Signature : M. V. Naveen Date & Time : 19/5/26

[Signature]

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 5 D (F)
 Dr. SANDEEP REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 17-5-2026 Time: 10:30 am

Blood Group of the Patient: O+ve Blood Group on the Blood Bag: O+ve

Blood Bank Issue No: BAD26-01076 Date of Collection: 5-5-2026 Date of Expiry: 16-6-2026

Date & Time of Starting Transfusion: 17-6-2026 Planned duration of Transfusion: over 4 hours

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Vindhya Nurse 2: Subrata

Before starting transfusion vitals: Temp: 98.8°F HR: 152 RR: 29 BP: 106/79 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
17-5-2026	15 Min	152	98.9°F	106/79	100%	—	—	—	—
	15 Min	148	98.8°F	107/78	100%	—	—	—	—
	30 Min	143	98.9°F	96/59	99%	—	—	—	—
	30 Min	146	99.4°F	99/59	100%	—	—	—	—
	30 Min	161	99.6°F	105/66	100%	—	—	—	—
	1 Hr	159	99.1°F	101/58	100%	—	—	—	—
	1 Hr					—	—	—	—

Comments: nil

Name of the Incharge-Nurse: [Signature]

Name of the Nurse: Vindhya

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 17-5-2026 2:30 PM

Date & Time: 17-7-2026 2:30 pm

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

19:30
 10:30
 12:30
 14:30
 16:30
 18:30
 20:30
 22:30
 24:30
 26:30
 28:30
 30:30
 32:30
 34:30
 36:30
 38:30
 40:30
 42:30
 44:30
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 78:30
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 84:30
 86:30
 88:30
 90:30
 92:30
 94:30
 96:30
 98:30
 100:30

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2
 Qty. 150 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D./
 SAGM Solution.



Rh Positive

HIV I & II/ HBSAG/HCV - Non
 reactive
 VDRL - Non reactive
 MP - Negative
 NAT(HIV I & II/ HBSAG/ HCV) - Non
 reactive

Unit No.: **BAH26-01076**
 Blood Group: **O Rh Positive**
 Collection Date: **05/May/2026**
 Expiry Date: **16/Jun/2026**

Issue Label / Cross Matching Report
 Patient : **Baby: Ananya**
 Patient's Blood Group : **O Rh Positive**
 Hosp.Dr : **Rainbow Childrens Hospital, Sandeep Reddy**
 UHID No. : **BAH-00655928** Wgt-Bed No.:

Product : **LR-PRRC Pedia-2**
 Blood Group : **O Rh Positive**
 Unit No. : **BAH26-01076**
 X-Matching Report: **Compatible**
 Rainbow Hospital Blood Centre

Issue Dt : **17/May/2026**
 Colln Dt : **05/May/2026**
 Exp. Dt : **16/Jun/2026**
 Issued BY : **PILLEM**
Rainbow Childrens
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

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 Set
 Scit

CONSENT FOR BLOOD TRANSFUSION

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 0 D (F)
Dr. SANDEEP REDDY



Name: Age: Gender: Male Female
UHID.No : Date: 14/5/26

- Type of Blood Product:**
- Fresh Frozen Plasma
 - Packed Red Blood Cells
 - Random Donor Platelets
 - Cryoprecipitate
 - Single Donor Platelet
 - Whole Blood
 - Albumin
 - Red Blood Cell
 - Others

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: DEVI
Name: DEVI
Date & Time: 14/5/26 @ 11am

Doctor (Who is talking the consent)

Signature: Madhavi
Name: Madhavi
Date & Time: 14/5/26 @ 11am

Witness

Signature: Ashu
Name: Ashu
Date & Time: 14/5/26 @ 11am

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-2

Qty. 100 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./
SAGM Solution.



HIV I & II/ HBsAG/ HCV - Non
reactive
VDRI. - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV)- Non
reactive

Unit No.: **BAH26-00989**
Blood Group: **O Rh Positive**
Collection Date: **21/Apr/2026**
Expiry Date: **02/Jun/2026**

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not
Add Any Medication. 4) Check **Blood Group on Label & Recipient's**
Group and Name Before Administration. 5) Use Sterile Transfusion Set
With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if

Ther
Appr
Anti

Issue Label / CrossMatching Report

Patient : **Baby. Ananya -**
Patient's Blood Group : **O Rh Positive**
Hosp/Dr : **Rainbow Childrens Hospital, Sandeep Reddy**
UHID No.: **BAH-00655928** Wd-Bed No.:

Product : **LR-PRBC Pedia-2**
Blood Group : **O Rh Positive**
Unit No.: **BAH26-00989**
XMatching Report: **Compatible**
X-matched by: **Premalatha**

Issue Dt : **14/May/2026**
Colln. Dt : **21/Apr/2026**
Exp. Dt : **02/Jun/2026**
Issued By : **Premalatha**

**Rainbow Hospital Blood Centre, Rainbow Childrens
Hospital**

D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
No.2, Banjara Hills, Hyderabad, Telangana State
Lic No. 46/HD/TS/2018/BB/G

EAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 0 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 14/5/26 Time: 12:00pm.
 Blood Group of the Patient: O+ve. Blood Group on the Blood Bag: O+ve.
 Blood Bank Issue No: BAH26-00989 Date of Collection: 21/4/26 Date of Expiry: 2/6/26
 Date & Time of Starting Transfusion: 14/5/26 Planned duration of Transfusion: 100ml over 4 hours
 Check for Correct Unit: Correct Patient:
 Blood products cross checked by: Nurse 1: Ashma Nurse 2: Dheeba
 Before starting transfusion vitals: Temp: 98.8°F HR 175 RR: 27 BP: 104/57 SpO₂ 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>14/5/26</u>	<u>35 Min</u>	<u>176</u>	<u>98.8°F</u>	<u>95/56</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>35 Min</u>	<u>177</u>	<u>98.8°F</u>	<u>97/58</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>30 Min</u>	<u>171</u>	<u>99.5°F</u>	<u>103/63</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>30 Min</u>	<u>174</u>	<u>99.8°F</u>	<u>104/53</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>1 Hr. 30 Min</u>	<u>175</u>	<u>99.9</u>	<u>99/59</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>1 Hr</u>	<u>174</u>	<u>99.7</u>	<u>100/50</u>	<u>100%</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
	<u>1 Hr</u>								

Comments: No Reaction.

Name of the Incharge-Nurse: Dheeba Name of the Nurse: Ashma
 Signature of the Incharge-Nurse: Dheeba Signature of the Nurse: Ashma
 Date & Time: 14/5/26 @ 12:00pm Date & Time: 14/5/26 @ 12pm

CONSENT FOR BLOOD TRANSFUSION



BAH-00655928 IP5-00173631

Baby ANANYA

Name: 12-05-2024 2 Y 0 M 5 D (F) Age: Gender: Male Female

Dr. SANDEEP REDDY

UHID.N



Date: 17/5/26 @ 10:30 AM

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
Nil

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: *Devi*

Name: *Devi*

Date & Time: *17-5-2026 10:30 AM*

Doctor (Who is talking the consent)

Signature: *Nandan*

Name: *Dr. Nandan*

Date & Time: *17/05/2026, 10:30 AM*

Witness


Signature: *Vindhya*

Name: *Vindhya*

Date & Time: *17-5-2026 10:30 AM*

CONSENT FOR SPECIAL PROCEDURES



Patient Name : ... **BAH-00655928** **IP5-00173631**
Baby ANANYA Gender: Male Female
12-05-2024 **2 Y 0 M 8 D** (F)
Dr. SANDEEP REDDY
UHID No :  ent : Date : 21/5/26
I S / D / W / O

Here by give consent for procedure of : VAC dressing

For my patient, Named :

The doctors have clearly explained to me that the procedure has following possible complications:

pain
Hemorrhage

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

Nil

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Sai

Patient Attendant :
Signature : Devi
Name : Devi
Relationship with Patient: mother
Date & Time : 21/5/26 11:20Am

Witness :
Signature : Sindhuja
Name : Sindhuja
Date & Time : 21/5/26 11:20Am

Doctor (who is taking the consent) :
Signature : [Signature]
Name : KRATHYA
Date & Time : 21/5/26 11:230Am

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....
.....
.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

CONSENT FOR BLOOD TRANSFUSION

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 0 D (F)
Dr. SANDEEP REDDY



Name: Age: Gender: Male Female

UHID.No : Date: 13/5/26 @ 3:40pm

- Type of Blood Product:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input checked="" type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

..... hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that NRI.

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Doctor (Who is talking the consent)

Signature: DiPEE

Signature: [Signature]

Name: DiPEE, Deleep Kumar

Name: Dr. Nandeen

Date & Time: 13/5/26 @ 3:40pm

Date & Time: 13/5/26 @ 3:40pm

Witness

Signature: [Signature]

Name: Ashna

Date & Time: 13/5/26 @ 3:40pm

**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**

Name: Ananya Age: 2y Sex: Female UHID.No: BAH-00655928
 Date: 19/5/26 Time: 4:05pm Proposed Operation: Debridement & Dressing
 Diagnosis: 55% Scald burns on chest & Abdomen
 B.P / CRT: 82/64 H.R: 152/min Weight: 10kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 9.2gm/l Glucose: Protein: HIV: X-Ray:
 PCV: 27.6 Urea: Alb: HBS Ag: ECG:
 WBC: 34060 Creat: Total Bill: HCV: 2D Echo:
 Plate: 6.96 lakh Na: Dir. Bill: Blood group: O+ve Stress/Anglo:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Allergies: NIL

Medical History: CVS: ?
 RESP: Diabetes:
 CNS: FT/3kg/CIAB/NO NILW study
 Renal: NIL Immunisation (+)
 Hepatic / GE: Physical Activity:

Others: fever spike - 3 times - yesterday
 Past Anaesthetic History: Collagen dressing + wound debridement ↓ GA EUPA (16/5/26)
 Physical Exam: uneventful

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: BAC (+), Uew
 Heart: S1S2 (+)
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: RT IJV functional Spine Exam for regional:
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA RT VL 22G Radial arterial line (+)
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
 1. DVT Prophylaxis :
 2. NIL ORAL → Water / ORS 2 Hours
 → Others 6 Hours
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions: Electrolytes on day of procedure
8hrs for solid
2hrs for clear liq
Explained

Signature: [Signature] Name: Dr. Aysha

BAH-00655928 IP5-00173631

Baby ANANYA

12-05-2024 2 Y 0 M 11 D (F)

Dr. SANDEEP REDDY



ANAESTHESIA CHART



Pt

Change in Patient Condition: Yes No Fasting Status:

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 154 bpm B.P/CRT: 92/66 SpO₂: 99% @ RA R.R: 22 Last Feed: 8am

Pre-OP Diagnosis: 5.5% 2.0 cal Burns Operation: Dependent + Dexty Date: 20/5/2026

Surgeon: Dr. Navleen Anaesthesiologist: Dr. S. S. Reddy Technician: Ramesh

TIME	2:00	2:15	2:30	2:45	3:00
N ₂ O / AIR / O ₂ / FPM					
HALO / SC / SEVO	0.6 MAC				
Drugs:					
Dr. MIDAZOLAM	0.2mg				
Dr. FENTANYL	20mcg IV				
Dr. FENTANYL	20mcg IV				
Dr. ATRACURIUM	4mg + 2mg IV				
Dr. PARACETAMOL	150mg				
FiO ₂ / SaO ₂	100	100	100	100	100
ETCO ₂					
ECG	SR	SR	SR	SR	SR
Temperature	36.4	36.2	36.3	36.4	
Urine Output					
Fluids Blood					
B.P					
V Systolic					
A Diastolic					
X Mean					
• Heart Rate					
Tourniquet on Time					
Tourniquet off Time					
Throat Pack In					
Throat Pack Out					

LAB Values ABG GRBS Others

<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>Radial</u> <input checked="" type="checkbox"/> Art Site: <u>Radial</u> <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input type="checkbox"/> Pressure Points Checked	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Huggers' <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>2:00pm</u> OP Start: <u>2:00pm</u> OP End: <u>3:00pm</u> Leave OR: <u>3:00pm</u> Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <u>RT hand 22g</u> <input type="checkbox"/> ART: <u>RT hand 22g</u> <input checked="" type="checkbox"/> IV: <u>RT hand 22g</u> <input type="checkbox"/> IV: <u>RT hand 22g</u> <input type="checkbox"/> IV: <u>RT hand 22g</u>	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# <u>4.5</u> at <u>12</u> cm <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical Drug: <u>ATRACURIUM</u> <input type="checkbox"/> Awake <input checked="" type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# <u>2</u> Attempts: <u>1</u> Difficulty Why? <u></u> <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input checked="" type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <u></u> <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: <u></u> Position: <u></u> Site: <u></u> Needle Size: <u></u> Depth: <u></u> Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin <u></u> cm Drug Name & Conc: <u></u> Bolus: <u></u> Infusion: <u></u> Block Level: <u></u> Comments: <u></u> Transportation to <u>PCU</u> <input type="checkbox"/> PACU <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. S. S. Reddy</u> Signature of the Doctor: <u>[Signature]</u>
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BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY

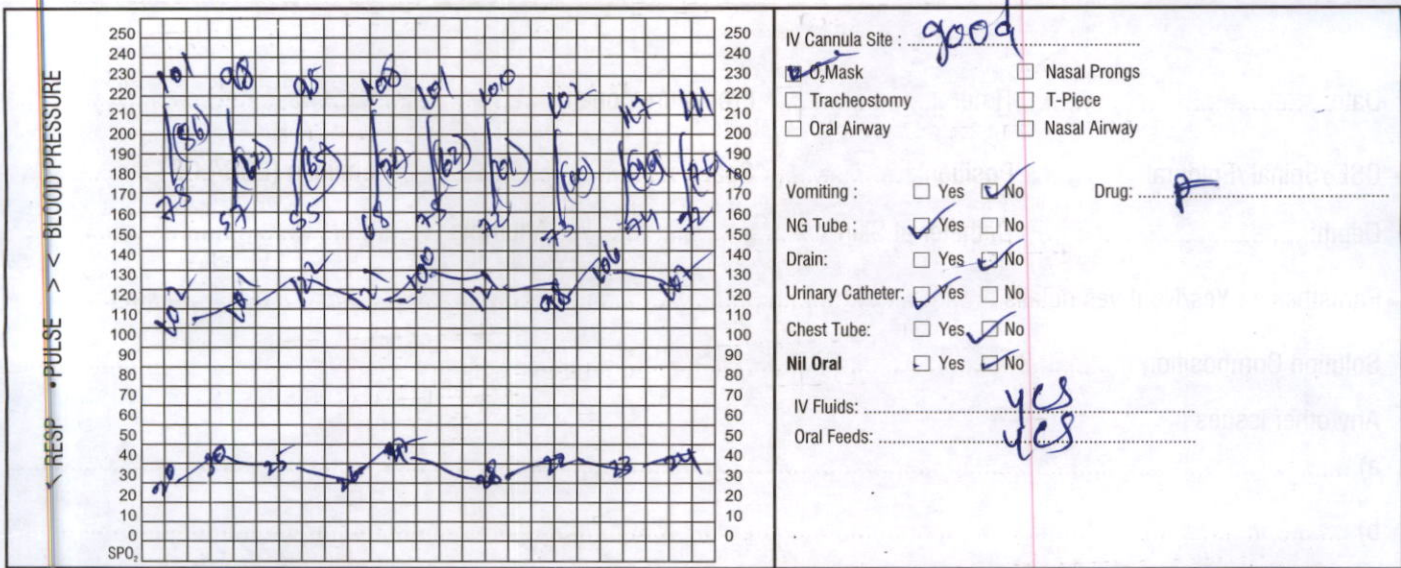


POS



IIT RECORD

Received in PACU by : Time Received : Time Discharged :



IV Cannula Site : good

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug : P

NG Tube : Yes No

Drain : Yes No

Urinary Catheter : Yes No

Chest Tube : Yes No

Nil Oral Yes No

IV Fluids : yes

Oral Feeds : yes

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	.				A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
19/5	3pm	1/10	paracetamol injection given position changing.	<u>[Signature]</u>

Pain Tool Used: N PASS FLACC Wong Baker NPS

- Reassessment Frequency:
- Every eight hours for all hospitalized patients.
 - For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name : ASMG

PACU Nurse Signature: [Signature]

Date & Time: 19/5/26 4/12pm

Transferred to Unit by (PACU):

Date & Time:

Patient Sticker



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :


Discharge /Shifting ordered by

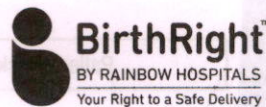
Doctor Signature:

Doctor Name:

Date and Time :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00655928 IP5-0C
Baby ANANYA
12-05-2024 1 Y 11 M 28 L
Dr. KAPIL BHAGWATRAO SAC:




Name: Baby Ananya Age: 1Y 11M Sex: (F) UHID.No: BAH.00.6.55928

Date: 10/9/2026 Time: 8:22 Proposed Operation: collagen dressing

Diagnosis: 55% Guald burn, Burns wound sepsis

B.P / CRT: 94/55 H.R: 125/min Weight: 10kg ASA Physical Status: 1 2 3 4 5

9/5/24

Laboratory Data:	
Hgb: <u>9.3</u>	Glucose:
PCV: <u>28.9</u>	Urea: <u>12</u>
WBC: <u>9.970</u>	Creat: <u>0.4</u>
Plate: <u>4, 61, 000</u>	Na: <u>131</u>
PT: <u>14</u>	K: <u>2.2</u>
PTT: <u>4.3</u>	Ca++: <u>1</u>
INR: <u>1</u>	Mg++:
	Cl-: <u>103</u>
	SGOT/SGPT:
	HIV:
	HBS Ag:
	HCV:
	Blood group:
	T3
	T4
	TSH
	X-Ray:
	ECG:
	2D Echo:
	Stress/Angio:
	Other:

Allergies: No known drug etc

Medical History: CVS:

pH: 7.14 RESP: free spikes Diabetes: NVD
 PCO₂: 31 CNS: Burns 55% + burn wound sepsis Birth: COF: -
 PO₂: 107 Renal: > 15/2026 No MSW admn
 Hb: 9.6 Hepatic / GE: sepsis Physical Activity:
 SO₂: 92% Others: 7/15/2026

Past Anaesthetic History: -

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: slight Mentoxyoid Distance: (C) Neck: (C) Teeth: (C)

Lungs: AER

Heart: S1S2

CNS: Alert, Active

Pregnant: Yes No NA Venous Access Site: RUL Spine Exam for regional: LUL

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
INJ DANTROPARZOE	10ugm IV BID
INJ PARACETAMOL	150mg IV TID
INJ PIPERACILLIN TAZOBACTAM	1gm IV TID

- Pre-Operative Instructions: NBM since 6am
- DVT Prophylaxis:
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: Adili Name: Dr. Adili



ANAESTHESIA CHART



Change in Patient Condition: Yes No **Fasting Status:** Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R.: 134 B.P./CRT: 95/55 SpO₂: 100 R.R.: 18 Last Feed: 76 hr

Pre-OP Diagnosis: Burns 55% Operation: Collagen dressing Date: 10/5/24

Surgeon: Dr. Chandu / Dr. Murali Anaesthesiologist: Dr. Adithy Technician: Suresh

TIME	N ₂ O/AIR/O ₂ L/PM	HALO/SO ₂ /SEVO	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
11:30	100/0/0	0/0/0	ROCURONIUM 10MG	-	-	-	LMA 1/2 placed LMA removed ETT placed
11:35	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
11:40	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
11:45	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
11:50	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
11:55	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
12:00	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
12:05	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
12:10	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		
12:15	100/0/0	0/0/0	ROCURONIUM 10MG	-	-		

LAB Values

ABG: _____

GRBS: _____

Others: _____

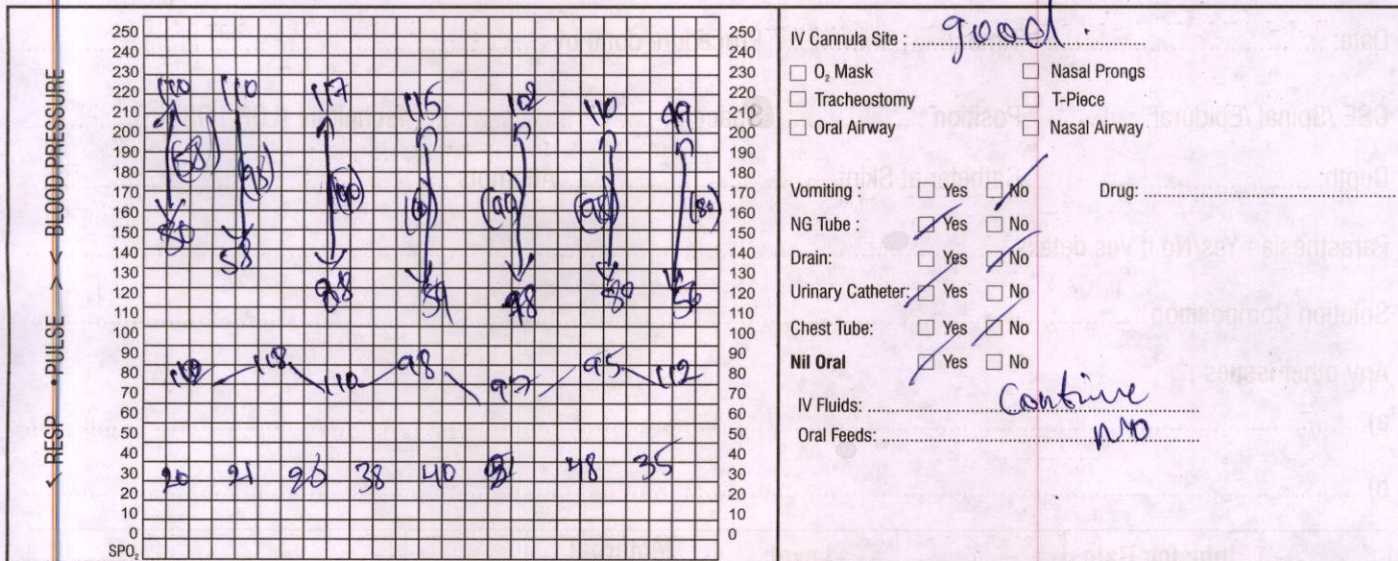
<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>in delta</u> <input checked="" type="checkbox"/> Art Site: <u>3 lead skin</u> <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: _____ <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input checked="" type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input checked="" type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: 11:40 OP Start: 11:50 OP End: 1:45 Leave OR: 2:00 Anaesthesia: <input checked="" type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: _____ <input type="checkbox"/> ART: _____ <input checked="" type="checkbox"/> IV: <u>UL 270</u> <input type="checkbox"/> IV: _____ <input type="checkbox"/> IV: _____	Induction <input checked="" type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input checked="" type="checkbox"/> Mask <input checked="" type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# 3.5 at 13 cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <u>ROCURONIUM</u> <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# 1 Attempts: 1 Difficulty Why? _____ <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: _____ <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: _____ Position: _____ Site: Needle Size: _____ Depth: _____ Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin _____ cm Drug Name & Conc: _____ Bolus: _____ Infusion: _____ Block Level: _____ Comments: _____ Transportation to <input type="checkbox"/> PACU <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr Adithy</u> Signature of the Doctor: <u>[Signature]</u>
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BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



PAIN CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :



IV Cannula Site : good

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug :

NG Tube : Yes No

Drain : Yes No

Urinary Catheter : Yes No

Chest Tube : Yes No

Nil Oral Yes No

IV Fluids : Continue

Oral Feeds : N/A

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
10/5/26	12pm	2/10	paracetamol q4	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time: 10/5/26 1:45pm

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

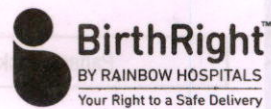
Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUAT

Name: Ananya Age: 2y Sex: F UHID.No: BAH-00655928

Date: 16/5/26 Time: 12:00pm Proposed Operation: Burn Dressing / Debridement

Diagnosis: 55% Scald dressing burns on chest & abdomen

B.P / CRT: 86/54 H.R: 150 Weight: 10kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 8.3 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: 12 Alb: HBS Ag: ECG:
 WBC: 25900 Creat: 0.4 Total Bill: HCV: 2D Echo:
 Plate: 487 Na: 137 Dir. Bill: Blood group: O+ve Stress/Anglo:
 PT: K: 4.0 LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: 105 SGOT/SGPT:

Allergies:

Medical History: CVS: FT / 3kgs / CIAB / NO NICU admission
 RESP: Development appropriate
 CNS: Immunised till date
 Renal: nil
 Hepatic / GE: Physical Activity:

Past Anaesthetic History: Collagen dressing & GA on 10/5/26

Physical Exam: dependent assess

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:

Lungs: BAG @ Cr SpO2 100%

Heart: SLW @

CNS: Alert / crying

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional:

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA ① DL peripheral line

Peri-Operative Plan Explained to the Patient: Yes No ② IV central line

CURRENT MEDICATIONS	DOSAGE
<u>Antibiotics -</u>	

- Pre-Operative Instructions:
- DVT Prophylaxis:
 - Water / ORS 2 Hours explained
 - Others 6 Hours
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:
 - Consent to be taken
 - TO continue IV fluids -

Signature: [Signature] Name: Dr. Archana K



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No Fasting Status: Adequate

Physical Status: Patient Identified Consent Present Chart Reviewed

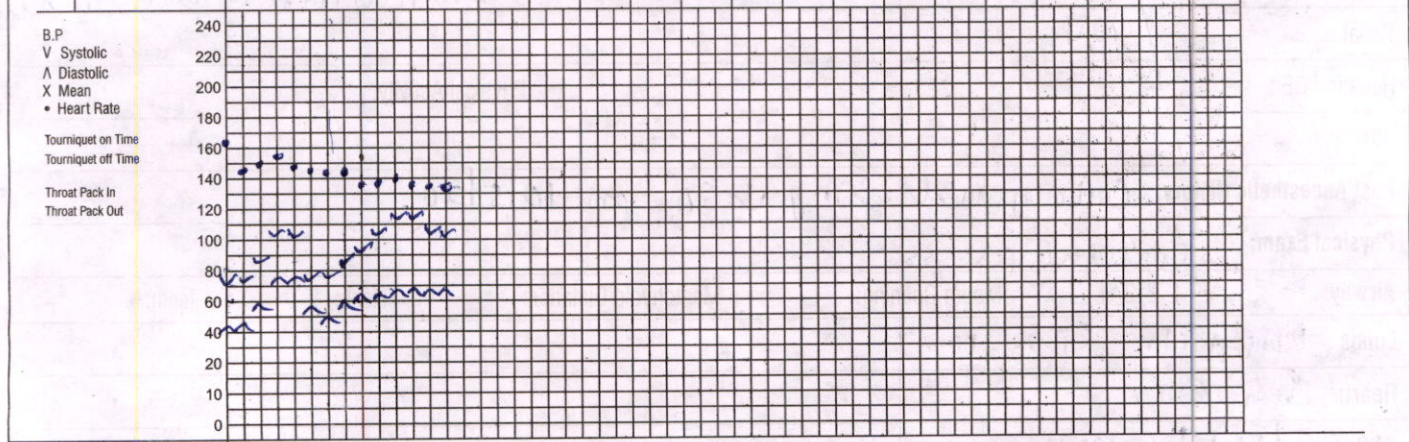
H.R.: 162/min B.P./CRT: 74/46 SpO₂: 100% R.R.: Last Feed: 76hr

Pre-OP Diagnosis: Burns (45%) Operation: Wound debridement + Date: 16/5/26

Surgeon: Dr. Gnaneshwar Anaesthesiologist: Collagen dressing Dr. Kiran Bishu Technician: Ramesh

TIME	4:30 PM	5:00 PM	5:30 PM	6:00 PM
NO. AIR / O ₂ LPM	10	10	10	10
HALO / ISO / SEVO	MAC 1.0	1.0	1.0	1.0
Drugs:	PROPOFOL 20mg IV + 20mg IV FENTANYL 20mcg IV MIDAZOLAM 0.3mg IV PARACETAMOL 150mg IV			
FI _{O₂} / Sa _{O₂}	100	100	100	100
ETCO ₂	40	42	44	45
ECG	NSR	SR	SR	SR
Temperature	36.4	36.5		
Urine Output				

Fluids: Blood RL @ 100ml/hr - Total transfused - 8ml.



LAB Values

ABG	
GRBS	
Others	

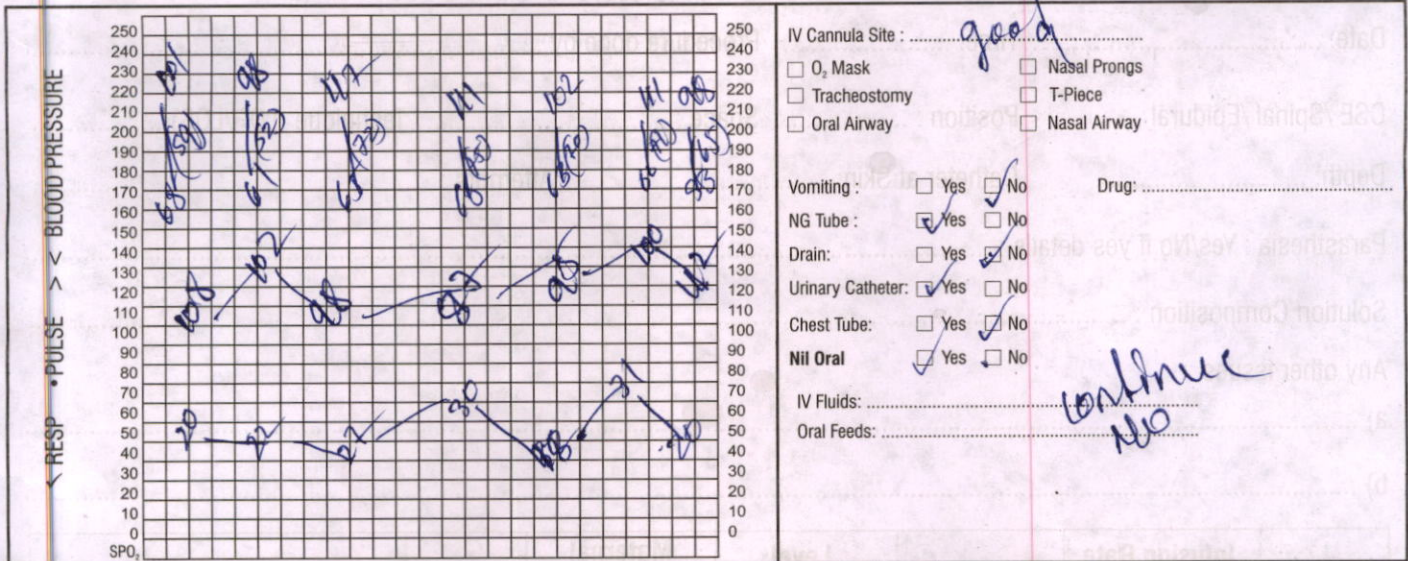
<input checked="" type="checkbox"/> Equipment Checked and Functional <input checked="" type="checkbox"/> BP <input checked="" type="checkbox"/> Cuff Site: <u>Radial</u> <input checked="" type="checkbox"/> Art Site: <u>Radial</u> <input checked="" type="checkbox"/> EKG Lead <input checked="" type="checkbox"/> Temp Site: <u>Distal</u> <input checked="" type="checkbox"/> FIO ₂ Monitor <input checked="" type="checkbox"/> Agent Monitor <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input checked="" type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <u>Supine</u> <input checked="" type="checkbox"/> Pressure Points Checked Eye Care: <input checked="" type="checkbox"/> Oint <input checked="" type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input checked="" type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input checked="" type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: <u>4:30pm</u> OP Start: <u>5:30pm</u> OP End: <u>6:30pm</u> Leave OR: Anaesthesia: <input type="checkbox"/> GA <input checked="" type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location): <input checked="" type="checkbox"/> CVP: <u>1 IV</u> <input checked="" type="checkbox"/> ART: <u>22g B.V.</u> <input type="checkbox"/> IV: <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction: <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input checked="" type="checkbox"/> SGA <u>Amber Anaes Gain 1.5</u> <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why? <input checked="" type="checkbox"/> Bilat = BS <input type="checkbox"/> Semi-Closed Circle <input type="checkbox"/> Closed Circle <input type="checkbox"/> Other	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input checked="" type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor: <u>Dr. Sandeep Reddy</u> Signature of the Doctor: <u>[Signature]</u>
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BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



POST ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
16/5	12pm	1/10	paracetamol given.	[Signature]

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time: 16/5/24 12pm

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY (F)
 2 Y 0 M 4 D
 IP5-00173631



SURGERY DETAILS

80289

80263,

Date : 16/5/26

Patient Name: Baby Ananya Date of Birth: 12/5/24 Age: 2y

Gender: F Ward: O.T UHID No: JAM-00655-928

Date of Surgery: 16/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Desmt + Dressing 1 HA

Time in : 4:30PM

Time Out : 5:30PM

	NAME	AMOUNT
1. Surgeon	Dr. Khanna	SF- 49,000
2. Anaesthetist		AF- 14,700
3. Assistant Surgeon		OT - 39,200
4. OT Technician	Ramesh	OTC - 7500
5. Circulating Nurse	Ramya	
6. Assistant Nurse	Shrey	

- Special Equipment:
- Laparoscopy
 - Broncoscope
 - Harmonic
 - Morcelator
 - C-ARM
 - Cystoscopy
 - Versa Point
 - Liver Cusa
 - Neuro Cusa
 - Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9611782

Order by: J. Ramya



DEBRIDEMENT

CONSUMABLES OF OT



3293

Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3-5-4-0-4.5	1+1	1	Major Pack	1+1	1+1	Inj Vit.K		
LMA (1/2, 2)	1+1	1	Sutures			Cord Clamp		
ECG leads : A/P/N	5E	01				Suction Catheter		
HME filter : A/P/N	1	1				Feeding Tube		
Syringes : 10 cc	10	9				Vaccum Suction Set		
05 cc	10	6	Gloves (18/16)	1+1	1+1	Surgical Gloves		
02 cc	10	3				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade 15, 22	1+1	1+1	Surgical Blade # 20		
IV set	1	1	NG tube			Koochies (S)		
RL	1	1	Cautery pencil			1) - 5 100ml	1	1
NS : 10ml / 100ml / 500ml / 1000ml	1	1	Koochies			Dressing pad 30x20	3	2
Airway 0.1	1+1	1	Ointments			" " 10x10	8	1+1
Mini Spork	1	1	Suction Catheter			Cetacel 10x30	1	1
Fentanyl	1	1	Cap, Mask	5/5	5/5	Sofranogen	3	3
Morphine			Gauze Pack N+R	5+3	5+3			
Ketamine			Mop Pack	3	3			
Propofol	3	2	Steristrip					
Rocuronium	1	1	Underpad	1	1			
Glycopyrolate	1	1	Draw sheet	3	3			
Myopyrolate NEO	2	1	Abgel			Transpore 3 inch	1	1
Ondansetron	1	1	Foleys catheter			O2 mask (P)	1	1
Pencan 25g/ Spinal Needle 22			Urobag			Nasal Air way 16no	1	1
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage (4/6)	4+4	4+4			
PCM 15	1	1	Tegaderm					
Suppositories			loban gelonnet	2	1			
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet	1	1			
Tab. Misoprost : 200mg			Betadine Solution	1	1			
Vaccum Suction	1	1	Microshield					
Gloves: All	4	2	Cotton Balls					
Bway 10cm + 100cm	1+1	1	Latex Gloves	10P	20P			
Depo TRAWAX		1	Ramdione Scrub					
IV set	1+1	1	Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician :

Order No. : 9611790 Ordered by : Y. Senthil

BAH-00655928 IP5-00173
Baby ANANYA 2 Y 0 M 8 D
Dr. SANDEEP REDDY



SURGERY DETAILS

Date : 20/5/20
Patient Name: Baby Ananya Date of Birth: 12/5/24 Age: 24
Gender: Female Ward: P.OT UHID No: BAH-00655928
Date of Surgery: 20/5/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Debridement of dead Poll Burn Raw area

Time in : 2.00 Pm Time Out : 3.00 P

	NAME	AMOUNT
1. Surgeon	Dr. M. V. Nagesh Reddy	Rs 30,000/-
2. Anaesthetist	Dr. V. V. V.	
3. Assistant Surgeon	-	
4. OT Technician	Ramab	
5. Circulating Nurse	Benjam	
6. Assistant Nurse	Suman, Tyoti	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9617686

Order by: J. Ramgoban



reimbursement

CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
		Issued	Used			Issued	Used			Issued	Used
ET tube	805 (4/4/05)	144	1	Major Pack	Draper	1	1	Inj Vit.K			
LMA	1/2	1	1	Sutures				Cord Clamp			
ECG leads : A/P/N		5	0			2		Suction Catheter			
HME filter : A/P/N		1	1					Feeding Tube			
Syringes : 10 cc		10	3					Vaccum Suction Set			
05 cc		10	3	Gloves				Surgical Gloves			
02 cc		10	2	G 6 1/2, 2, 7, 11/2				Gauze Pack			
01 cc		5		P 2 1/2, 6 1/2, 7, 7 1/2		2		Syringe 1ml / 2ml			
Cautery plate : A/P/N		1	1	Surgical blade	11/5 (22)	144	141	Surgical Blade # 20			
IV set		1	1	NG tube				Koochies (S)			
RL		1	1	Cautery pencil							
NS : 10ml / 100ml / 500ml / 1000ml		1	1	Koochies	Mull	1					
<i>minispike</i>		1	1	Ointments							
<i>Osmaide</i>		1	1	Suction Catheter							
Fentanyl		1	1	Cap, Mask		1/5	1/5	Graft Blade		1	1
Morphine				Gauze Pack	N	5/5	3	Soframycin		2	2
Ketamine		1	1	Mop Pack		1	1			02	
Propofol		3	1	Steristrip				Big Gunge pad		2	1
Rocuronium		1	1	Underpad		1	2	Jello nest		1	1
Glycopyrolate		1	1	Draw sheet		1	1	ProfoGown		2	2
Myopyrolate		1	1	Abgel							
Ondansetron		1	1	Foleys catheter	10, 12	144					
Pencan 25g/ Spinal Needle 22				Urobag		111					
Bupivacaine 0.25%				Chest Drainage Catheter				Gauze		3	1
Bupivacaine 0.25%(Heavy)				Romodrain bag				Gloves		4	1
Antibiotics				Bandage				Dremel		1	1
<i>Douper</i>		1	1	Tegaderm				Dilat Trans		144	1
Suppositories				loban				Solipine		144	1
Anamol : 80mg / 250mg / 170 mg				Double J Stent				Nasal proctol		1	1
Supridol : 100mg				Vaccum Suction set		1	1				
Justin (2.5 mg / 25mg) 100mg		144	1	Plastic Bed Sheet		1	1	ASRACUR		1	1
Tab. Misoprost : 200mg				Betadine Solution		1	1				
<i>Vaccum set</i>		1	1	Microshield		1	1				
<i>oral airway dil</i>		144	1	Cotton Balls		1	1				
<i>nasal airway dil</i>		144	1	Latex Gloves		1	100				
<i>Swab w/cm 100cm</i>		144	1	Ramdione Scrub							
<i>200cm w/cm 100cm</i>		144	1	Saral							

Surgeon

Anaesthesiologist

Beena
Nurse

Ramash
OT Technician

Order No. : 9617778

Ordered by :

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

ESTIMATION SLIP

(F/C for only procedure cost) 80289

Date: 16/05/2020 UHID / IP No.: BAH-00655928 SI No. 80289
 Name of Patient: Prabha Anand Age: 24 Gender: F
 Father's / Husband's Name: Mr. Dharm Raj Corporate / Occupation:
 Address: Phone: 6302762551 Email:
 Procedure / Plan: Medical Mx + Dressing + Debridement

MODE OF PAYMENT: SELF TPA: GIPSA: OTHERS

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	BASE CARE
Room Rent & Nursing Charges										
Doctor's Fee								✓		
L. Tax										

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges		55900	ATA OF TOT
O.T. Consumables		9500	Subject to approval by TPA / Insurance Company
Instrument Charges			Not Covered by TPA / Insurance company
Pharmacy, Consumables & Investigations			As per actual - Not Included in Estimation
Equipment Charges	Monitor :	Oxygen :	Infusion pump / Syringe pump :
	Ventilator :	Conventional :	HFO-SLE 5000 :
	Phototherapy :	Single Surface :	Double Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			As per actual - Not Included in Estimation
Package			
Others			
Initial Minimum Deposit		Approx. - 1,60,000	By E. ind. Admin. class.

- NOTES:**
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure. The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, hysteroscopic, etc) / Unilateral to Bilateral Procedure.
 - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigation, operations and procedures from the date of admission will be according to the higher category.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.**
- During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION
 I, Mr. Adip Kumar have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: D. DEEP
 Signatory Relationship: illness
 Signature of the Financial Counselor: Dr. S. S. S.

AH-00655928 IP5-00173631
 Baby ANANYA
 05-2024 2 Y 0 M 16 D (F)
 R. SANDEEP REDDY



SURGERY DETAILS

80475
 Patient Name: Baby Ananya ~~ANAND~~ ~~REDDY~~ Date: 28/05/26
 Date of Birth: 2-05-2024 Age: 24
 Gender: F Ward: P-07 UHID No.: 0173631
 Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: Reduction of SSA + VAC over back
① fluke

Time in: 1:05 PM Time Out: 2:20 PM

	NAME	AMOUNT
1. Surgeon	<u>Dee Mouna Reddy</u>	<u>Rs. 60000/-</u>
2. Anaesthetist	<u>DR. Ashwarya</u>	
3. Assistant Surgeon		
4. OT Technician	<u>Prashanth</u>	
5. Circulating Nurse	<u>Tijathi / Kalpan</u>	
6. Assistant Nurse	<u>Bobi / Bobi Tijathi</u>	

- Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon: [Signature] Signature of Circulating Nurse: [Signature]

Order No: 9031528 Order by: Tijathi

ESTIMATION SLIP

+ only for Procedure cost

Date: 27 May 20 UHID / IP No.: BAH-00655928 SI No. 80475
 Name of Patient: Baby Anaya Age: 2y Gender: Female
 Father's / Husband's Name: Mr. Dharmraj Corporate / Occupation: Security
 Address: _____ Phone: 6302762551 Email: _____
 Procedure / Plan: Medial Wt Debridement + split skin Grafting

MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHERS _____

TARIFF INFORMATION:

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges										
Doctor's Fee										
L. Tax										

Dr. Navneet Base 60k 2100

PARTICULARS		AMOUNT (₹)	
Surgeon's / Anesthetists's Fee / O.T. Charges		100100	30400
O.T. Consumables		7500	78800
Instrument Charges			
Pharmacy, Consumables & Investigations			
Equipment Charges			
Monitor :	Oxygen :		
Ventilator :	Conventional :	HFO-SLE 5000 :	HFO Sensormedix :
Phototherapy :	Single Surface :	Double Surface :	Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.			
Package			
Others			
Initial Minimum Deposit		Approx 2,45,000/	Final bill clearance.

NO WORK ARKS.

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications/Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc)/Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

Ramafisa STA @ 10 non cycle

DECLARATION

I, Jyoti have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: Jyoti Signatory Relationship: Aunty Signature of the Financial Counselor: Durga

IR3



ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____
 Date of Admission : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

Baby ANANTA
 12-05-2024 2 Y 0 M 11 D (F)
 Dr. SANDEEP REDDY



Consultant: _____ Dept : _____
 Date of Discharge : _____ Time : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	10:45 AM	ICU	2nd floor	Sandh
28/5/26	12:30 PM	236	OT	Ngina
28/5/26	4:30 PM	OT	236	Sams

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Naveen	1/6/26	9638103	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
24/5	RBS		
27/5	RP ₂ , Blood C/S, CBP,	26052769	Subroto
28/5	S/E	26053980	Miric
29/5/20	CBP	26054088	(Signature)
29/5/26	CBP, PCT	26054455	Lab
		26054679	Miric

D/E /

Patient's Name
 Baby Anangan
 6431

Debridement & skin grafting



CONSUMABLES OF OT

Circulating staff : Technician : Date : 28/5/26 Time : 1 p.m.

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 404051538	HH	01	Major Pack drap	1	1	Inj Vit.K		
LMA 1/21	1	-	Sutures			Cord Clamp		
ECG leads : A/P/N	5	-				Suction Catheter		
HME filter : A/P/N	1	01				Feeding Tube		
Syringes : 10 cc	10	4				Vacuum Suction Set		
05 cc	10	2	Gloves			Surgical Gloves		
02 cc	10	2	G, 6', H, H	2	2	Gauze Pack		
01 cc	5	0	PP LG, H, H	2	2	Syringe 1ml / 2ml		
Cautery plate : A/P/N	1	-	Surgical blade 11, 15	3	1+1	Surgical Blade # 20		
IV set	1	-	NG tube			Koochies (S)		
RL	1	01	Cautery pencil			NS 500 ml, 1000	2+1	2+2
NS : 10ml / 100ml / 500ml / 1000ml	1	01	Koochies XL	1	1	Adralon inj	5	03
minispec	1	00	Ointments Sofamocin	1	-	illy	2	01
Ormasle P	1	-	Suction Catheter			Retonol	1	01
Fentanyl	1	01	Cap, Mask	5/5	5/5	cuticle 20x30	2	00
Morphine			Gauze Pack N+P	3/4	3/4	10x10	2	-
Ketamine			Mop Pack	3	03	Big pad	2	01
Propofol	3	01	Steristrip			Gangji Pad (m)	2	-
Rocuronium	1	01	Underpad	1	1	Pad medium	01	01
Glycopyrolate	1	01	Draw sheet	1	1			
Myopyrolate (Med)	2	02	Abgel	1	1			
Ondansetron	1	-	Coagulating Blade					
Pencan 25g/ Spinal Needle 22			Foleys catheter					
Bupivacaine 0.25%			Urobag					
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Souper	1	01	Bandage 4"	03/05	03/05	Gauze	3	01
Suppositories			Tegaderm 6"	5	5	Gloves	4	02
Anamol : 80mg / 250mg / 170 mg			loban			oximol	1	-
Supridol : 100mg			Double J Stent			oxatranex	1/1	-
Justin : 12.5 mg (25mg) 100mg	1/1	-	Vacuum Suction set			Socapline	1/1	-
Tab. Misoprost : 200mg			Plastic Bed Sheet	1	-	nasal protractor	1	-
Vacuum set			Betadine Solution	1	01/01			
Oral airway 01	1/1	-	Microshield	1	-	kliza firm	1	1
Nasal airway 16/18	1/1	01	Cotton Balls					
Syring 10cm + 100cm	1/1	-	Latex Gloves	SP	SP			
Flow cannula 2mm	1/1	-	Ramdione Scrub					
			Saral					

Surgeon : Anaesthesiologist :
 Order No. : 7631618 Ordered by : [Signature]
 Doc. No. : RCH / FRM / GENERAL / 125 OT Technician : [Signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
	INS monitor				
	INS pump				
	Syr pump				
	ALPHA bed				

already signed

[Handwritten signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/5/26	NHA	1	962618	[Signature]
28/5/26	PAC	1	963077	[Signature]
29/5/26	Blood transfusion	1	963518	[Signature]
29/5/26	Blood Transfusion	1	963307	[Signature]

ANY OTHER INFORMATION

ABU - 5
 X-ray - 1

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

Self Indent

MLC



Rainbow
Children's
Hospital



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 : IP5-00173631 Admit Date : 09-May-2026 Admit Time : 09:48 PM UHID : BAH:00655928

Patient Details :

Patient Name : Baby ANANYA Age : 2 Y 0 M 21 D
Guardian : Mr DHANRAJ DOB : 12-05-2024
Gender : Female Religion :
Occupation : Martial Status : Single
Address (H) : SRI RAM NAGAR COLONY , H NO - 4-193 , Phone No : 6302762551/ 8297364768
Kattedan le Hyderabad Telangana INDIA E-mail : NOMAIL@GMAIL.COM
500077

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT 236 Ward Name : 2F-SECOND FLOOR
Room No : PVT 236 Admission Type : First Visit

Contact Details :

Name : Mr DHANRAJ Relationship : Father
Contact Address : SRI RAM NAGAR COLONY , H NO - 4-193 , Phone No : 6302762551 / 8297364768
Kattedan le Hyderabad Telangana INDIA 500077

Signature

Doctor Details :

Doctor Name : Dr. SANDEEP REDDY Specialisation : PEDIATRIC INTENSIVE CARE
Referral Doctor : SELF Phone No :
Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE

Payment Details :

Payment Mode : Online Transfer Deposit Amount : 1073770.25
Payor Name : SELFPAY

123

MLC



Rainbow
Children's
Hospital



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

SELF INDENT

ADMISSION SHEET

Registration Details



Admission No : IP5-00173631

Admit Date : 09-May-2026

Admit Time : 09:48 PM UHID : BAH-00655928

Patient Details :

Patient Name : Baby ANANYA

Age : 1 Y 11 M 27 D

Guardian : Mr DHANRAJ

DOB : 12-05-2024

Gender : Female

Religion :

Occupation :

Marital Status : Single

Address (H) : SRI RAM NAGAR COLONY , H NO - 4-193 ,
Kattedan le Hyderabad Telangana INDIA
500077

Phone No : 6302762551/ 8297364768

E-mail : NOMAIL@GMAIL.COM

Admission Details :

Bed Type : PICU

Bed No : PICU 212

Ward Name : 2F-PICU I

Room No : PICU 212

Admission Type : First Visit

Contact Details :

Name : Mr DHANRAJ

Relationship : Father

Contact Address : SRI RAM NAGAR COLONY , H NO - 4-193 ,
Kattedan le Hyderabad Telangana INDIA 500077

Phone No : 6302762551 / 8297364768

S. Aethi

Signature

Doctor Details :

Doctor Name : Dr. KAPIL BHAGWATRAO SACHANE

Specialisation : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF

Phone No :

Co-Consultant : Dr. SHAIKH FARHAN A RASHID

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAAY

BAH-00659928
Baby ANANYA
12-05-2024
Dr. KAPIL BHAGWATRAO SACHANE
IP5-00173631
1 Y 11 M 27 D (F)

PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Date: 01/5 Time: 9:12 PM

Patient Assessment Form:

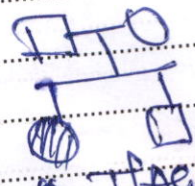
Informant: Father Mother Other

Presenting Complaints / Chief Complaints : 2 year female from Katdarn.

Came in elc
fall of boiling hot water on the abdomen
and chest around. 10 AM - 09/05/2024.
Then child was taken to nearby hospital,
noted to have 45% Burns. managed with
cubide dressing and gauze pad dressing.
On admission, child noted to have fever spikes
and poor oral intake. and hence referred here for
further management

Past History (Including previous treatment and investigations) : Child received PPTA 2 & Metronidazole
outside hospital. Nil significant

Birth and Developmental History :



Immunization History : Tdap Birth weight of 3.5 / no medication
update till 2 year 4 m

H / O Allergy : Nil
Family History : Nil

Provisional Diagnosis :

557 Scald Burns / Burn wound signs

MILC

Prism III score at 24 hrs of admission

Worse SOFA Score :

Referred Patient - Self Referral - Rainbow Patient

Transferring Unit : Ward OT - Transported? Yes No - If yes : Long (> 30 kms) Short (< 30 kms)

Referring Consultant :

Admitting Consultant :

A. Perrotta

Indication for PICU referral :

Burn with signs

PLAN OF CARE

Preventive aspects of the treatment :

To prevent septic shock

Desired goals of the treatment :

Signs management

PLANNED INVESTIGATIONS

CBP, PCT, ABG
RPR
~~Albumin~~
Blood c/s
PT, aPTT, FIBR.
Blood grouping

Noted by Rel

PLANNED MANAGEMENT

INS. PEPIDAZ
INS. PANTOPRAZOLE
INS. PARACETAMOL
SYR. A-3
TAB. VIT-C
IVF. DNS

Noted by Rel

Final Diagnosis :

557 Scald Burns - Burn wound signs

Doctor's Signature :

Shanesh

Name :

Shanesh

Date :

09/5/26

Time :

9/5/26 9:50pm

Consultant's Signature :

Name :

Date :

Time :

Dr. Venkatesh Reddy. K
Reg. No: ISMC/FMR/15743
9/5/26 10:00am

LH-00655928
 by ANANYA
 -05-2024 2 Y 0 M 16 D (F)
 P. SANDEEP REDDY




OPERATION THEATER NOTES

Patient's Name : Br. ANANYA Age : 27 Gender : Male Female
 UHID No. : 00655828 Weight : _____ Height : _____

Surgeon : <u>Dr. N. V. Sreenivas Reddy</u>		Asst. Surgeon : _____	
Anesthetist : <u>Dr. Mohan</u>	OT Nurse : <u>Bobi</u>	OT Technician : <u>Vijayaram</u>	
Pre-Operative Diagnosis : <u>Pelvic Pain Rawale</u>			
Surgical Procedure : <u>Debridement + SSG</u>			
Indications for Surgery : <u>Pelvic Pain Rawale</u>			
Date : <u>28/5/26</u>	Start Time : <u>01:15 PM</u>	End Time : <u>02:15 PM</u>	
Pre Operative Preparations : _____ _____ _____			
Post Operative Diagnosis : _____			
Peri-Operative Complications : _____			
Operation Notes : <u>Debridement + SSG</u> <u>one back / ① flaps</u>			

Blank lined area for notes.

Amount of Blood Loss: _____ Blood Transfused (in ML) _____

Name and Number of Surgical Specimen sent for examination: _____

Peri-Operative Complications:

- NBM for 1hr after the op
- 21yrs old. / Anterior of abdomen by
de. Sedation
- w/obese body
- blood to transfuse
- @ labeled / Please Polster
- Inform Dr,

Name of the Surgeon: M. V. N. Anand Reddy

Signature of the Surgeon: M. V. N. Anand

Date & Time: 28/5/2023 3:40 PM

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 1 Y 11 M 28 D (F)
 Dr. KAPIL BHAGWATRAO SACHANE



OPERATION THEATER NOTES

Patient's Name : Baby Ananya Age : 1 Y Gender : Male Female

UHID No.: 173637 Weight : Height :

Surgeon : <u>Dr. Singhwar</u>		Asst. Surgeon :	
Anesthetist : <u>Dr. Anadi</u>	OT Nurse: <u>Amos, Anil</u>	OT Technician: <u>Prashant</u>	
Pre-Operative Diagnosis:			
Surgical Procedure : <u>- debrint + collapse applature + dressing LA</u>			
Indications for Surgery : <u>Accidental burns - TRUNK/ ^{30%} B/L UL/ ^{9%} BUTTOCK/ ^{5%} B/L lower limbs</u> <u>60% bums.</u>			
Date : <u>10/5/26</u>	Start Time : <u>11:50 AM</u>	End Time :	
Pre Operative Preparations:			
Post Operative Diagnosis: <u>> 60% bums.</u>			
Peri-Operative Complications:			
Operation Notes: <u>for HA, previous dressing opened.</u>			
<u>- findin → Bums involve Anter trunk/ Poster trunk → Mixed to deep bums.</u>			
<u>- B/L buttock → Mixed to deep bums.</u>			
<u>- B/L upper limbs → Superficial to Mixed burn.</u>			
<u>- B/L thigh - Mixed to deep burn</u>			
<u>- B/L leg/ Pt. foot → Superficial to Mixed burn</u>			

→ High clamp done CNS
→ Collapser applied over all burnt area.

- VL / LL / Posttubercle covered with gauze/pne/ pads.

Amount of Blood Loss:

Blood Transfused (in ML)

Name and Number of Surgical Specimen sent for examination:

Peri-Operative Complications:

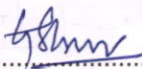
to

1) change of posttamp
every 2nd hly (Lateral
Postop)

2) CSF

a) Rem (100)

Name of the Surgeon: G. S. Prasad Rao

Signature of the Surgeon: 

Date & Time: 10/5/26 

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 4 D (F)
Dr. SANDEEP REDDY



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION THEATER NOTES

Patient's Name : Baby Ananya Age : 2Y Gender : Male Female

UHID No. : BAM-00655928 Weight : 10 kg Height :

Surgeon : DR. Gyneshree

Asst. Surgeon : -

Anesthetist : DR. Biju

OT Nurse : Anas, Rony

OT Technician : Rony

Pre-Operative Diagnosis:

Surgical Procedure :

Indications for Surgery :

Date : 10/5/26

Start Time : ~~10:15~~ 10:15 AM

End Time : 5:30 PM

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:

Amount of Blood Loss:	Blood Transfused (in ML)
Name and Number of Surgical Specimen sent for examination:	
Peri-Operative Complications:	

Name of the Surgeon:

Signature of the Surgeon:

Date & Time:

BAH-00655928 IP5-10173t
Baby ANANYA
12-05-2024 2 Y 0 M 8 D
Dr. SANDEEP REDDY



OPERATION THEATER NOTES

Patient's Name : Age : 2y Gender : Male Female

UHID No.: Weight : Height :

Surgeon : Dr. M. V. R. Anand Reddy Asst. Surgeon :

Anesthetist : Dr. Mohan OT Nurse: Suman OT Technician: Renuka

Pre-Operative Diagnosis:

Surgical Procedure :
Debridement + ASD

Indications for Surgery :
Post Burn Raw area

Date : 20/5/24 Start Time : 2-5 pm End Time : 2-50 pm

Pre Operative Preparations:

Post Operative Diagnosis:

Peri-Operative Complications:

Operation Notes:
Debridement + ASD

IR-3

①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 8am	<u>NUTRITION REVIEW</u>	
	60% Scald Burns	
	PBW: 10kg (5th Centile)	STOOL PASSED = 5/B-5,6
	REE: 559 kcal/d	
	Galveston Formula: 1181.4 kcal/d	Hb: 9.1 Wbc: 39420
		Plt: 8.73 Alb: 3
	NG Cyclical Feeds	
	Peptamen junior	
	(1:30 ml) dilution	
	75 ml/hr (3hr on 1hr off) +	Recall vol = 1850 ml/d
	Fit kid: 3 scoops/day.	45 scoops for recall
	<u>MACROS (RECALL)</u>	
		E P C F
	Peptamen jr 45 scoops/d	1642.5 45 229.5 58.5
	Fit kid 3 scoops/d	151.5 14.8 20.7 1.35
	Total	1797 59.8 250.2 59.8
	Per kg/d	179.7 5.98 25 5.9
	GIR : 17.3	
	NPH : (1:160)	
		Present Feed: 75ml/hr
		Encourage oral Intake
		Dietitian Mounica

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		<u>C/S/B PICU Resident</u>
24/5/26 5:30 pm	Δ: 60+ scald burn s/p debridement + collagen dressing + VAC dressing.	Plan: ① Cont antibiotic ② Strict asepsis ③ Encourage oral feeds ④ NG feeds 75ml/hr 3hr on and 1hr off.
	Issue: Fever 101.1°F. Dressing from wound. Child on room air. SpO ₂ : 98% PR: 20/min RR: 28/min	⑤ Monitor vitals.
	Registration No. 20622011930	
	<u>C/S/B resident</u>	<u>Sub Jc</u>
25/5/26 8:30 AM	Δ: 60+ scald burn s/p debridement + collagen dressing + VAC dressing - On room air - Hemodynamically stable - Highest temp - 103°F @ 6pm yesterday - No fever issues. - VAC -> working pressure = 0 Informed VAC person	Plan - cont. IV antibiotics Piptaz (D16) Amikacin (D12) - Strict Asepsis - Continue medications as per drug chart - wound care - cont. NG cyclical feeds 75ml/hr 3hr on 1hr off Naveen sir review (informed) - Monitor vitals

2 RR-3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/24 8am	<u>NUTRITION REVIEW</u> 60% scald burn PBW: 10kg (5 th centile) REE: 559 kcal/d Galveston formula: 1181.4 kcal/d	STOOL PASSED = 4 Bristol = 5 HB: 9-1, WBC: 39420, PLT: 8.73 Alb: 3
	NG cyclical feeds Peptamen junior (1:30 ml) dilution 75ml / hr [30% on the off]	Recall vol = 1350 ml/d 45 scoops for recall [135 cc/kg/d]
	<u>MACROS (RECALL)</u>	
		e P C F
	Peptamen jr 45 scoops/d	1642.5 45 229.5 58.5
	Salli 1/2	20 1.5 5 0.05
	Egg white 1	18 3.6 0 3.6
	Total	1680.5 50.1 234.5 62.15
	Per kg/d	168.05 5.01 23.45 6.21
	Σ R17 KID	1783 60 248.3 63.05
	NPN: [1:186] per kg/d	164 6 24.8 6.3
	Σ R17 KID - 2 scoops	
	= 1783 kcal; 60g N, 248.3 63.05 [K/P/C/E]	Encourage orally
	Σ NPN: 1:162.5	
	BNO 5/26 23/5/26	

AGK
 Director



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26		c/s/B Dr. Sandeep
12PM	60% scald burn.	Plan
	s/p debridement + collagen + VAC	
	Issues -	- check VAC pressures
	Fever spikes.	- VAC dressing check
	on room air	- Do not apply coconut oil.
	Hemodynamically stable	
	alert, active	- Fit kid 3 scoops
		Over 24 hrs
	HR - 160/min	- continue peptamen Jr
	RD - 20/mm	75ml/hr 3hr on
	SpO ₂ - 100%	1hr off
	RR - 110/60 min	with 3 scoops per 24hrs
		- encourage orally.
		- shift to ward.

Noted by manalika
 (CS-Dr)

BAH-00655928
 Baby ANANYA
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 Dr. SANDEEP REDDY
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 2 Y 0 M 12 D (F)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	<u>NUTRITION REVIEW</u>	
9am	60% Scald Burns	STOOL PASSED = 2 / Bristol-5
	PBW: 10kg (5th centile)	
	REC: 559 kcal/d	Hb: 9.1 PLT: 8.73
	Bialveston formula: 1181.4 kcal/d	Alb: 3 Amy: 59
	NG Cyclical Feeds	
	Peptamen junior	Recall vol = 1350 ml/d
	(1:30 ml dilution)	(135 cal/kg/d)
	75 ml/hr (3 hr on 1 hr off)	
	Fit Aid 3 scoops/day.	
	<u>MACROS (RECALL)</u>	
		E P C F
	Peptamen jr 45 scoops/d	1642.5 45 229.5 58.5
	Fit Aid 3 scoops/d	154.5 14.8 20.7 1.35
	Idli 1/4	10 0.75 2.5 0.025
	Rice Dal 3 spoons	15 0.45 2.2 0.06
	Total	1822 61 254.9 59.9
	Per kg/d	182.2 6.1 25.4 5.9
	GIR : 17.7	
	NPN : (1:159)	
		Present Feed: 75 ml/hr
		Encourage orally
		Dietician Moulice

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 12:30pm	<p>SIB Dr. Sandeep plan 1. 60% Slad burns</p>	<p>1) to discuss regarding wound over left option 2) IV (annula) to send</p>
	<p>no fever today</p>	<p>CBP, PCT</p>
	<p>vitals stable</p>	<p>3) to discuss regarding</p>
	<p>o/e - child alert</p>	<p>next debridement and dressing</p>
	<p>vitals stable</p>	<p>4) to discuss regarding</p>
	<p>Rt - Bilateral air entry present</p>	<p>stay in the hospital (to abide on PICC line)</p>
	<p>Cvs - S1S2 normal</p>	<p>5) watch for fever.</p>
	<p>PIA - hgt</p>	
	<p>SIB Resident</p>	
25/5/26 4:30pm	<p>1. 60% Slad burns</p>	<p>plan. <u>Medline</u></p>
	<p>fever spike @ since morning - 100. if</p>	<p>1) send CBP, PCT NOW</p>
	<p>no other issues.</p>	<p>2) trace labs</p>
	<p>o/e - child alert</p>	<p>3) watch for fever</p>
	<p>vitals stable</p>	<p>4) monitor vitals</p>
	<p>Rt - Bilateral air entry present</p>	<p>5) continue peptamen Tr.</p>
	<p>Cvs - S1S2 normal</p>	<p>75mg/hr 3hs on and 1 hour off</p>
	<p>PIA - hgt</p>	<p>with 3 scoops of fit lid over 24hrs</p>
	<p>HR - 15 bpm</p>	<p>6) Encorse orally</p>
	<p>SpO2 - 99% - O2A</p>	<p>7) Infim col</p>
		<p>8) (R) regarding PAC and slot</p>
		<p><u>Medline</u></p>
	<p><i>[Signature]</i></p>	

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 Dr. SANDEEP REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 7:30pm	CIBW Dr Sandeep.	
	CBP, PCT Report informed.	
		plan.
		1. Reserve 2 units of PRBC
		for tuesday debridement.
26/5/26 9AM	C/S/B resident (Dr. Nanda)	Dr. Nanda 25/5/26 7:30pm
	15:60:1. Scald burns	Plan
	2 fever spikes in	- continue IV antibiotics/ antifungals
	last 24 hrs	INJ. PEPTAZ (D ₁₇)
	1:20PM - 100.2°S	INJ. AMIKACIN (D ₁₃)
	5:30PM - 100.3°S	INJ. FLUCONAZOLE (D ₂)
	On room air	- continue medication as per chart
	hemodynamically	
	stable	- Strict Asepsis
	No fresh issues	- wound care.
	U/O - Adequate.	
	- Active / Alert	- Continue cyclical feeds
	- Reserve 2 units of PRBC	Peptamen Junior → 75ml/w
	- PAC	3 new on & 1 new off
	- Debridement on Thursday	with 3 scoops of fit kid
	- Inform	Saj

Saj
Dr. Nanda

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(A)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 12:27 AM	C/S/B Dr. Sandeep sir	Plan
	Diagnosis: Scald Burns	Encourage orally
	- Hemodynamically stable	- Continue cyclical N4 feeds
	- On room Air	Peptamen 75ml/hr 3 hrs on & 1 hr off with 4 scoops fit kid
	- No fresh issues	over 24 hrs
	- NO fever spikes in last 2 hrs.	- Continue medications as per chart N.B NSimg - 12:20 PM (Dr. Sandeep)
26/5/26 5:30 PM	C/S/B Dr. Pratyusha (PICU resident)	Plan
	As - 60% scald burns	1) Debridement + split skin grafting on Thursday - 12 PM
	on room air	2) continue cyclical N4 feeds
	hemodynamically stable	peptamen for 75ml/hr x 3 hrs on, 1 hr off
	low grade fever spikes	with 4 scoops fit kid in a day
		3) Strict aseptic precautions
		4) Reserve 2 units PRBC tomorrow

[Signature]
(P.T.O)

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2 Y 0 M 13 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026 9 AM	C/S/B	Resident (Dr. Nandan)
	D. 60.5. Scald Burns	<u>Plan</u>
	- on Room Air - Hemodynamically stable - Ongoing fever spikes - No new issues.	- Reserve 2 OPR3c - PAC today - Debridement + split skin grafting TM
	- 6 episodes of stools in last 24 hrs (2 episodes in last 2 hours) Active / Alert.	- Continue cyclical NG feeds peptamen Jr 7.5ml/hr 3 hour on & 1 hour off with 4 scoops fit kid over a day.
		- continue medications as per chart.
		<u>Neel</u> (Dr. Nandan)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026 12 PM	C/S/B Dr. Sandeep sir D: 60.1. scald burns. Hemodynamically stable On Room Air on going fever spikes NO fresh issues	Plan - continue medications as per chart - Zytex gel for UA - monitor vitals - continue N4 feeds - Monitor W/O - w/f fever spikes - PHBC reserve reserve 2 units - PAC to do now (Dr. Sandeep)
28/5/26 4 PM	C/S/B Dr. Nandan (resident) C/D/W Dr. Sandeep sir D: 60.1. scald burns - 2 episodes of vomiting Ongoing fever spikes - No loose stools - no fresh issues - Active, Alert	Plan - Debridement + skin graft FM - Stop AMIKACIN. - PAC to do now (informed) - Start INJ. LEVOFLOXACIN INJ. VANCOMYCIN - cont. N4 feeds + Fit kid as advised - Cont. INJ. PIPITAZ - Cont. medication as per chart Nandan (Dr. Nandan) Dr. Pradyumn

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/24 8:30 am	<u>NUTRITION REVIEW</u> 60% scald Buene	STOOL PASSED = 6 Bristol = 5
	PBW: 10kg (5 th centile)	
	REE: 559 Kcal/d	Hb: 8, Wbc: 20710
	Galveston formula: 1181-4 Kcal/d	Plt: 839000, Alb: 3
	NG Cyclical feeds Peptamen junior (1:30ml) dilution 75ml/hr [3hr on 1hr off] + fit kid 4 scoops/d	Recall vol = 1350 ml/d 45 scoops for Recall
	<u>MACROS (RECALL)</u>	
		E P C F
	Peptamen jr 45 scoops/d	1642.5 45 229.5 58.5
	fit kid 4 scoops/d	206 19.8 27.6 1.8
	Bdli 1/2	20 1.5 5 0.05
	B. egg whites 1/2	9 1.8 0 0
	B. carrot 3/4	24 0.45 5.3 0.13
	Clear chicken soup 15ml	4.8 0.6 0.15 0.07
	Total	1906.3 69.15 267.55 60.55
	Per kg/d	190.6 6.9 26.7 6.05
	B.M.W. 27/5/24 L.R.	Nickita Dietitian

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 5pm	C/S/B Dr. pratyusha (Plu fellow) A/c 60% scald burns on room air Hemodynamically stable fever spikes (+) vomiting (+) no loose stools	Plan 1) w/f fever spikes 2) w/f + respiratory distress + dull activity + cool peripheries 3) 2q. ondansetron/10 4) Inform in PICU if further vomiting 5) PAC to do 6) NPO from 6am tomorrow morning IVF DNS @ 40ml/hr from tomorrow morning 8am 7) send - R P ₂ } CBP } New Blood c/s } Dr. pratyusha
28/5/26 8:45 AM	C/S/B Dr. Nandan (Residence) D: 60% scald burns - On room Air - Hemodynamically stable - Fever spikes (+) - No loose stools - 6 episodes of stools in last 24 hrs.	Plan - NPO as advised. (i/v/o surgery) - Continue IV fluids - Watch for fever spikes - Debridement + split skin graft today. - True Blood c/s - Continue NG feeds (Cyclical) & fit kid as advised after orally etc well - NEB - LEVOLIN 0-63 back to back 5 dose FIB ST. Electrolytes <u>Neelika</u> Dr. Nandan

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/24 8:30 am	<u>NUTRITION REVIEW</u> 60% scald Burns PBW: 10 kg (5 th centile) REE: 559 kcal/d Galveston formula: 1181.4 kcal/d	STOOL PASSED = 6 Bristol-5 HB: 9.4, WBC: 21.59, PLT: 402000, NA: 136 K: 5.2, Cl: 101, U: 32 Cr: 0.4, ALB: 3
	NG Cyclical feeds Peptamen junior (1:30ml) dilution 75ml/hr (2hr on 1hr off) + fit kid 4 scoops/d	Recall vol = 1275 ml/d 43 scoops for Recall
	<u>MACROS (RECALL)</u>	
		<u>e</u> <u>p</u> <u>c</u> <u>f</u>
	Peptamen jr 43 scoops/d	1569.5 43 219.3 55.9
	fit kid 4 scoops/d	206 19.8 27.6 1.8
	Sali 1/2	20 1.5 5 0.05
	B-egg whites 1/2	9 1.8 0 0
	Rice Dal 3 spoons	15 0.45 2.2 0.06
	Total	1819.5 66.55 254.1 57.81
	Per kg/d	181.9 6.6 25.4 5.7
		Present feed: child is on NPO

*Alibh
Dienstan*

BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 16 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026 10-45 AM	C/S/B D: 60% Scald burns	Dr. Sandeep sir
	On room Air Hemodynamically stable No gram issues. On going fever Spikes.	Plan - NPO as advised - continue medication as per chart - send Tissue c/s (from OT) → informed Plastic Surgeon
		N/S using ↓ D/S
25/5/26 5pm	S/B Resident A: 60% Scald Burns 140ml PRBC given intra operatively no other issues on room air pulse volume - good peripheries - warm	Plan: 1) supine prone/lateral position 2) send tissue culture 3) monitor vitals - now 4) Inform SOS 5) continue IV antibiotics
		nodules



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/24	S/B Dr Sandeep	
@ 4PM	On 60% SpO2 humid	Adv
	SpO2 subintended +	① Continue Amel/latrol
	SpO2 skin graft	② Encourage oral intake
	On warm air	③ Send tissue cultures
	chemo dynamically stable	④ Continue Vanco, Augmentin
	Chest. Blk ASD Equul	⑤ Stat NG feeds
	NBS.	⑥ Inf @ 20ml/hr
	ph SpO2 B/D	⑦ CBP tomorrow morning
	com. Blk pupil Equul	⑧ Input/output chart
	and recty to light	⑨
	HR 165/min	⑩
	SpO2 99% O2	⑪
		⑫
		⑬
		⑭
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through
28/5/24
4PM

BAP-00000928
 Baby ANANYA
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 Dr. SANDEEP REDDY



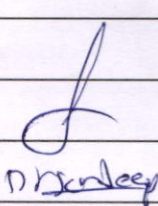
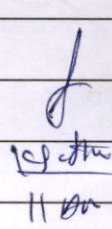

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/2026 8.15AM	C/S/B	Resident (Dr. Nandan)
	15:60+ Scald Burns	Plan
	On Room Air	- Shift to PICU for PHBc transfusion
	Hemodynamically stable	- Continue medications as per chart
	No fever issues	INS. FLUCONAZOLE (D5)
	Hb - 7.2	INS. VANCOMYCIN (D3)
	2 fever spikes in last 24 hrs	INS. LEVOFLOXACIN (D3)
	10AM - 100.5°F	INS. PIPITAZ (D2)
	10PM - 101.4°F	- Encourage orally
	Vitals - stable	- Trace tissue US, Blood US
	Poor oral intake.	- Stop IV fluids
		- N/G feeds - cyclical Peptamen Dur 3hr on with 4 scoops of 1hr off first kid in a day.
		- <u>NeelA</u> (Dr. Nandan)

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 Baby ANANYA 2 Y 0 M 16 D (F)
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 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		C/S/B <u>Dr Sandeep</u>
29/5/26 11 AM	60% scald burn	Plca
	on room air Hemodynamically stable	- change dressing, soiled with urine
	Issues Fever spikes ⊕	- Foley's catheter to put (new)
	poor oral intake	- put one more cannula
	HR - 150/min RR - 26/min SpO ₂ - 98% BP - 100/60 mmHg	- CBP, EE PCT <u>Today</u> - VAC dressing to do (informal) - Trace C/S.
		 <u>Dr Sandeep</u>
		 <u>19/05/26</u> <u>11 AM</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/2026	S/B Resident (Dr. Nandan)	
	5 PM Di 60% scald burn	Plan
	- On Room Air	- CBP } TIM PCT }
	- Hemodynamically stable	- Trace Blood & Tissue c/s
	- No fresh issues	- Continue medication as charted
	- ongoing fever spikes	PIPTAZ (D ₂₁)
	- Oral intake poor	FLUCONAZOLE (D ₆)
	- 1 @ PRBC transfused today.	VANCOMYCIN (D ₃) LEVOFLOXACIN (D ₃)
		- NG Cylindrical feeds
		Peptamen TNR 75ml/hr
		3hr on & 1hr off with 4 scoops of Fit kid/day.
		- Monitor vitals
		- w/o fever spikes
		Nandan (Dr. Nandan)

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 Baby ANANYA
 12-05-2024 2 Y 0 M 17 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 8 AM	<p><u>CRIB PICU follow</u></p> <p>Δ Pst - 60y. scald burns.</p>	
		<p><u>plan.</u></p>
	<p>on room Aps.</p>	
	<p>hemodynamically stable.</p>	<p>1. w/ fever spikes.</p>
	<p>one fever spike 100.3f at 7pm</p>	<p>2. monitor vitals.</p>
	<p>3 stools in last 24 hours.</p>	<p>3. Tare blood culture tissue culture.</p>
	<p>oral intake poor.</p>	<p>4. continue NG cyclical feed. 75ml 3hr on 4hr off. with 4 scoops of fortisid/day</p>
	<p>29/5/26. CRP - 9.6 WBC - 10100 ↓ platelet 502000 ↓</p>	<p>5. encourage oral intake.</p>
	<p>PCT - 2.03 ↓.</p>	
	<p>inj piptag - D22.</p>	
	<p>inj Fluconazole - D6</p>	<p>Dr Mathew</p>
	<p>inj vancomycin - D4</p>	<p>30/5/26</p>
	<p>inj levofloxacin - D4</p>	<p>8 AM.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 9am	<u>NUTRITION REVIEW</u> 60% Scald Burns	S. TOOL PASSED = 21 Bristol-5
	PNW: 10 kg (5th centile)	
	REE: 559 kcal/d	Hb: 9.6 Plt: 502
	Galveston Formula: 1181.4 kcal/d	F: 5 Alb: 3
	NG Cyclical Feeds Peptamen junior C1: 30 ml dilution 75 ml/hr (3hr on 1 hr off) + Fit pid 4 scoops/d	Recall vol = 1125 ml/d 37.5 scoops for recall
	<u>MACROS (RECALL)</u>	
		<u>E</u> <u>P</u> <u>C</u> <u>F</u>
	Peptamen jr 37.5 scoops/d	1368.7 37.5 191.2 48.7
	Fit pid 4 scoops/d	206 19.8 27.6 1.8
	watermelon juice 100 ml	30 0.6 7.1 0.15
	B. carrot 1/2	16 0.3 3.53 0.08
	Idli 3/4	30 2.5 8 0.08
	B. Egg 1	78 6 0.6 5
	Total	<u>1728.7</u> <u>66.7</u> <u>238</u> <u>55.8</u>
	per kg/d	172.8 6.6 23.8 5.5
	NPN : [1:137]	

Diets
 Mounica



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/24	c/s/B by Sandeep.	
12 pm		plan.
	ΔPS! - 60% Seald burn.	1. Hold next NG cyclical feed for one cycle
	on room air	allow orally if tolerated
	hemodynamically stable.	continue oral feeds.
	one fever spike 100.3f at 7pm	
		2. continue continue cyclical feeds
	3 stools last 24 hours.	
	on NG cyclical feeds	2. If oral intake is poor
	75ml/hr 3hr on	continue cyclical feeds 35ml/hr
	1hr off	3hr on, 1hr off.
		3. w/o fever spikes.
30/5/24	c/s/B	PICU Fellow
5 pm	60% Seald burn	Plan
	on room air	- continue cyclical feed
	Hemodynamically stable	35ml/hr 3hr on 1hr off
	No further fever spikes	- encourage orally
	One episode loose stool	- w/o fever spikes
	Hemodynamically stable	
		f K. Sathya

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 Baby ANANYA 2 Y 0 M 18 D (F)
 12-05-2024
 Dr. SANDEEP REDDY
 IP5-00173631

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/2024	C/S/B Resident (Dr. Nandan)	
9 AM		
	D: 60% Scald burns	Plan
		- continue medications
	On room Air	as charted
	Hemodynamically	PFTAZ (D23)
	Stable	VANCOMYCIN (D5)
	Oral intake poor	LEVOFLOXACIN (D5)
	4 stools in last 24 hrs	FLUCONAZOLE (D8)
	2 fever spike in	
	last 24 hrs	- NG cyclical feeds
		35 ml/hr → 3 hr on
	Blood C/S → sterile	& 1 hr off
	(27/5/26)	
		- Enourage orally
	Tissue C/S → Awaited	
	(28/5/26)	- W/F fever spikes
		- Monitor vitals
		<u>Next:</u>
		(Dr. Nandan)



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PROGRESS NOTES AND DOCTOR'S ORDER

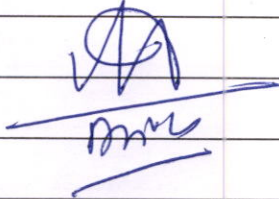
Date & Time	Progress Notes	Doctor's Order				
31/5/26	NUTRITION REVIEW	STOOL PASSED = 4 / Bristol-5				
11.0m	60% scald Burns					
	PBW: 10kg [5 th centile]	Hb: 9.6 pit: 502				
	REE: 559 kcal/d	K: 5.0 Alb: 30				
	Galveston formula: 1181.4 kcal/d					
	NG cyclical feeds	Recall vol = 800ml/d				
	peptamen junior	27 scoops for recall				
	[1:30ml] dilution					
	75ml/hr [3hr on 1hr off] +					
	jit kid 4 scoops/d					
	<u>MACROS</u> [<u>RECALL</u>]					
		<table style="width:100%; border:none;"> <tr> <td style="text-align:center"><u>E</u></td> <td style="text-align:center"><u>P</u></td> <td style="text-align:center"><u>C</u></td> <td style="text-align:center"><u>F</u></td> </tr> </table>	<u>E</u>	<u>P</u>	<u>C</u>	<u>F</u>
<u>E</u>	<u>P</u>	<u>C</u>	<u>F</u>			
2	peptamen jr 27scoops/d	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">985.5</td> <td style="text-align:center">27</td> <td style="text-align:center">137.7</td> <td style="text-align:center">35.1</td> </tr> </table>	985.5	27	137.7	35.1
985.5	27	137.7	35.1			
	jit kid 4scoops/d	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">206</td> <td style="text-align:center">19.8</td> <td style="text-align:center">27.6</td> <td style="text-align:center">1.8</td> </tr> </table>	206	19.8	27.6	1.8
206	19.8	27.6	1.8			
	Jbt 1/2	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">20</td> <td style="text-align:center">1.5</td> <td style="text-align:center">5</td> <td style="text-align:center">0.05</td> </tr> </table>	20	1.5	5	0.05
20	1.5	5	0.05			
	B. Egg white es 1/2	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">9</td> <td style="text-align:center">1.8</td> <td style="text-align:center">0</td> <td style="text-align:center">0</td> </tr> </table>	9	1.8	0	0
9	1.8	0	0			
	B. carrot 3/4	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">24</td> <td style="text-align:center">0.45</td> <td style="text-align:center">5.3</td> <td style="text-align:center">0.13</td> </tr> </table>	24	0.45	5.3	0.13
24	0.45	5.3	0.13			
	Rice bal 3 spoons	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">15</td> <td style="text-align:center">0.45</td> <td style="text-align:center">2.2</td> <td style="text-align:center">0.06</td> </tr> </table>	15	0.45	2.2	0.06
15	0.45	2.2	0.06			
	Total	<table style="width:100%; border:none;"> <tr> <td style="text-align:center"><u>1259.5</u></td> <td style="text-align:center"><u>51</u></td> <td style="text-align:center"><u>177.8</u></td> <td style="text-align:center"><u>37.14</u></td> </tr> </table>	<u>1259.5</u>	<u>51</u>	<u>177.8</u>	<u>37.14</u>
<u>1259.5</u>	<u>51</u>	<u>177.8</u>	<u>37.14</u>			
	per 1kg/d	<table style="width:100%; border:none;"> <tr> <td style="text-align:center">125.9</td> <td style="text-align:center">5.1</td> <td style="text-align:center">17.7</td> <td style="text-align:center">3.71</td> </tr> </table>	125.9	5.1	17.7	3.71
125.9	5.1	17.7	3.71			
	<i>higher range</i>					



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/05/2026	C/S/B Dr. Sandeep	
128M	D: 60°C Scald burn	Plan
	On Room Air Hemodynamically stable	- Continue medications as per chart
	1 fever spike @ 9:30AM - 100.5°f Oral intake - poor	- Consider w/ fever spike
		- Plan D/C tomorrow if no fever spikes
		<p><u>Handwritten Signature</u> (Dr. Nandla) ^{N.R. Nandla}</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2024	c/s/B pup yellow	
5:00 PM	Got scald Burns	plan
	Last fever spike @ 9:50 AM	① Continue cyclical paracetamol
	No further spikes	② w/f fever spikes
	Not taking any milk	③ Encourage orally
	Haemodynamically stable	④ Medication as per chart
	Packed ⑤ stools - mucus	
		



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order																																									
1/6/26 8 am	<u>NUTRITION REVIEW</u>																																										
	60% scald burns	STOOL PASSED = 6 / Bristol = 5																																									
	PBW: 10kg (5 th centile)																																										
	REE: 559 kcal/d	Hb: 9.6, WBC: 10.10, PLT: 502																																									
	Galveston formula: 1181.4 kcal/d	Na: 136, K: 5, Cl: 101																																									
		Alb: 3																																									
	NG cyclical feeds																																										
	Peptamen junior																																										
	(1:30ml) dilution	Recall vol = 630 ml/d																																									
	35 ml/hr (3hr on 1hr off) →	21 Scoops for Recall																																									
	fit kid 4 scoops/d																																										
	<u>MACROS (RECALL)</u>																																										
		<table border="1"> <thead> <tr> <th></th> <th>E</th> <th>P</th> <th>C</th> <th>F</th> </tr> </thead> <tbody> <tr> <td>Peptamen jr</td> <td>21 Scoops/d</td> <td>366.5</td> <td>21</td> <td>107.1</td> <td>27.3</td> </tr> <tr> <td>Fit kid</td> <td>4 scoops/d</td> <td>206</td> <td>19.8</td> <td>27.6</td> <td>48.7</td> </tr> <tr> <td>Watermelon juice</td> <td>100ml</td> <td>30</td> <td>0.6</td> <td>7.1</td> <td>0.15</td> </tr> <tr> <td>Rice dal</td> <td>3 spoons</td> <td>15</td> <td>0.45</td> <td>2.2</td> <td>0.06</td> </tr> <tr> <td>Total</td> <td></td> <td>1017.5</td> <td>41.85</td> <td>144</td> <td>76.21</td> </tr> <tr> <td>Per kg/d</td> <td></td> <td>101.75</td> <td>4.1</td> <td>14.4</td> <td>7.62</td> </tr> </tbody> </table>		E	P	C	F	Peptamen jr	21 Scoops/d	366.5	21	107.1	27.3	Fit kid	4 scoops/d	206	19.8	27.6	48.7	Watermelon juice	100ml	30	0.6	7.1	0.15	Rice dal	3 spoons	15	0.45	2.2	0.06	Total		1017.5	41.85	144	76.21	Per kg/d		101.75	4.1	14.4	7.62
	E	P	C	F																																							
Peptamen jr	21 Scoops/d	366.5	21	107.1	27.3																																						
Fit kid	4 scoops/d	206	19.8	27.6	48.7																																						
Watermelon juice	100ml	30	0.6	7.1	0.15																																						
Rice dal	3 spoons	15	0.45	2.2	0.06																																						
Total		1017.5	41.85	144	76.21																																						
Per kg/d		101.75	4.1	14.4	7.62																																						
	Peptamen jr																																										
	Fit kid																																										
	Watermelon juice																																										
	Rice dal																																										
	Total																																										
	Per kg/d																																										
	NPN: [1:188]																																										

*Diagnosis
NUTRITION*

BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 18 D (F)
 Dr. SANDEEP REDDY

IP5-00173631



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	<u>CSLB pre-feed</u>	
8 AM		
	Asst! - 6yr. Scald burn	
	On room - A9s	<u>plan</u>
	hemodynamically stable	1. w/ fever spikes
	2 fever spikes in last 24 hours	2. Monitor vitals
	3 stools passed yesterday	3. continue w/ oral feeds
	oral intake poor	35 ml/hr sh on sus off
		peptamine junior with 4 fit oral scoops in 24 hours
	700 Pipraz - D24	by Dr. Nomen
	700 Furazolidone - D8	1/6/26
	700 Vancomycin - D6	
	700 Levofloxacin - D6	

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 20 D (F)
 Dr. SANDEEP REDDY



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26	NUTRITION REVIEW	
8:46am	60% SCAID BUNN.	
	DOA: 23.	
	RFE = 559ml	
	ROA = 1181.4ml	
	PBW: 10ml	
	PLAN: NG CYCLE feeds	75ml/w Cycled
	8pm - 8am	(8pm - 8am)
	MONM ORAL OLET	MACN: 780ml, 20g
	CERE GROW - 3 scoops / day	
	8am - 8pm THIND HOUR	
	4 feeds.	TOTAL = 495.6 14.4
	MACN: ~ 495.6ml ORAL.	<u>750</u> 20
	~ 14.4g	<u>1225.6</u> 34.4
		10ml <u>122</u> 3.4

BUNN
 1/6/26
 9:05am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/05/2026 4pm	cls/b Mr. Sandeep	
	Oral Intake - poor	Plan:
	2 spikes of fever (last 24hrs)	1) Do. Nausea Review
	Passy solid stool	2) Dietician Opinion
		↳ cyclical E Cergrow
	Day time → Cergrow	Kately.
	Night-time → cyclical feeds	
	Day time → IF cergrow not accepted	
	↓	
	Cergrow + 35ml/hr cyclical feeds	
	(3:1)	
01/06/2026	cls/b MRNB fellow	
6pm	Δ 60% scald burns	
	last 24hrs - No fever spikes	Plan:
	4 times stool passed	1) 15ml cyclical feeds
	Semisolid from morning.	3hr on: 1hr off
	Not accepting cergrow	Overnight.
	Restarted on cyclical feeds	2) w/f fever spikes
	* Now 35ml (3hr on: 1hr off)	3) Continue Antibiotics
		Kately.
		Dr. Prathap

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 21 D (F)
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:30 AM	CLS/B prev follow.	
	Δ 60% scarred burn.	
	on room A/B	plan.
	hemodynamically stable.	1. w/ fever spikes.
	one fever spike at 11:30pm	2. Monitor vitals.
	100.3f	
	oral intake poor.	3. encourage oral intake.
	on cyclical feeds 75 ml/hr	
	* 5 semisolid (yesterday)	4. continue cyclical feeds
	8hocs	35 ml/hr 3hr on } day time
	* 1 spike fever yesterday (11:30pm)	1hr off
	7ij piptaz - D25	
	7ij Fluorogol - D9	75 ml/hr 3hr on } night time
	7ij vancomycin - D7	1hr off
	7ij levofloxacin - D7	
02/06/2026 12:30pm	cls/b Dr. Sandeep Reddy.	let no water
	Δ 60% scarred burn	plan.
	accepted 1/2 idly + watermelon juice	1) stop 7ij piptaz
	wound - healthy	2) start 7ij ceftriaxone
	VAC working ⊕	3) if No further fever spikes may go on charge T/m.
		4) Keep Discharge Ready
		Summary
		Surya

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 21 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:40AM	NUTRITION REVIEW	
	(1) CHILD HAS ONLY TEA & BISCOM TWO TIMES /dy	
	(2) MILK - 3 COM /dy	
	NO OTHER FOOD CHILD IS USED TO TAKE / EAT	
		BRUNOCH 2/6/26 9:40AM
	<u>C/SIB PICU Resident.</u>	
2/6/26 6PM	Δ: 60% Scald burn.	<u>Plan:</u>
	Child on room air.	ⓐ Cont antibiotics
	Hemodynamically	ⓑ Cont NG feed.
	Stable	ⓒ Encourage oral intake
	Max temperature: 99.7°F	ⓓ Strict asepsis.
	Oral intake good.	ⓔ Watch for fever.
		<i>[Signature]</i>

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 21 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8AM	CIS/B pre-feedw.	
	60% scald burn.	
	on room - APx	
	hemodynamically stable	plan:
	no fever spikes in last 24 hours	1. continue cyclical feeds
	3 stools normal consistency.	35ml/hr 3hr on } daytime 1hr off }
	oral intake better -	75ml/hr 3hr on } night 1hr off }
	on NG cyclical feeds 75ml/hr	
	3hr on } night 1hr off }	2. encourage oral intake
	35ml/hr 3hr on } daytime 1hr off }	
		3. plan discharge today.
	1g ceftriaxone - D2	
	1g Fluconazole - D10.	
	1g vancomycin - D8.	
	1g levofloxacin - D8.	

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 21 D (F)
 Dr. SANDEEP REDDY

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
3/6/26 8:50 AM	<u>NUTRITION REVIEW</u> 60% Scald Burns PBW: 10kg (5 th Centile) Req: 559 Kcal/d Galveston formula: 1181.4 Kcal/d	STOOL PASSED = 3 Bristol = 5 HB: 9.6, WBC: 10.10, PLT: 502 Na: 136, K: 5, Cl: 101 Alb: 3 Recall vol = 805 mld				
	<u>MACROS (RECALL)</u>					
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td>e</td> <td>p</td> <td>s</td> <td>f</td> </tr> </table>	e	p	s	f
e	p	s	f			
	Peptamen jr 27 scoops/d	98.5 27 137.7 35.1				
	fit kid 4 scoops/d	206 19.8 27.6 48.7				
	Watermelon juice 200ml	60 1.2 14.2 0.3				
	Coconut water 200ml	30.3 0.5 6.3 0.3				
	Idli 1 1/2	60 4.5 15 0.15				
	Egg white 1/2	9 1.8 0 0				
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-top: 1px solid black;">1350.8</td> <td style="border-top: 1px solid black; border-left: 1px solid black;">54.8</td> <td style="border-top: 1px solid black; border-left: 1px solid black;">200.8</td> <td style="border-top: 1px solid black; border-left: 1px solid black;">84.55</td> </tr> </table>	1350.8	54.8	200.8	84.55
1350.8	54.8	200.8	84.55			
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td>135</td> <td>5.4</td> <td>20</td> <td>8.4</td> </tr> </table>	135	5.4	20	8.4
135	5.4	20	8.4			
	NPN : [1:179]					
	<p>BRW 3/6/26 9:27 AM</p>					
		Nikita Dietitian				

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 21 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/25 2pm	C/S/B Dr Sandeep.	plan.
	NGT - 60% scald burns.	1. Discharge.
	on room - AFR	2. Auscultation
	Hemodynamically stable.	Linezolid } oral. Furosemide }
	No fever spikes	3. Remove NG tube
	in last 24 hours.	4. allow oral.
	oral intake better.	continue foley's
		remove foley's after 2 weeks.
		5. continue other medication.
		6. Review after 1 week
		with Dr. Naveen plastic surgeon
		Dr Sandeep. Dr. Naveen

BAH-00655928 IP5-00173631
Baby ANANYA
12-05-2024 2 Y 0 M 20 D (F)
Dr. SANDEEP REDDY



CROSS CONSULTATION FORM

Doctor Name : Date : 1/6/26 Time : @ 12pm

Diagnosis :

Hospital : <u>RCH</u>	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for : <input checked="" type="checkbox"/> Opinion <input type="checkbox"/> Co-Management <input type="checkbox"/> 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 :

1/6/26

SI B Dr Mrs Naveen Reddy

Post SSA PGC Pack

R

- CTall

- PGC can be done

- VAC change ~~on~~ on

- Thursday

Consultant :

Name : Mou Naveen Signature : [Signature] Date & Time : 01/6/26 @ 12pm



CROSS CONSULTATION FORM

Doctor Name : ^{M.V.} Dr. Naveen Reddy Date : 25/5/26 Time : 12:30pm

Diagnosis : 60% Scald burn

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:

60% scald burn

Signature: Madhusri

Findings and Recommendations :

SIBRENA. v Naveen Reddy

Sett Raw area + @ glowm

VSC over the burn

Resee 20 of PCU

PAC

Case Polled for debridement
+SSG on Thursday at 12 Noon.

Consultant :

Name : M.V. Naveen Signature: [Signature] Date & Time : 25/5/26

25/5/26

TRC

Hh 9.5

IP5-00173631
 BAH-00655926
 Baby ANANYA
 12-05-2024 2 Y 0 M 0 D (F)
 Dr. SANDEEP REDDY



Cross CONSULTATION FORM

Doctor Name : Dr Gyanchwar Date : 14/5/26 Time : 9:00pm

Diagnosis : SS-1. Burns.

Hospital : RCH, Banjara Hills.

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:

Scald burns

Signature: Madhu

Findings and Recommendations :

ulcers

S/B Dr S.S. Ganeshwar
Pls see

- few spike

→ superficial burn over heel well

- deep burn → over lt. thigh & base | buttock
are infected - ? facial contusion.

Swabs for culture is sent

- debride + dressing done

(csr)

Dressing charges
RS 5000/-

Consultant :

Name : G. Ganeshwar Signature : [Signature] Date & Time : 14/5/26 9:00pm



RESULT SHEET

Date	25/5/26	27/5/26	28/5/2026	29/5/26	29/5	
Time	6pm	6:50pm	6:30AM	5:24am	5PM	
Hb	8.0 ↓	9.4		7.2	9.6	
PCV	25.6	31.6		22.0	29.1	
RBC	3.28	3.79		2.73	3.63	
WBC	20710 ↓	2159		1038	1010	
N/L	53/27	61/23		32/44	26.6/50.7	
Platelets	839000	902000		515000	502	
CRP						
ESR						
PCT	3.53 ↓				2.03	
RBS						
Na		137	136			
K		5.1	5.0			
Cl		101	101			
Ca/Mg						
Phosphate						
Urea		32				
Creatinine		0.4				
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		Bicarb 21				

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 : 27/5/26 → Blood CS → sterile after

48 hrs

..... 28/5/26 → Tissue CS →

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 6 D (F)
 Dr. SANDEEP REDDY



RESULT SHEET

Date	18/05/26	19/5/26	20/5/26	20/5/26	21/05/26	22/5/26
Time	7.50 AM	6 AM	6 AM	3:30 PM	2 PM	6 PM
Hb	9.5	9.2		8.7	9.1	
PCV	29.1	29.6		27.1	29	
RBC	3.93	3.89		3.59	3.76	
WBC	30,050 ↑	34,060 ↑		47,360	39,420	
N/L	50.9/27.8	54.8/24.3		62.9/19.5	69/16	
Platelets	6,58,000 ↑	6.96 lakh		8.18 lakh	8.73	
CRP						
ESR						
PCT		1.7 ↓			0.69	12.7
RBS						
Na			135		134	
K			4.7		3.9	
Cl			104		103	
Ca/Mg						
Phosphate						
Urea					17	
Creatinine					0.3	
ALP					219	
SGPT					42	
SGOT					32	
T.Bill/Conj					0.4/0.3	
T.Protein					6.0	
S.Albumin		2.9			3.0	
S.Globulin					3.0	
A/G Ratio					3	
Uric Acid					1.1	
S.Amylase					59	
Sr.Lipase						
Blood Lactate						
S.Cholesterol					180	
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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.,) :

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 2 D (F)
 Dr. SANDEEP REDDY



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	15/5/26	15/5/26	15/5/26	16/5/26	16/5/26	17/5/26
Time	5AM	6pm	10pm	12PM	7PM	7AM
Hb	8.3			8.4	8.8	(7.5) ↓
PCV	25.8			26.7	28.8	23.3
RBC	3.7			3.8	4.01	3.36
WBC	25,900 ↓			28770 ↑	44550 ↑	27330 ↓
N/L	59/26			54/26	54/31	50/33
Platelets	4.87 lak			567000 ↑	686000 ↑	615000 ↓
CRP						
PCT		7 ↑				
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
T.Bill/Conj						
T.Protein						
S.Albumin				2.9		2.7 ↓
S.Globulin				-		
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
LDH			624			
ferritin			152			

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.) :



O positive .

RESULT SHEET

Date	9/5/26	11/5/26	12/5/26	12/5/26	13/5/26	14/5/26
Time	11PM	5AM	4AM	1PM	6AM	8AM
Hb	9.3	8.6 ↓	8.4		8.3	7.5
PCV	28.9	27.4	27.4		26.9	24.4
RBC	4.42	4.08	4.01		3.94	3.57
WBC	9970	8970 ↓	141270 ↑		23060 ↑	26880 ↑
N/L	44/51	21/31	36/53.3		42/43	61/31
Platelets	461000	432000 ↓	4.44 lakh		4.42 lakh	5.5 lakh
ESR						
PCT	8.70		3.46 ↓			1.19 ↓
RBS						
Na	131			137		
K	4.2			4		
Cl	103			105		
Ca/Mg				9.8		
Phosphate						
Urea	12			5		
Creatinine	0.4			0.3		
ALP						
SGPT						
T.Bill/Conj						
T.Protein						
S.Albumin		2.0	2.6			
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR	14/1.0					
APTT	43					
CSF Protein / Sugar						
Cells						
N/L						

Bicarbonate 20

21

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell		D/c				
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 9 D (F)
 Dr. SANDEEP REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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: ICU Shifted to: ward

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	Syrup. A-Z	5ml	oral	12Hly		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Tablet. VITAMIN-C	500mg 1 tab	oral	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	VITAMIN D DROPS	1ml	oral	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Syrup. CALCIUMAX PLUS	5ml	oral	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Syrup. FENC	5ml	oral	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ. PIPERACILLIN TAZOBACTAM	1g	iv	TID		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	INJ. AMIKACIN	75mg	iv	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	PROGG sachet	1sachet	oral	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9	INJ. PANTOPRAZOLE	10mg	iv	OD		<input checked="" 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: Madhu

Date & Time: 23/5/26 at 3:30pm

Nurse Name & Signature: Bibha

Date & Time: 24/5/26 @ 10am



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10 kg Ward PW

DRUG: Di. PROPRANOLOL 10-20mg
 Dose: 10mg Route: PO Frequency: TID Start Dt: 09/05

Date/Time: 09/5, 10/5, 11/5, 12/5, 13/5, 14/5, 15/5

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 2PM X [Signature], 10PM [Signature]

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: VITAMIN-C
 Dose: 500mg Route: PO Frequency: QD Start Dt: 09/05

Date/Time: 09/5, 10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5, 17/5, 18/5, 19/5, 20/5, 21/5, 22/5, 23/5

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 10AM X [Signature]

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: INJ-TRAMADOL
 Dose: 10mg Route: IV Frequency: TID Start Dt: 10/5

Date/Time: 10/5, 11/5, 12/5, 13/5, 14/5, 15/5, 16/5

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 8 AM X [Signature], 4 PM [Signature]

Daily Doctor's Endorsement by a Sign: [Signatures]

DRUG: PROPRANOLOL-VITAMIN-D
 Dose: 1mg Route: PO Frequency: OD Start Dt: 11/5

Date/Time: 11/5, 12/5, 13/5, 14/5, 15/5, 16/5, 17/5, 18/5, 19/5, 20/5, 21/5, 22/5, 23/5, 24/5

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: (1mg/800w)

Daily Doctor's Endorsement by a Sign: [Signatures]

VERIFIED

Signature VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED

VERIFIED



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10kgs

Ward Pw

DRUG: SYP ZINC

Date/Time	Dose	Route	Frequency	Start Dt.
12/5	5ml	PO	OD	12/5
13/5				
14/5				
15/5				
16/5				
17/5				
18/5				
19/5				
20/5				
21/5				
22/5				
23/5				
24/5				
25/5				

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: (5ml/20mg)

Daily Doctor's Endorsement by a Sign: *[Signatures]*

DRUG: T PROPRANOLOL

Date/Time	Dose	Route	Frequency	Start Dt.
12/5	2mg	PO	TID	12/5
13/5				
14/5				
15/5				
16/5				
17/5				
18/5				
19/5				
20/5				
21/5				
22/5				
23/5				
24/5				
25/5				

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG: SYP CALMAX PLUS

Date/Time	Dose	Route	Frequency	Start Dt.
12/5	5ml	PO	BD	12/5
13/5				
14/5				
15/5				
16/5				
17/5				
18/5				
19/5				
20/5				
21/5				
22/5				
23/5				
24/5				
25/5				

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign:

DRUG: SYP PARACETAMOL

Date/Time	Dose	Route	Frequency	Start Dt.
12/5	4ml	PO	TID	12/5
13/5				
14/5				
15/5				
16/5				
17/5				
18/5				
19/5				
20/5				
21/5				
22/5				
23/5				
24/5				
25/5				

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions: 5ml/240mg

Daily Doctor's Endorsement by a Sign:

VERIFIED

Signature

VERIFIED BY: *[Signature]*

VERIFIED

BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 3 D (F)
 Dr. SANDEEP REDDY



Sheet No.

REGULAR PRESCRIPTIONS

Weight 10 Kg Ward PW

DRUG: <u>2g. POLYMYXIN-B</u>	Date/Time																				
Dose	Route	Frequency	Start Dt.																		
1.5 tabs	IN	BD	15/5/26																		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Pragnyesh</u>																					
Additional Instructions:																					

Daily Doctor's Endorsement by a Sign

DRUG: INJ. PIPTAZ

Date/Time	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5				
Dose	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g	1g				
Route	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV				
Frequency	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID	TID				
Start Dt.	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5				

Name & Signature of the Doctor Starting the Drugs:
Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: INJ. AMIKACIN

Date/Time	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5				
Dose	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg	75mg				
Route	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV	IV				
Frequency	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD				
Start Dt.	16/5	17/5	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5				

Name & Signature of the Doctor Starting the Drugs:
Dr. Nandan

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG: PRO-44 SACHET

Date/Time	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5						
Dose	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet	1 sachet				
Route	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q	PO/q				
Frequency	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD	BD				
Start Dt.	18/5	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5						

Name & Signature of the Doctor Starting the Drugs:
Dr. Nandan

Additional Instructions:

VERIFIED
 Signature
 VERIFIED
 VERIFIED
 VERIFIED

Sheet No:

REGULAR PRESCRIPTIONS

Weight 10 kg Ward PICU

VERIFIED

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time						
ENJ. PANTOPRAZOLE	10mg	IV	OD	22/05	22/5	23/5	24/5				
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nanda</u>					<p>6 liquid Am nanda need shubh Budd</p> <p>change to oral 23/05/2026 9 AM</p> <p>Health (Dr. Nanda)</p>						
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											

VERIFIED

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time											
SYRUP A-2	5ml	ORAL	BD	9/5/26	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
Name & Signature of the Doctor Starting the Drugs: <u>Madhvi</u>					<p>Sub Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly</p>											
Additional Instructions:																
Daily Doctor's Endorsement by a Sign																

VERIFIED

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time											
TAB VITAMIN-C	500mg	ORAL	BD	9/5/26	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
Name & Signature of the Doctor Starting the Drugs: <u>Madhvi</u>					<p>Sub Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly</p>											
Additional Instructions: <u>Chewable (Crush & dilute in water)</u>																
Daily Doctor's Endorsement by a Sign																

VERIFIED

DRUG:	Dose	Route	Frequency	Start Dt.	Date/Time											
TAB. LANOPRAZOLE	10mg	PO	OD	24/05	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6		
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Nanda</u>					<p>Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly Kaly</p>											
Additional Instructions: <u>1 tab = 15mg Dilute in 6ml & give 4 ml</u>																
Daily Doctor's Endorsement by a Sign																



Sheet No:

REGULAR PRESCRIPTIONS

Weight 10kg Ward P1W

DRUG: Tab FLUCONAZOLE

Date/Time	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6
Dose	100mg	100mg	100mg	100mg	100mg	100mg	100mg	100mg
Route	Oral	Oral	Oral	Oral	Oral	Oral	Oral	Oral
Frequency	OD	OD	OD	OD	OD	OD	OD	OD
Start Dt.	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5
Name & Signature of the Doctor Starting the Drugs:	19/10 Kala, Nela, Nived, Nela, Kaly, Nela, Nela, Nela, Nela (S) [Signature]							
Additional Instructions:	(100ml = 200mcg)							
Daily Doctor's Endorsement by a Sign	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙

DRUG: DROP. VIT-D3

Date/Time	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
Dose	1ml	1ml	1ml	1ml	1ml	1ml	1ml	1ml	1ml
Route	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG
Frequency	OD	OD	OD	OD	OD	OD	OD	OD	OD
Start Dt.	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5
Name & Signature of the Doctor Starting the Drugs:	12/11 Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa (S) [Signature]								
Additional Instructions:	(800 IU/1ml)								
Daily Doctor's Endorsement by a Sign	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙

DRUG: SYN. ZENCONIA

Date/Time	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
Dose	5ml	5ml	5ml	5ml	5ml	5ml	5ml	5ml	5ml
Route	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG
Frequency	OD	OD	OD	OD	OD	OD	OD	OD	OD
Start Dt.	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5
Name & Signature of the Doctor Starting the Drugs:	11/11 Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa (S) [Signature]								
Additional Instructions:									
Daily Doctor's Endorsement by a Sign	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙

DRUG: SYN. CALCEMAX-PLUS

Date/Time	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
Dose	5ml	5ml	5ml	5ml	5ml	5ml	5ml	5ml	5ml
Route	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG	PO/NG
Frequency	BD	BD	BD	BD	BD	BD	BD	BD	BD
Start Dt.	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5	26/5
Name & Signature of the Doctor Starting the Drugs:	10/11 Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa, Dipa (S) [Signature]								
Additional Instructions:	10pm Nela, Nela, Nela, Nela, Nela, Nela, Nela, Nela, Nela, Nela (S) [Signature]								
Daily Doctor's Endorsement by a Sign	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙

VERIFIED

VERIFIED

VERIFIED

VERIFIED



Sheet No: REGULAR PRESCRIPTIONS Weight Ward

VERIFIED

VERIFIED

Signature

DRUG : INS. VANCOMYCIN

Dose	Route	Frequency	Start Dt.	Date/Time															
150mg	IV	q 6hrly	27/5	12am	X														
Name & Signature of the Doctor Starting the Drugs:				Dr. Nanda															
Additional Instructions:				12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm, 12pm, 6pm															
Daily Doctor's Endorsement by a Sign				① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳															

DRUG : INS. LEVOFLOXACIN

Dose	Route	Frequency	Start Dt.	Date/Time															
100mg	IV	q 12hrly	27/5	10am	X														
Name & Signature of the Doctor Starting the Drugs:				Dr. Nanda															
Additional Instructions:				10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm															
Daily Doctor's Endorsement by a Sign				① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳															

DRUG : ZYTER GEL

Dose	Route	Frequency	Start Dt.	Date/Time															
-	LIA	TID	27/5	6am	X														
Name & Signature of the Doctor Starting the Drugs:				Dr. Nanda															
Additional Instructions:				10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm															
Daily Doctor's Endorsement by a Sign				① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳															

DRUG : INS. ONDANSETRON

Dose	Route	Frequency	Start Dt.	Date/Time															
2mg	IV	q 8hrly	27/5	6am	X														
Name & Signature of the Doctor Starting the Drugs:				Dr. Nanda															
Additional Instructions:				10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm, 2pm, 4pm, 6pm, 8pm, 10pm, 12pm															
Daily Doctor's Endorsement by a Sign				① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳															



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : INJ. PIPITAZ				Date Time	3/15	1/6	2/6													
Dose	Route	Frequency	Start Dt.																	
7g	IV	q 8hrly	09/05	6AM Kishor Kumar Mouni Prasad Ning Bandhuk Bant Mouni 10pm Mouni Kishor Kumar Bant																
Name & Signature of the Doctor Starting the Drugs:				Dr. Nandan																
Additional Instructions:				NOTS 02/06																
Daily Doctor's Endorsement by a Sign				[Signature]																

DRUG : INJ. CEFTRIA XONE				Date Time	2/6	3/6														
Dose	Route	Frequency	Start Dt.																	
500mg	IV	Q 12H	02/06	10am 12pm Mouni Prasad Bandhukumar																
Name & Signature of the Doctor Starting the Drugs:				Dr. Kishor																
Additional Instructions:				10pm Mouni Kishor																
Daily Doctor's Endorsement by a Sign				[Signature]																

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																				

VERIFIER Signature VERIFIED BY : Name

VERIFIED VERIFIED VERIFIED



DRUG CHART

Date of Admission: 09/05/26 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: <u>Syp. METAL</u>				Date/Time	17/5	18/5	20/5	22/5	23/5	24/5	26/5	27/5	30/5
Dose	Route	Frequency	Start Date	3:10 AM	1:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM
<u>5ml</u>	<u>PO</u>	<u>SOS</u>	<u>16/5/26</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>
Doctor's Signature		Valid Period	Pharm.	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>
Additional Instructions:				<u>If temp > 100.4° F and not subsiding with syp-paracetamol</u>									

DRUG: <u>INJ PARACETAMOL</u>				Date/Time	17/5	18/5	20/5	22/5	23/5	24/5	26/5	27/5
Dose	Route	Frequency	Start Date	3:40 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM	12:30 AM
<u>100mg</u>	<u>IV</u>	<u>SOS</u>	<u>16/5</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>	<u>Subrata</u>
Doctor's Signature		Valid Period	Pharm.	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>	<u>Dr. Pradyumn</u>
Additional Instructions:				<u>SOS</u>								

DRUG: <u>SYP. PARACETAMOL</u>				Date/Time	20/5
Dose	Route	Frequency	Start Date	12:30 AM	12:30 AM
<u>3ml</u>	<u>PO/4h</u>	<u>SOS</u>	<u>29/5</u>	<u>Subrata</u>	<u>Subrata</u>
Doctor's Signature		Valid Period	Pharm.	<u>Dr. Nandan</u>	<u>Dr. Nandan</u>
Additional Instructions:				<u>if temp > 100° F</u> <u>240mg/5ml</u> <u>Minimum 6 hrs gap between 2 doses</u>	

VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight: 10 kg Ward: PW

DRUG: INJ. AUGMENTIN				Date/Time
Dose	Route	Frequency	Start Date	
300 mg	IV	TID	9/5	9am X
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: 300 mg				
Daily Doctor's Endorsement by a Sign				
DRUG: INJ. PANTOPRAZOLE				Date/Time
Dose	Route	Frequency	Start Date	
10 mg	IV	OD	9/5	6am X
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG: INJ. PARALLETAMOL				Date/Time
Dose	Route	Frequency	Start Date	
150 mg	IV	TID	9/5	6am X
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG SUP. A-Z				Date/Time
Dose	Route	Frequency	Start Date	
5ml	PO	BD	9/5	10am X
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED

VERIFIED

VERIFIED



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	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
11/5	4AM	PLASMA-LYTE	100ml	IV over 1 hour	MY	Palash
11/5	2AM	INJ PARACETAMOL	150mg	IV	MY	Palash
11/5	9:00 AM	20% ALBUMIN	25ml	IV over 1 hour	AA	Palash
11/5/26	5PM	20% ALBUMIN	25 ml	IV once 4 hrs	pratik	Palash
11/5/26	9PM	SUPP. MEFEAL	5ml	PO	AA	Palash
12/5/26	6AM	NS BOWS	100ml over 3hrs	IV	AA	Suchisita Palash
13/5/26	3PM	20% ALBUMIN	100 ml over 10 hours	IV	Neelke	Ashma Bachu
		INJ PARACET				
14/5/26	10:20AM	SUPP. PARACETAMOL	3ml	oral	Madhusi	Ashma

Signature
 Verified by N
 per
 per

4:30 AM
 9:15 AM
 9 AM
 5:15 PM
 9:10 PM
 6:10 PM
 3:30 PM
 10:30 AM

I.V. FLUIDS CHART

Weight. 10kg Ward. ped

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
9/5	10PM	I.V.F. DNS	IV	40	AS	Palash	10/5	AS	Palash
11/5	5AM	I.V.F. DNS	IV	20ml/hr	MY	Palash	11/5/26	AS	Palash
11/5	5AM	0.1ml HEPARIN + 50ml NS	Arterial	1ml/hr	MY	Palash	11/5/26	AS	Palash
12/5/26	6AM	DNS	IV	20ml/hr	AS	Sudhakar Palash	12/5/26	AS	Ashma
12/5/26	6AM	0.1ml heparin + 50ml NS	Arterial	1ml/hr	AS	Sudhakar Palash	12/5/26	MY	Sudhakar
12/5/26	3pm	DNS	iv	40ml/hr	AS	Ashma Palash	12/5/26	MY	Sudhakar
14/5/26	4AM	I.V.F. DNS	IV	40ml/hr	MY	Sudhakar	14/5/26	AS	Palash
14/5/26	4AM	0.1ml HEPARIN + 50ml NS	Arterial	1ml/hr	MY	Sudhakar	14/5/26	AS	Sudhakar Subrat
15/5/26	6AM	DNS	IV	40ml/hr	AS	Sudhakar Subrat	15/5/26	AS	Ashma
15/5/26	6AM	0.1ml Heparin + 50ml NS	Arterial	1ml/hr	AS	Sudhakar Subrat	15/5/26	AS	Ashma

Signature

VERIFIED BY - Name

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 5 D (F)
 Dr. SANDEEP REDDY



I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID <small>(if infusion, mention ml / hr = Mcg / kg / min. etc.)</small>	ROUTE	Flow Rate <small>(ml/hr)</small>	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
18/5	6 AM	DNS	IV	40ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	19/5	<i>[Signature]</i>	<i>[Signature]</i>
18/5	6 AM	0.1ml Heparin + 50ml NS	arterial line	1ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	19/5	<i>[Signature]</i>	<i>[Signature]</i>
18/5/24	6 AM	0.1ml heparin + 50ml NS		1ml/hr					
18/5/26	5 AM	IVF DNS	IV	40ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	24/5/26	<i>[Signature]</i>	<i>[Signature]</i>
20/5/26	5 AM	ARP FLUSH + 0.1ml HEPARIN + 50ml NS	Arterial line	1ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	21/5/26	<i>[Signature]</i>	<i>[Signature]</i>
21/5/26	6 AM	DNS	IV	40ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	21/5	<i>[Signature]</i>	<i>[Signature]</i>
21/5/26	6 AM	0.1ml Heparin + 50ml NS	Arterial	1ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	22/5/26	<i>[Signature]</i>	<i>[Signature]</i>
21/5/26	12:40 PM	IVF DNS	IV	20ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	22/5/26	<i>[Signature]</i>	<i>[Signature]</i>
22/5/26	6 AM	0.1ml Heparin + 50ml NS	Arterial	1ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	23/5/26	<i>[Signature]</i>	<i>[Signature]</i>
22/5/26	6 AM	IVF DNS	IV	20ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	24/5/26	<i>[Signature]</i>	<i>[Signature]</i>

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 8 D (F)
 Dr. SANDEEP REDDY



I.V. FLUID CHART

DATE	TIME	Composition of I.V. FLUID <small>(if infusion, mention ml / hr = Mcg / kg / min. etc.)</small>	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
28/5	6AM	I.V.F. DNS	IV	40 ml/hr	<i>[Signature]</i>	<i>[Signature]</i>	28/5	<i>[Signature]</i>	<i>[Signature]</i>
28/5	5PM	DNS	IV	20	<i>[Signature]</i>	<i>[Signature]</i>	29/5	<i>[Signature]</i>	<i>[Signature]</i>



PRE-SCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart

EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time:	1PM	2PM	6pm	7pm	8PM	9PM	
Doctor / Nurse / Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98							
	97							
	96							
	95							
94								
Heart Rate (bpm) and Blood Pressure (mmHg) *	190							
	180							
	170							
	160							
	150							
	140							
	130							
	120							
	110							
	100							
Note: BP does not score in early warning scoring	90							
	80							
	70							
	60							
	50							
	Heart Rate (Number)		125b/s	126b/s	127b/s	130b/s	134b/s	
	Resp. Rate (bpm) (Over 1 Minute) *	70						
		60						
		50						
		40						
30								
20								
10								
Resp Rate (Number)			27b/s	28b/s	28b/s	26b/s	28b/s	
Resp Distress		Mod/ Severe / None / Mild						
Receiving O ₂ (l/min)								
O ₂ Saturations (%)		97%	97%	97%	100%	97%		
Conscious Level	Normal / Altered	C	C	C	R	C		
GCS *		15/15	15/14	16/15	15/15	15/15		
TOTAL SCORE		0	0	0	0	0		
Number of shaded boxes		0	0	0	0	0		
Pain Score		0	0	0	0	0		
Observer's Initials		S	S	S	S	S		

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.

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

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 11 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



25/5/26 (2)

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

PRESCHOOL (1-5 years)

Children's Observation & Early Warning Scoring Chart



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 6:00pm 10:00am 1:00pm 2:30pm 5:30pm 6pm 10pm 12am 6am

Doctor / Nurse / Family Concern? [Handwritten initials]

Temperature (F)	104														
	103														
	102														
	101														
	100														
	99														
	98														
	97														
	96														
	95														
94															

Heart Rate (bpm) and Blood Pressure (mmHg) *	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														

Note: BP does not score in early warning scoring

Heart Rate (Number)	129b/m	127b	120b	114	121b/m	130b/m	128b
---------------------	--------	------	------	-----	--------	--------	------

Resp. Rate (bpm) (Over 1 Minute) *	70														
	60														
	50														
	40														
	30														
	20														
	10														
	0														
	0														
	0														

Resp Rate (Number)	27b/m	27b	26b	27b	29b/m	28b/m	26b
--------------------	-------	-----	-----	-----	-------	-------	-----

Resp Distress	Mod/ Severe	None / Mild													
Receiving O ₂ (l/min)	RA	RA	RA	RA	RA	RA	RA								
O ₂ Saturations (%)	99%	99%	98%	98%	99%	99%	99%								
Conscious Level	Normal	Altered	c	c	c	c	c								
GCS *	15/5	15/5	15/5	15/5	15/5	15/5	15/5								

TOTAL SCORE	0	0	0	0	0	0	0
Number of shaded boxes	0	0	0	0	0	0	0
Pain Score	0	0	0	0	0	0	0
Observer's Initials	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]

ACTIONS

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
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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:

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Record Details when EARLY WARNING SCORE > 3			Record Time of Review and Plan		
Date	Time	Early Warning Score	Date	Time	Name

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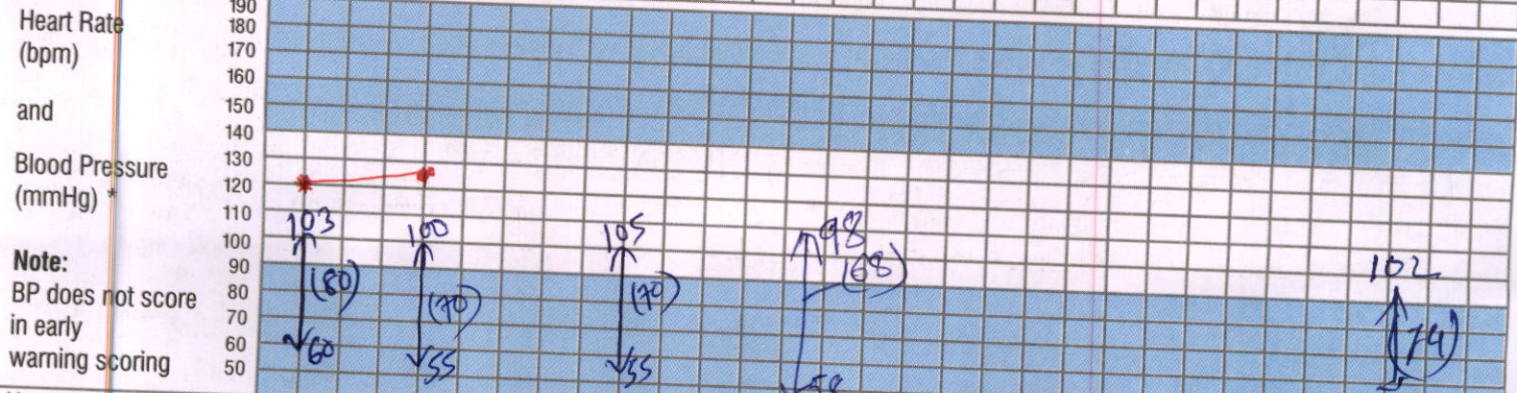
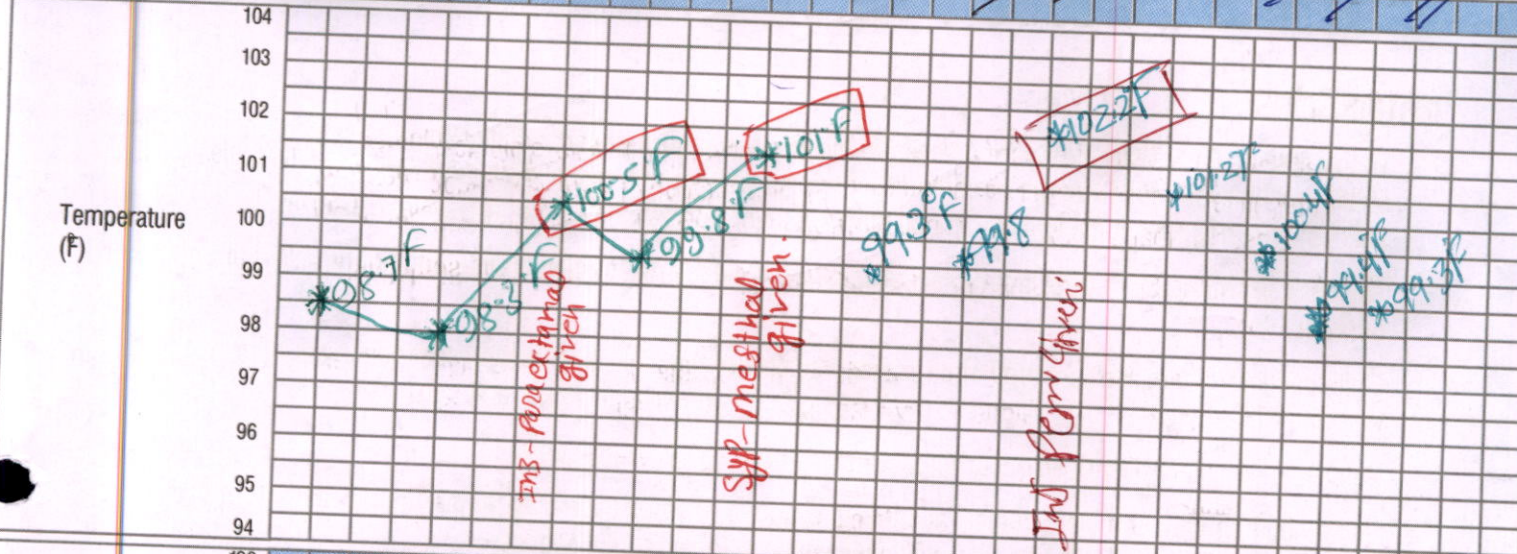
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R	RECOMMENDATION : I need you to ... come to see the child in the next (XX mins) AND I s there anything I need to do in the meantime ? (e.g. stop the fluid/ repeat observation)

26/5/26

3

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10 AM 2 PM 4 PM 5 PM 6 PM 10 PM 9 AM 3 PM 3:30 PM 4 PM 5 PM 6 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 120 bpm 125 bpm 126 bpm 123 bpm 140 bpm



Resp Rate (Number) 28 bpm 29 bpm 29 bpm 28 bpm 30 bpm 24 bpm

Resp Distress	Mod/ Severe None / Mild	✓	✓	✓	✓	✓	✓
Receiving O ₂ (l/min)	RI/A	RI/A	RI/A	RI/A	RI/A	RI/A	RI/A
Saturations (%)	99%	100%	100%	99%	98%	99%	99%
conscious	Normal / Altered	✓	✓	✓	✓	✓	✓
CORE shaded boxes		0	0	0	0	0	0
initials		<u>AW</u>	<u>AW</u>	<u>AW</u>	<u>AW</u>	<u>AW</u>	<u>AW</u>

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If 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

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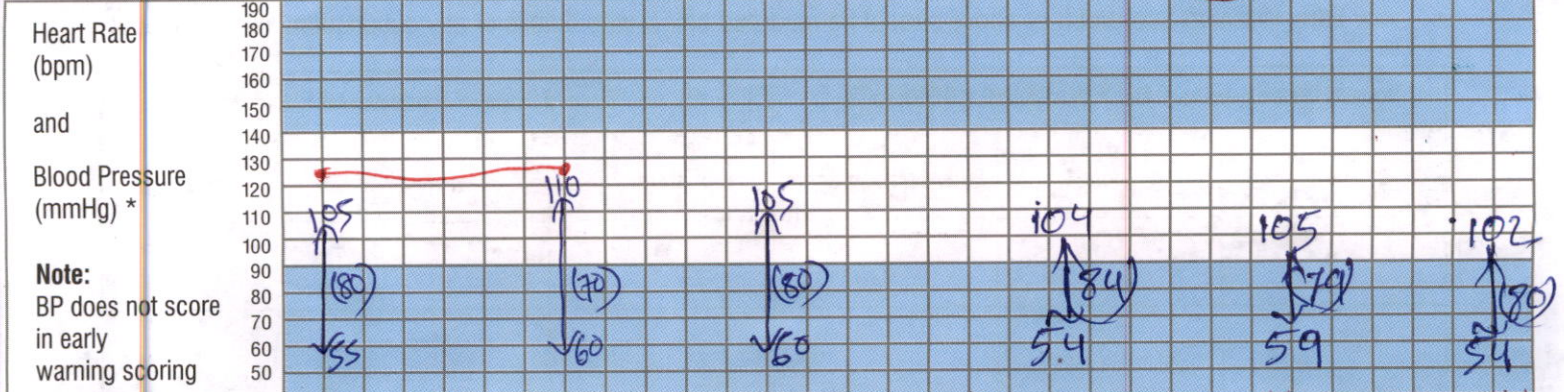
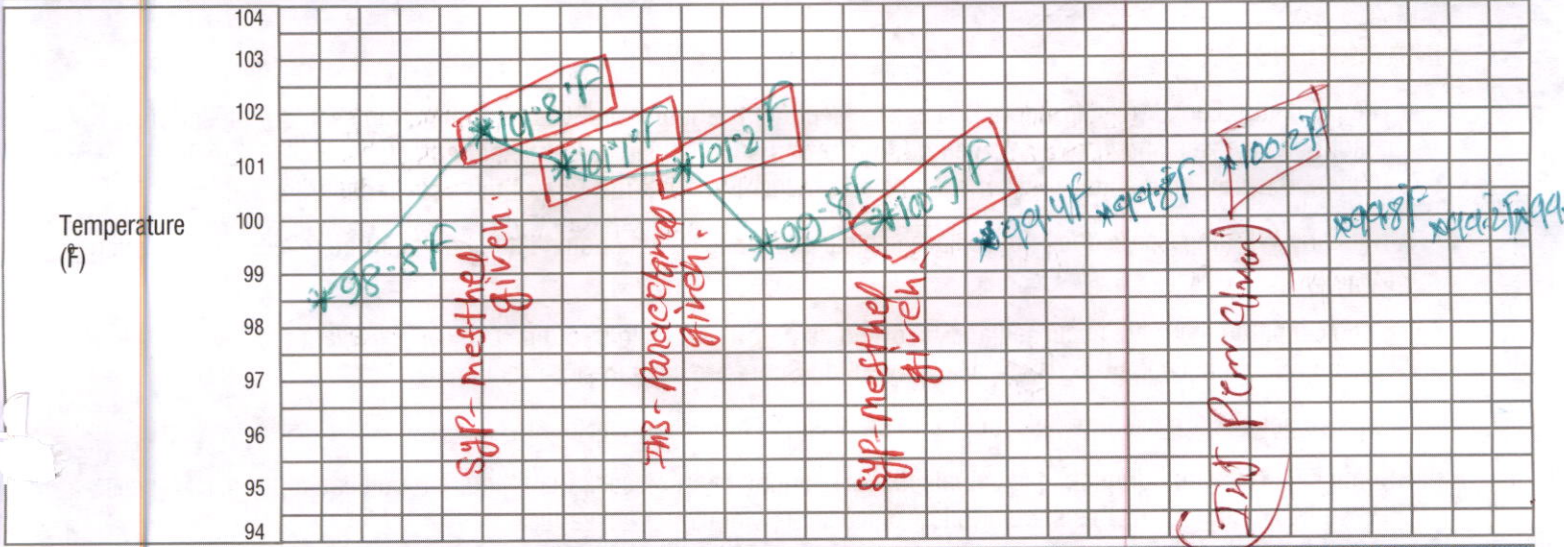
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A	ASSESSMENT : I think the problem is (XXX) and I have ... (e.g. given O2/ analgesia, stopped the infusion), OR I am not sure what the problem is but child (X) is deteriorating, OR I don't know what's wrong but I am really worried.
R	RECOMMENDATION : 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)

27/5/26

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 10AM 11PM 1PM 3PM 4PM 5PM 9PM 11PM 2am 4am 5am 6am
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 123b/m 125b/m 123b/m 135b/m 130b/m 115b/m



Resp Rate (Number) 28b/m 29b/m 28b/m 30b/m 28b/m 32b/m

Resp Distress	Mod/ Severe None / Mild	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Receiving O ₂ (l/min)		RIA	RIA	RIA	RIA	RIA	RIA
O ₂ Saturations (%)		99%	100%	99%	98%	98%	99%
Conscious Level	Normal / Altered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GCS *		(15/15)	(15/15)	(15/15)	15/15	15/15	15/15
TOTAL SCORE		0	0	0	0	0	0
Number of shaded boxes		0	0	0	0	0	0
Pain Score		0	0	0	0	0	0
Observer's Initials		NS	NS	NS	NS	NS	NS

ACTIONS
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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

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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)
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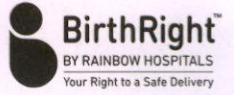
BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 16 D (F)
 Dr. SANDEEP REDDY

IP5-00173631

23/5/26

No. : RCH/FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date :	Time: <u>9AM</u> <u>10AM</u> <u>11AM</u> <u>12PM</u> <u>1PM</u> <u>2PM</u> <u>6PM</u>
Doctor / Nurse / Family Concern?	
Temperature (F)	<p>104</p> <p>103</p> <p>102</p> <p>101</p> <p>100</p> <p>99</p> <p>98</p> <p>97</p> <p>96</p> <p>95</p> <p>94</p>
Heart Rate (bpm) and Blood Pressure (mmHg) *	<p>190</p> <p>180</p> <p>170</p> <p>160</p> <p>150</p> <p>140</p> <p>130</p> <p>120</p> <p>110</p> <p>100</p> <p>90</p> <p>80</p> <p>70</p> <p>60</p> <p>50</p>
Heart Rate (Number)	<p>120b/m</p> <p>130b/m</p> <p>138b/m</p> <p>132b/m</p>
Resp. Rate (bpm) (over 1 Minute) *	<p>70</p> <p>60</p> <p>50</p> <p>40</p> <p>30</p> <p>20</p> <p>10</p>
Resp Rate (Number)	<p>28b/m</p> <p>24b/m</p> <p>24b/m</p> <p>26b/m</p>
Resp Distress	<p>Mod/ Severe</p> <p>None / Mild</p>
Receiving O ₂ (l/min) O ₂ Saturations (%)	<p>R/A 100%</p> <p>R/A 99%</p> <p>R/A 100%</p> <p>R/A 99%</p>
Conscious Level	<p>Normal</p> <p>Altered</p>
GCS *	<p>15/15</p> <p>15/15</p> <p>15/15</p> <p>15/15</p>
TOTAL SCORE	
Number of shaded boxes	<p>0</p> <p>0</p> <p>0</p> <p>0</p>
Pain Score	<p>0</p> <p>0</p> <p>0</p> <p>0</p>
Observer's Initials	<p>NRD</p> <p>NRD</p> <p>NRD</p> <p>NRD</p>

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.

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY

IP5-00173631

2 Y 0 M 17 D (F)

30/5/26

: RCH/ FRM / CLINICAL / 125

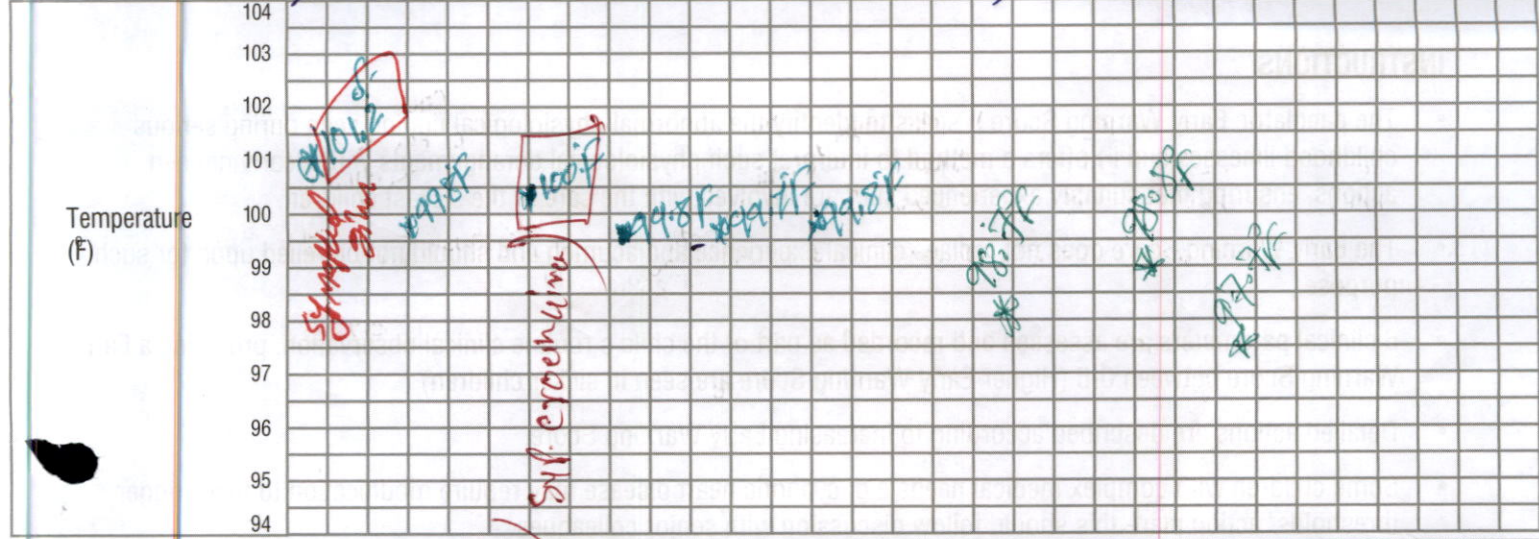
PRESCHOOL (1-5 years)
Children's Observation & Early Warning Scoring Chart

Pratiksha
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 : Time: 12:00 AM 8am 10am 11am 2pm 5pm 10pm 9pm 6pm
 Doctor / Nurse / Family Concern? Jan San Car Nar 2hr 5hr 10hr 9hr 6hr



Heart Rate (bpm)	Blood Pressure (mmHg) *
130 bpm	102/54
128 bpm	104/62
130 bpm	102/54
122 bpm	103/60
123 bpm	100/65
126 bpm	102/58

Resp Rate (Number)
28 bpm
22 bpm
24 bpm
23 bpm
26 bpm
23 bpm

Receiving O ₂ (l/min)	O ₂ Saturations (%)
99%	99%
98%	98%
99%	100%
100%	100%
99%	100%
100%	100%

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

TOTAL SCORE	Number of shaded boxes	Pain Score	Observer's Initials
0	0	0	N
0	0	0	N
0	0	0	N
0	0	0	N
0	0	0	N
0	0	0	N

ACTIONS
 NB: Scores 3 should be recorded overleaf

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BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 2 Y O M 18 D (F)
 IP5-00173631

31/5/20

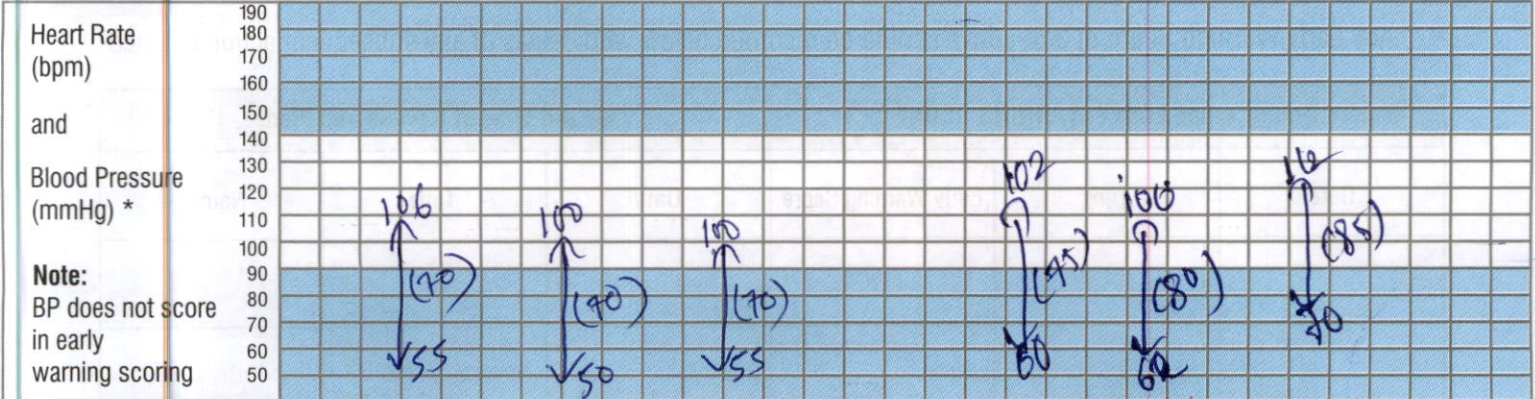
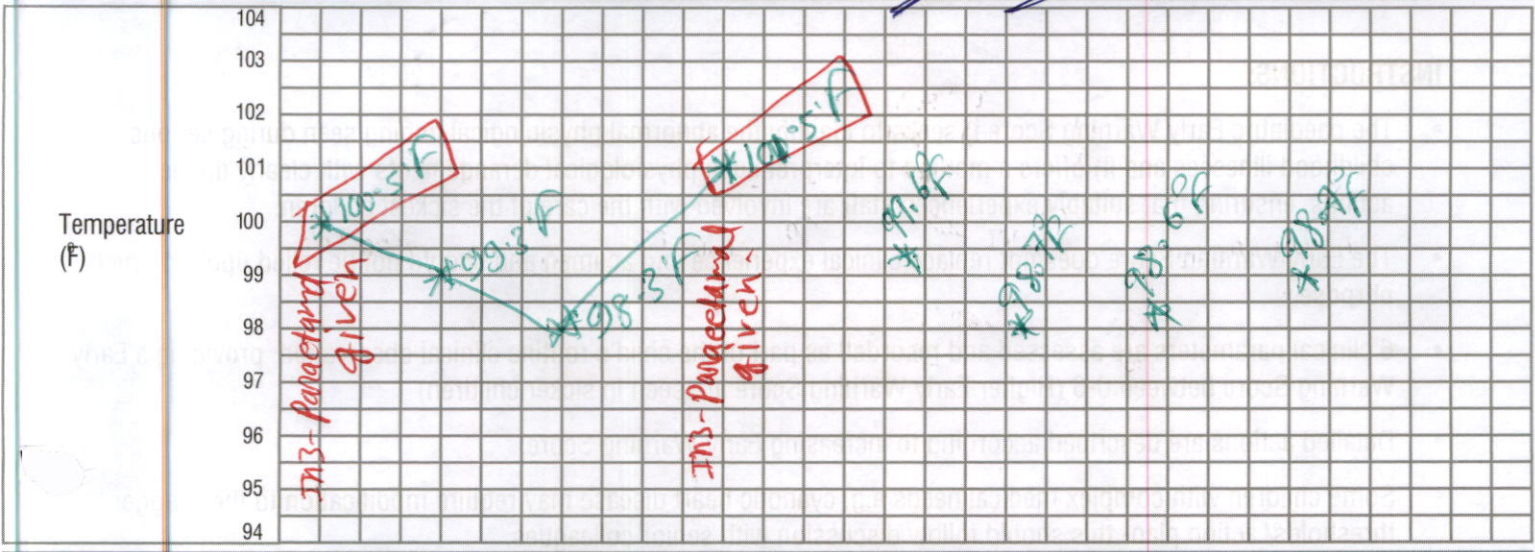
Doc. No. : RCH/ FRM / CLINICAL / 125

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



EARLY WARNING SCORE: CHILDREN'S UNIT

Date : Time: 9:30 AM 10:40 AM 2 PM 6:15 PM 9 PM 10 PM 2 AM 6 AM
 Doctor / Nurse / Family Concern? _____



Heart Rate (Number) 120b/m 123b/m 122b/m 123b/m 128b/m 120b/m

Resp Rate (Number) 28b/m 29b/m 28b/m 26b/m 23b/m 26b/m

Resp Mod/ Severe Distress None / Mild None

Receiving O₂ (/min) RIA RIA RIA RIA RIA RIA

O₂ Saturations (%) 99% 100% 99% 100% 99% 100%

Conscious Level Normal / Altered Normal

GCS * (15/15) (15/15) (15/15) 15/15 15/15 15/15

TOTAL SCORE

Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials NR NR NR NR NR NR

ACTIONS

Score 1 : Continue normal observation by staff nurse

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BAH-00655928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 2 Y 0 M 19 D (F)
 IPS-00173631

11/6/26

No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha
 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 :	Time: 10:30am <u>2pm</u> <u>6pm</u> <u>10pm</u> <u>11:30pm</u> <u>12:30am</u> <u>2am</u> <u>4am</u> <u>6am</u>
Doctor / Nurse / Family Concern?	
Temperature (F)	<p>104</p> <p>103</p> <p>102</p> <p>101</p> <p>100</p> <p>99</p> <p>98</p> <p>97</p> <p>96</p> <p>95</p> <p>94</p>
Heart Rate (bpm) and Blood Pressure (mmHg) *	<p>190</p> <p>180</p> <p>170</p> <p>160</p> <p>150</p> <p>140</p> <p>130</p> <p>120</p> <p>110</p> <p>100</p> <p>90</p> <p>80</p> <p>70</p> <p>60</p> <p>50</p>
Heart Rate (Number)	<p>118b/m</p> <p>122b/m</p> <p>120b/m</p> <p>123b/m</p> <p>120b/m</p> <p>124b/m</p>
Resp Rate (Number)	<p>29b/m</p> <p>28b/m</p> <p>25b/m</p> <p>26b/m</p> <p>26b/m</p> <p>26b/m</p>
Receiving O ₂ (l/min) O ₂ Saturations (%)	<p>2L/2</p> <p>2L/2</p> <p>2L/2</p> <p>2L/2</p> <p>2L/2</p> <p>2L/2</p>
GCS *	<p>15/13</p> <p>15/13</p> <p>15/13</p> <p>15/15</p> <p>15/15</p> <p>15/15</p>
TOTAL SCORE	<p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>
Observer's Initials	<p>NR</p> <p>NR</p> <p>NR</p> <p>NR</p> <p>NR</p> <p>NR</p>
ACTIONS	<p>Score 1 : Continue normal observation by staff nurse</p> <p>Score 2 : Shift in charge nurse to be informed and continue hourly observations</p> <p>Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.</p> <p>Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see</p> <p>Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.</p>

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BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 21 D (F)
 Dr. SANDEEP REDDY

IPS-00173631

2/6/26

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

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

Pratiksha
Rainbow's
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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 : Time: 10am 2pm 6pm 10pm 9am 6am

Doctor / Nurse / Family Concern? _____

Temperature (F)	104					
	103					
	102					
	101					
	100	*99.7F	*99.1F	*99.5F	98.6F	98.8F
	99				*	*98.7F
	98					
	97					
	96					
	95					
	94					

Heart Rate (bpm) and Blood Pressure (mmHg) *	190					
	180					
	170					
	160					
	150					
	140					
	130					
	120					
	110					
	100	108	102	102	103	106
	90	(86)	(76)	(82)	(85)	(85)
80						
70						
60	54	62	54	60	65	
50						

Heart Rate (Number) 120b/m 128b/m 122b/m 123b/m 126b/m 123b/m

Resp. Rate (bpm) (Over 1 Minute) *	70					
	60					
	50					
	40					
	30					
	20					
	10					
	0					

Resp Rate (Number) 28b/m 25b/m 28b/m 26b/m 23b/m 26b/m

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (/min) O₂ Saturations (%) 97% 96% 97% 98% 99% 100%

Conscious Level Normal Altered

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

TOTAL SCORE Number of shaded boxes 0 0 0 0 0 0

Pain Score 0 0 0 0 0 0

Observer's Initials N R N P P P

ACTIONS

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

BAH-0065928
 Baby ANANYA
 12-05-2024
 Dr. SANDEEP REDDY
 2 Y 0 M 21 D (F)
 IP5-00173631

3/6/26

No. : RCH/ FRM / CLINICAL / 125

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

Pratiksha
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 : Time: 10 AM

Doctor / Nurse / Family Concern?

Temperature (F)	104	
	103	
	102	
	101	
	100	
	99	<u>98.5 F</u>
	98	
	97	
	96	
	94	

Heart Rate (bpm) and Blood Pressure (mmHg) *	190	
	180	
	170	
	160	
	150	
	140	
	130	
	120	
	110	
	100	

Note:
 BP does not score in early warning scoring

Heart Rate (Number) 120b/m

Die

102
(67)
58

Resn. Rate (bpm) 1 Minute *	70	
	60	
	50	
	40	
	30	
	20	
	10	
	0	
	0	
	0	

Resp Rate (Number) 26b/m

Resp Distress	Mod/ Severe	
	None / Mild	
Receiving O ₂ (/min)		
O ₂ Saturations (%)		<u>100%</u>

Conscious Level	Normal	
	Altered	
GCS *		<u>15/15</u>

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

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.

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)

FLUID CHART



Sheet No. : 1 24/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
24/5/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	↓	water	20ml	75ml					0	Suash	
	12:00 pm	↓	water	20ml						0	Suash	
	01:00 pm	↓		20ml	75ml				60ml	0	Suash	
Total Intake :			210 ml			Total Output : M-O-U-60ml						
24/5/26	02:00 pm	↓		20ml	75ml				150ml	0	Suash	
	03:00 pm	↓	water	20ml	75ml		✓			0	Suash	
	04:00 pm	↓	water	20ml					140ml	0	Suash	
	05:00 pm	↓		20ml						0	Suash	
	06:00 pm	↓		20ml	75ml				120ml	0	Suash	
	07:00 pm	↓	juice	20ml	75ml					0	Suash	
Total Intake :			420 ml			Total Output : M-U-410ml						
24/5/26	08:00 pm	↓		20ml	75ml					0	Kaly	
	09:00 pm	↓	water	20ml					100ml	0	Kaly	
	10:00 pm	↓		20ml	75ml		✓			0	Kaly	
	11:00 pm	↓		20ml	75ml					0	Kaly	
	12:00 am	↓			75ml					0	Kaly	
	01:00 am	↓							120ml	0	Kaly	
Total Intake :			80ml			Total Output :						
24/5/26	02:00 am	↓		20ml	75ml					0	Kaly	
	03:00 am	↓	water	20ml	75ml				100ml	0	Kaly	
	04:00 am	↓		20ml	75ml		✓			0	Kaly	
	05:00 am	↓		20ml	75ml					0	Kaly	
	06:00 am	↓		20ml	75ml					0	Kaly	
	07:00 am	↓			75ml				130ml	0	Kaly	
Total Intake :			120ml			Total Output : M-O-U-230						
Total 24 hrs. Intake		Total 24 hrs. Output										



25/26

FLUID CHART

Sheet No. : 27

- 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		
25/5/24	08:00 am	↓		20ml	75ml						0	Santha
	09:00 am	↓		20ml			✓		150ml		0	Santha
	10:00 am	↓		20ml	75ml						0	Santha
	11:00 am	↓		20ml	75ml						0	Santha
	12:00 pm	↓		20ml	75ml		✓				0	Santha
	01:00 pm	↓							20ml		0	Santha
Total Intake :				420		Total Output :						
25/5/24	02:00 pm	↓			75ml						0	Santha
	03:00 pm	↓		20ml	75ml		✓		110ml		0	Santha
	04:00 pm	↓		20ml	75ml						0	Santha
	05:00 pm	↓		20ml							0	Santha
	06:00 pm	↓		20ml	75ml				100ml		0	Santha
	07:00 pm	↓		20ml	75ml						0	Santha
Total Intake :				455		Total Output :						
25/5/24	08:00 pm	↓	RM	20ml	75ml				120ml		0	Kaile
	09:00 pm	↓	blau	20ml			✓				0	Kaile
	10:00 pm	↓			75ml						0	Kaile
	11:00 pm	↓			75ml						0	Kaile
	12:00 am	↓		20ml	75ml				180ml		0	Kaile
	01:00 am	↓		20ml							0	Kaile
Total Intake :				380ml		Total Output :						
26/5/24	02:00 am	↓	waku	20ml	75ml						0	Kaile
	03:00 am	↓			75ml		✓				0	Kaile
	04:00 am	↓		20ml	75ml				150ml		0	Kaile
	05:00 am	↓									0	Kaile
	06:00 am	↓		20ml	75ml						0	Kaile
	07:00 am	↓		20ml	75ml				170ml		0	Kaile
Total Intake :				455ml		Total Output :						
Total 24 hrs. Intake				1,710ml		Total 24 hrs. Output						M-G-U-1180

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 13 D (F)
 Dr. SANDEEP REDDY



FLUID CHART



Sheet No. : 3 2 26/5/26

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.
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		
26/5	08:00 am	↓ DNS		20ml	75ml		✓				0	Narsim
	09:00 am			20ml	75ml				233ml	0	Narsing	
	10:00 am			20ml	75ml					0	Narsing	
	11:00 am		1/2 Idly	20ml	-		✓				0	Narsing
	12:00 pm		water	20ml	75ml					200ml	0	Narsing
	01:00 pm		pic caneat	20ml	75ml		✓				0	Narsing
Total Intake :						Total Output : M-2, U-433ml						
26/5	02:00 pm	↓ DNS	juice 3 spoons	20ml	75ml						0	Narsing
	03:00 pm		carrot spices	20ml	-		✓				0	Narsing
	04:00 pm		coconut & pices	20ml	75ml				170ml	0	Narsing	
	05:00 pm		Egg 1 piece & small	20ml	75ml						0	Narsing
	06:00 pm			20ml	75ml						0	Narsing
	07:00 pm			20ml	-						0	Narsing
Total Intake :						Total Output : M-1, U-						
26/5	08:00 pm	↓ DALS		20ml	75ml					100ml	0	Nitesh
	09:00 pm			20ml	75ml					0	Nitesh	
	10:00 pm			20ml	75ml		-				0	Nitesh
	11:00 pm			20ml	-						0	Nitesh
	12:00 am			20ml	75ml						0	Nitesh
	01:00 am			20ml	75ml						0	Nitesh
Total Intake :						Total Output : M-, U-						
27/5	02:00 am	↓ DN		20ml	75ml					150	0	Nitesh
	03:00 am			20ml	-						0	Nitesh
	04:00 am			20ml	75ml						0	Nitesh
	05:00 am			20ml	75ml		✓				0	Nitesh
	06:00 am			20ml	75ml						0	Nitesh
	07:00 am			20ml	-					100ml	0	Nitesh
Total Intake :						Total Output : U- U-						

Total 24 hrs. Intake **480 + 1350 ml**
1830 ml

Total 24 hrs. Output **U- 953 ml**
M- 6



27/5/26

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			
27/5	08:00 am	↓		20ml	75ml						0	Nsira	
	09:00 am	↓		20ml	75ml						0	Nsira	
	10:00 am	DNS		20ml	75ml		✓			260ml	0	Nsira	
	11:00 am	↓		20ml	-						0	Nsira	
	12:00 pm	↓		20ml	75ml						0	Nsira	
	01:00 pm	↓		20ml	75ml		✓				0	Nsira	
Total Intake :						Total Output : m-2 u-260ml							
27/5	02:00 pm	↓		20ml	75ml						0	Nsira	
	03:00 pm	↓		20ml	-					240ml	0	Nsira	
	04:00 pm	DNS		20ml	75ml		✓				0	Nsira	
	05:00 pm	↓		20ml	75ml						0	Nsira	
	06:00 pm	↓		20ml	75ml					100ml	0	Nsira	
	07:00 pm	↓		20ml	-		✓				0	Nsira	
Total Intake :						Total Output : m-2 u-340							
27/5	08:00 pm	↓		20ml	75ml						0	Swath	
	09:00 pm	↓		20ml	75ml						0	Swath	
	10:00 pm	DNS		20ml	75ml						0	Swath	
	11:00 pm	↓		20ml	75ml		✓				0	Swath	
	12:00 am	↓		20ml	75ml					200ml	0	Swath	
	01:00 am	↓		20ml	75ml						0	Swath	
Total Intake :						Total Output :							
28/5	02:00 am	↓		20ml	75ml						0	Swath	
	03:00 am	↓		20ml	-						0	Swath	
	04:00 am	DNS		20ml	75ml						0	Swath	
	05:00 am	↓		20ml	75ml		✓			150ml	0	Swath	
	06:00 am	NPO		Wof	-						0	Swath	
	07:00 am	↓		Wof	-					50ml	0	Swath	
Total Intake :						Total Output :							

Total 24 hrs. Intake
 520ml + 1275
 => 1795ml

Total 24 hrs. Output
 U - 900ml
 m - 6

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 16 D (F)
 Dr. SANDEEP REDDY



FLUID CHART



Sheet No. :

28/5/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/5/26	08:00 am	↓		40ml						50ml	0	Asina
	09:00 am	↓	N	40ml							0	Asina
	10:00 am	DNS	P	40ml							0	Asina
	11:00 am	↓		40ml						40ml	0	Asina
	12:00 pm	↓		40ml							0	Asina
	01:00 pm	↓										

Total Intake :

Total Output : M -

U - 220ml

02:00 pm	↓											
03:00 pm	↓											
04:00 pm	DNS		120ml	-								
05:00 pm												
06:00 pm	↓											
07:00 pm	↓											

Total Intake :

Total Output :

08:00 pm	↓			20ml							0	Kala
09:00 pm	↓			20ml						160ml	0	Kala
10:00 pm	↓			20ml	75ml						0	Kala
11:00 pm	↓			20ml	75ml						0	Kala
12:00 am	↑			-	75ml				120ml		0	Kala
01:00 am											0	Kala

Total Intake :

Total Output :

02:00 am	↓			20ml	75ml						0	Kala
03:00 am	↓			20ml	75ml				75ml		0	Kala
04:00 am	DNS			20ml	75ml						0	Kala
05:00 am	↑			20ml	-						0	Kala
06:00 am	↑			20ml	75ml				170ml		0	Kala
07:00 am					75ml						0	Kala

Total Intake :

Total Output :

Total 24 hrs. Intake	100ml I.V 180ml	Feed 100ml	Total 24 hrs. Output	M - U - 525ml
----------------------	-----------------------	---------------	----------------------	---------------

FLUID CHART

Sheet No. :

29/5/26

- 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			NG	Diarrhoea	Vomit	Output			IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
29/5	08:00 am										0	Sain	
	09:00 am								150ml		0	Sain	
	10:00 am				75ml				40ml		0	Sain	
	11:00 am				75ml				45ml		0	Sain	
	12:00 pm				25ml				100ml		0	Sain	
	01:00 pm				-				100ml		0	Sain	
Total Intake :			225ml			Total Output :							
29/5	02:00 pm	✓		20ml							0	Nasim	
	03:00 pm	✓		20ml					125ml		0	Nasim	
	04:00 pm	DMS		20ml	75ml						0	Nasim	
	05:00 pm			STOP	75ml						0	Nasim	
	06:00 pm	✓			75ml		✓		220ml		0	Nasim	
	07:00 pm	✓	Water Milk's Egg		-						0	Nasim	
Total Intake :			225ml			Total Output :			M-1, U-345ml				
29/5/26	08:00 pm	↓		-	75ml						0	Kaly	
	09:00 pm	↓	Eddy	-	75ml				100ml		0	Kaly	
	10:00 pm	↓		-	75ml						0	Kaly	
	11:00 pm	↓	NO SUC	-	-				30ml		0	Kaly	
	12:00 am	↓	relax	-	75ml		✓				0	Kaly	
	01:00 am	↓		-	75ml				75ml		0	Kaly	
Total Intake :			375ml			Total Output :			M-1, U-205				
30/5/26	02:00 am	↓		-	75ml						0	Kaly	
	03:00 am	↓	relax	-	-				100ml		0	Kaly	
	04:00 am	↓	NO SUC	-	75ml		✓				0	Kaly	
	05:00 am	↓		-	75ml						0	Kaly	
	06:00 am	↓		-	75ml				150ml		0	Kaly	
	07:00 am	↓		-	-						0	Kaly	
Total Intake :			300ml			Total Output :			M-0, U-250ml				
Total 24 hrs. Intake		2025ml											
Total 24 hrs. Output		M-0, U-1235											



FLUID CHART

Sheet No. :

30/5/24

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	↑		75ml							0	Nika
	09:00 am	↑		75ml					100ml		0	Nika
	10:00 am	NO IVP		75ml							0	Nika
	11:00 am	↓									0	Nika
	12:00 pm	↓		75ml							0	Nika
	01:00 pm	↓		75ml					150ml		0	Nika
Total Intake :				375		Total Output :			250ml	m-1		
	02:00 pm	↓		75ml							0	Nika
	03:00 pm	↓									0	Nika
	04:00 pm	↓	(1/2) Egg						40ml		0	Nika
	05:00 pm	↓	(Pellarsiver)								0	Nika
	06:00 pm	↓	30ml								0	Nika
	07:00 pm	↓		35ml					100ml		0	Nika
Total Intake :				110ml		Total Output :			140	u-1		
	08:00 pm	↓		35ml							0	Nika
	09:00 pm	↓		35ml							0	Nika
	10:00 pm	↓							100ml		0	Nika
	11:00 pm	↓		35ml							0	Nika
	12:00 am	↓		35ml							0	Nika
	01:00 am	↓		35ml					60ml		0	Nika
Total Intake :				175		Total Output :			160ml			
	02:00 am	↓		35ml							0	Nika
	03:00 am	↓		35ml							0	Nika
	04:00 am	↓		35ml					50ml		0	Nika
	05:00 am	↓		35ml							0	Nika
	06:00 am	↓									0	Nika
	07:00 am	↓		35ml					60ml		0	Nika
Total Intake :				140ml		Total Output :			160ml			
Total 24 hrs. Intake				7-800ml		Total 24 hrs. Output		0-860ml				



FLUID CHART

Sheet No. : 31/5

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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			
31/5	08:00 am	NO IVP		-							0	NSING	
	09:00 am			-	35ml		✓			100ml	0	NSING	
	10:00 am			-	35ml						0	NSING	
	11:00 am			-	35ml						0	NSING	
	12:00 pm			-	-		✓			20ml	0	NSING	
	01:00 pm			-	35ml						0	NSING	
Total Intake :				140ml		Total Output : m-2, u-30ml							
31/5	02:00 pm	NO IVP		-	35ml						0	NSING	
	03:00 pm			-	35ml		✓			20ml	0	NSING	
	04:00 pm			-	-						0	NSING	
	05:00 pm		water motion		-	35ml					0	NSING	
	06:00 pm			-	35ml		✓			10ml	0	NSING	
	07:00 pm			-	35ml						0	NSING	
Total Intake :				175ml		Total Output : m-21, u-220ml							
31/5	08:00 pm	NO IVP		-	-						0	NSING	
	09:00 pm			-	35ml					75ml	0	NSING	
	10:00 pm			-	35ml		✓				0	NSING	
	11:00 pm			-	35ml						0	NSING	
	12:00 am		thru.		-	-					70ml	0	NSING
	01:00 am			-	35ml						0	NSING	
Total Intake :				140ml		Total Output : u-145ml							
1/6	02:00 am	NO IVP		-	35ml						0	NSING	
	03:00 am			-	35ml		✓				0	NSING	
	04:00 am		thru		-	-					60ml	0	NSING
	05:00 am			-	35ml						0	NSING	
	06:00 am			-	35ml						0	NSING	
	07:00 am			-	35ml						80ml	0	NSING
Total Intake :				105ml		Total Output : u-140ml							

Total 24 hrs. Intake 7-630ml

Total 24 hrs. Output U-815ml m-6

BAH-00655928
 Baby ANANYA
 12-05-2024 2 Y 0 M 19 D (F)
 Dr. SANDEEP REDDY

IPS-00173631

11/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
11/6	08:00 am	NO IVP (key stroke) (under stroke)										0	Nika
	09:00 am				35ml							0	Nika
	10:00 am				35ml					100ml		0	Nika
	11:00 am				35ml							0	Nika
	12:00 pm											0	Nika
	01:00 pm									120ml		0	Nika
Total Intake :			105ml			Total Output :			U-220ml m				
11/6	02:00 pm	NO IVP										0	Nika
	03:00 pm										0	Nika	
	04:00 pm				35ml					4/300		0	Nika
	05:00 pm				35ml					100ml		0	Nika
	06:00 pm				35ml							0	Nika
	07:00 pm											0	Nika
Total Intake :			105ml			Total Output :			M				
11/6	08:00 pm	NO IVP			75ml					100ml		0	mount
	09:00 pm										0	mount	
	10:00 pm										0	mount	
	11:00 pm				75ml						0	mount	
	12:00 am				75ml					65ml		0	mount
	01:00 am				75ml							0	mount
Total Intake :			300ml			Total Output :			M-0 U-165ml				
2/6	02:00 am	NO IVP										0	mount
	03:00 am				75ml						0	mount	
	04:00 am				75ml						0	mount	
	05:00 am				75ml						0	mount	
	06:00 am				75ml					180ml		0	mount
	07:00 am				75ml							0	mount
Total Intake :			300ml			Total Output :			U-180ml U-0				

Total 24 hrs. Intake ↑ 810ml

Total 24 hrs. Output M-5 U-665ml

BAH-00655928 IP5-00173631
 Baby ANANYA 2 Y 0 M 21 D (F)
 12-05-2024
 Dr. SANDEEP REDDY



FLUID CHART

216126

Sheet No. :

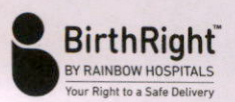
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
216	08:00 am	↑ NO IVE ↓			75ml						0	Nika	
	09:00 am				—		✓				0	Nika	
	10:00 am				35ml					120ml	0	Nika	
	11:00 am				35ml						0	Nika	
	12:00 pm				—						0	Nika	
	01:00 pm				—						0	Nika	
Total Intake :					Total Output : U-120 ml - 1								
216	02:00 pm	↑ NO IVE ↓			35ml					200ml	0	Nika	
	03:00 pm				35ml						0	Nika	
	04:00 pm				35ml		✓				0	Nika	
	05:00 pm				—						0	Nika	
	06:00 pm				35ml					220ml	0	Nika	
	07:00 pm				35ml						0	Nika	
Total Intake :					Total Output : U-410 ml, m-1								
216	08:00 pm	↓ NO IVE ↓			35ml						0	Nika	
	09:00 pm				—		✓				0	Nika	
	10:00 pm				—					150ml	0	Nika	
	11:00 pm				75ml						0	Nika	
	12:00 am				75ml						0	Nika	
	01:00 am				75ml					100ml	0	Nika	
Total Intake :					Total Output : U-250ml - 1								
316	02:00 am	↓ NO IVE ↓			—						0	Nika	
	03:00 am				75ml						0	Nika	
	04:00 am				75ml					75ml	0	Nika	
	05:00 am				75ml						0	Nika	
	06:00 am				—						0	Nika	
	07:00 am				—					150ml	0	Nika	
Total Intake :					Total Output : U-225 ml - 6								
Total 24 hrs. Intake					Total 24 hrs. Output								
7-805					U-1005ml - 3								

BAH-00655928
 Baby ANANYA
 2-05-2024 2 Y 0 M 21 D (F)
 Dr. SANDEEP REDDY

IPS-00173631

FLUID CHART



Sheet No. :

3/6/26

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.
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		
3/6	08:00 am	↑	kechidi	-							0	Dipa
	09:00 am	↑	4 spoons pattanam glass	-			✓		sm		0	Dipa
	10:00 am	NO		-							0	Dipa
	11:00 am	IVF	Milk	-							0	Dipa
	12:00 pm		1 bottle 60ml	-							0	Dipa
	01:00 pm	↓	19dly	-					220ml		0	Dipa

Total Intake : Total Output : M - U -

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.

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												
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



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Baby Ananya Age: 17.11M Sex: F UHID.No: BAH 00655 928
 Date: 22/5/26 Time: 9-20 pm Proposed Operation: Debridement + skin grafting to wound
 Diagnosis: 60% Burns
 B.P / CRT: 105/60 H.R: 120 bpm Weight: 10 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 9.4 Glucose: 32 Protein: 0.4 HIV: 0.1 X-Ray: None
 PCV: 21.5 Urea: 0.4 Alb: 3.1 HBS Ag: 0.1 ECG: Normal
 WBC: 21.5 Creat: 0.4 Total Bill: 0.4 HCV: 0.1 2D Echo: None
 Plate: 90,2000 Na: 137 Dir. Bill: 0.1 Blood group: O+ive Stress/Anglo: None
 PT: 13.7 K: 3.1 LDH: 0.1 T3: 0.1 Other: None
 PTT: 35.3 Ca++: 1.01 Alk phos: 0.1 T4: 0.1
 INR: 1.53 Mg++: 0.1 Amylase: 0.1 TSH: 0.1
 Cl-: 101 SGOT/SGPT: 0.1

Allergies:

No known allergy
1st born Birth wt 3.5 kg
NO NICU admissions

Medical History: CVS:

2 episode of vomiting

RESP:

Accidental burns

Diabetes:

CNS:

Furrows 8% BL BL - Buttocks

Renal:

30% / BL BL - Buttocks

Hepatic / GE:

fever spikes 100.70 F

Physical Activity:

Immunized

Others:

Past Anaesthetic History:

Collagen dressing + wound debridement done on 16/5/24
Debridement + dressing 20/5/24
1st born 16/5/24

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Mentohyoid Distance: Neck: Teeth:
 Lungs: BAE (+), clear NT on ETC
 Heart: S1S2
 CNS: Normal

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional:
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA
 Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>2mg Fluconazole</u>	<u>100mg i.v. qd</u>
<u>1mg Vancomycin</u>	<u>150mg IV q6hr</u>
<u>1mg Levofloxacin</u>	<u>100mg i.v. qd</u>

Pre-Operative Instructions:

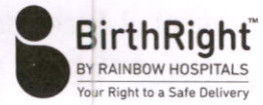
- DVT Prophylaxis:
- NIL ORAL Water / ORS 2 Hours / COCONUT
Others 6 Hours / FOOD / MILK
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: Actile Name: Dr. Aditya D.

Docu. No.: RCHB/FRM / CLINICAL / 044 Wound culture: Pseudomonas aeruginosa
E. coli
Enterococcus faecalis



ANAESTHESIA CHART



Pre Induction Assessment: 12:50 pm

Change in Patient Condition: Yes No Fasting Status: confirmed

Physical Status: Patient Identified Consent Present Chart Reviewed

H.R: 126/min B.P/CRT: SpO₂: 100% R.R: 18/min Last Feed: NG Tube

Pre-OP Diagnosis: Burns 60% Operation: skin grafting + vac dressing Date: 28/5/26

Surgeon: Dr. Naveen Anaesthesiologist: Dr. RC, Dr. AL Technician: VANAKA

TIME	Drugs	Antibiotic	Suppository	Blood Loss	NOTES
	N ₂ O 50% LPM 50%				
	HALO / SO / SEVO				
	I. FENTANYL 20mg				
	II. PROPOFOL 30g 30				
	III. ROCURONIUM 6				
	IV. PARACETAMOL 100mg				
	V. GYALOPROCAT 100mg				
	VI. NEOSTIGMINE 0.5mg				
	FI ₀₂ / SaO ₂				
	ETCO ₂				
	ECG				
	Temperature				
	Urine Output				
	Fluids Blood				
	B.P				
	V Systolic				
	Δ Diastolic				
	X Mean				
	• Heart Rate				
	Tourniquet on Time				
	Tourniquet off Time				
	Throat Pack In				
	Throat Pack Out				

LAB Values

ABG

GRBS

Others

Equipment Checked and Functional

BP

Cuff Site:

Art Site:

EKG Lead 3

Temp Site skin

FIO₂ Monitor

Agent Monitor

Pulse Oximeter

Capnograph

Ventilator

Nerve Stimulator

Position: supine

Pressure Points Checked

Eye Care:

Oint

Tape

Padding

Awake

Temp:

HME Fluid Warmer

Cling Film OH Warmer

Huggers Cotton Wool

Other

Times:

Anaes Start: 1:05 pm

OP Start: 1:15 pm

OP End:

Leave OR: 2:20 pm

Anaesthesia:

GA

Monitored Anaesthesia Care

Regional

Line (Size & Location)

CVP:

ART:

IV: 2x2 @ 2 @ UB

IV:

IV:

Induction

IV Inhal

Pre O₂ RSI

Others

Mask SGA

Airway Oral Nasal

ETT# 3.5 at 15 cm

Oral Nasal Cuff

Tracheostomy Topical

Drug: Rocuronium

Awake Direct Vision

Video Laryngoscopy Stylette / Bougie

Fiberoptic

Blade# 2 Attempts: 1

Difficulty Why?

Bilat = BS

Semi-Closed Circle

Closed Circle

Other

Regional:

Extremity Specify:

Spinal Epidural Caudal

Others:

Position:

Site:

Needle Size: Depth:

Parasthesia Yes No

Catheter at skin cm

Drug Name & Conc:

Bolus:

Infusion:

Block Level:

Comments:

Transportation to

PACU ICU Other

Relaxant Reversed Yes No NA

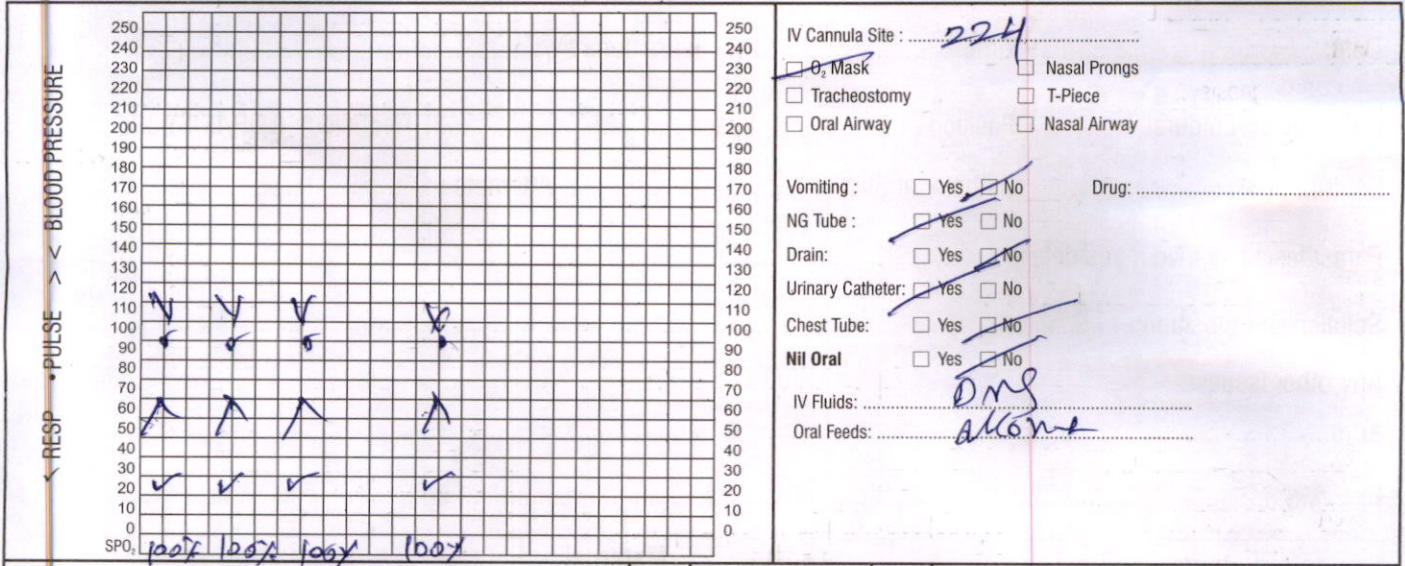
Name of the Doctor: Dr. ASHWARYA

Signature of the Doctor: [Signature]



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: Suman Time Received: 2:25 PM Time Discharged: 4:30 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	1	1	2			A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	2	2	2			
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	1	2	2			
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2			
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	2	2	2			
TOTAL	8	9	10			

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
28/5	4:30 PM	03/10	NA	Suman

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name: Dr. Mohan
 Anaesthesiologist Signature: _____
 Date & Time: 28/5/2024 4:30 PM
 PACU Nurse Name: Suman
 PACU Nurse Signature: _____
 Date & Time: 28/5/2024 4:30 PM

Reassessment Frequency:
 1. Every eight hours for all hospitalized patients.
 2. For post surgical patient, patient with chronic pain, patient with severe pain
 a. Every 2 hours for first 24 hours
 b. After 24 hours every 4 hours
 c. Prior to pain relieving intervention
 d. With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): Suman 236
 Date & Time: 28/5/2024 4:30 PM

Patient Sticker



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :



INFORMED CONSENT FOR SURGERY / PROCEDURE

Authorization By: Patient Patient Attendant

I, the undersigned do hereby agree to undergo the following surgery(s), Procedure(s) on patient / myself at Rainbow Children's Hospital. (Avoid technical terms and leave no blank space)

1. Debridement + SSG see Beck / Gen. D. Day
 2. _____

I acknowledge the following:

- I have been made aware of the benefits and reasons of the surgery / procedure as indicated by the clinical observations and / or diagnostics performed.
- The benefits and risks of this surgery / procedure have been explained to me. I have also been told about the alternatives available for this surgery / procedure including the advantages and disadvantages of the alternatives.

Benefits of the Surgery(s) / Procedure(s)	Alternatives of the Surgery(s) / Procedure(s)
<p><u>Early heal</u> <u>Less Sepsis</u></p>	<p>_____</p>

3. As with any procedure, I am aware that risks such as blood loss, infection, cardiac arrest, anesthetic allergic reactions, paralysis, Deep Vein thrombosis (DVT), Pulmonary thromboembolism (PTE) etc may arise necessitating attention. Therefore, in addition to consenting to the performance of the above-mentioned surgery/procedure(s), I also consent and authorize the rendering of such other care and treatment as patient/my surgeon or his / her designee reasonably believes necessary should one or more of these and or other unforeseeable events occur.

Apart from the listed above, I have also been explained about the possible complications of the surgery / procedure are as follows:

a. Infection / Sepsis / abscess / MODS / Staphylococci cell / need for
 b. multiple procedure

7. I authorize Dr. Mou Navin Reddy and his / her team to perform the procedural sedation upon the patient / myself.

- I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:
 Signature: [Signature]
 Name: Rohan Das Father
 Relationship with patient: Father
 Date & Time: 28/5/26 @ 12:50 pm

Witness:
 Signature: [Signature]
 Name: SUBHASIA
 Date & Time: 28/5/26 @ 12:50 pm

Doctor (who is taking consent):
 Signature: [Signature] Name: Mou Navin Reddy Date: 28/5/26 Time: 12:50 pm

శస్త్రచికిత్స / ప్రాసీజర్ కు అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

నేను, దిగువ సంతకం చేసిన వ్యక్తి, రోగి/నా పైన రైన్బో చిల్డ్రెన్ హాస్పిటల్లో చేయబడబోయే క్రింది శస్త్రచికిత్స(లు) / ప్రాసీజర్(లు) చేయడానికి అంగీకరిస్తున్నాను. (టెక్నికల్ పదాలు వాడవద్దు మరియు ఖాళీ స్థలం వదిలివేయకండి)

1

2

నేను కింది విషయాలను అంగీకరిస్తున్నాను:

1. క్లినికల్ పరిశీలనలు మరియు/లేదా చేసిన పరీక్షల ఆధారంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ అవసరం మరియు ప్రయోజనాల గురించి నాకు వివరించబడింది.
2. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు సంబంధించిన ప్రయోజనాలు మరియు ప్రమాదాలు నాకు స్పష్టంగా వివరించబడ్డాయి. ఈ శస్త్రచికిత్స / ప్రాసీజర్ కు ఉన్న ప్రత్యామ్నాయాల గురించి, వాటి ప్రయోజనాలు మరియు నష్టాలు నాకు వివరించబడ్డాయి.

శస్త్రచికిత్స / ప్రాసీజర్ ప్రయోజనాలు:	శస్త్రచికిత్స / ప్రాసీజర్ ప్రత్యామ్నాయాలు

3. ఏదైనా శస్త్రచికిత్స / ప్రాసీజర్ లాగానే, రక్తస్రావం, ఇన్ఫెక్షన్, గుండె ఆగిపోవడం, అనస్థీసియా వల్ల అలెర్జిక్, పక్షవాతం, డీప్ వెయిన్ థ్రాంబోసిస్ (DVT), పల్మనరీ థ్రోంబోఎంబోలిజం (PTE) వంటి ప్రమాదాలు సంభవించే అవకాశం ఉందని నాకు తెలుసు. అందువల్ల, పై శస్త్రచికిత్స / ప్రాసీజర్ నేను ఇచ్చే అనుమతితో పాటు, పై పేర్కొన్న సమస్యలు లేదా అనుకోని పరిస్థితులు ఏర్పడినప్పుడు, రోగి/నా కోసం అవసరమని వైద్యుడు భావించే ఇతర చికిత్సలను చేయడానికి కూడా నేను అనుమతిస్తున్నాను.

అదనంగా, ఈ శస్త్రచికిత్స / ప్రాసీజర్ వల్ల సంభవించగల ఇతర సమస్యలు కూడా నాకు వివరించబడ్డాయి:

a.
b.

4. డాక్టర్ _____ గారిని మరియు వారి బృందాన్ని, రోగి/నాపై ఈ శస్త్రచికిత్స / ప్రాసీజర్ ను చేయడానికి నేను అనుమతిస్తున్నాను.
5. వైద్యం ఒక శాస్త్రం మాత్రమే కాక కళ కూడా అని నేను అంగీకరిస్తున్నాను. అందువల్ల, శస్త్రచికిత్స / ప్రాసీజర్ ఫలితం గానీ, విజయావకాశం గానీ ఏ గ్యారంటీ ఇవ్వలేమని నేను అర్థం చేసుకున్నాను.
6. పై వివరాలన్నీ నాకు పూర్తిగా అర్థమయ్యాయి. నాకు సందేహాలు అడగడానికి అవకాశం ఇచ్చారు, మరియు అవన్నీ నాకు అర్థమయ్యే భాష సమాధానం ఇచ్చారు.
ఈ అనుమతిని నేను పూర్తి జ్ఞానస్థితిలో, స్వచ్ఛందంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

CONSENT FOR BLOOD TRANSFUSION



Name: Baby Ananya Age: 2yr Gender: Male Female
UHID.No: Date: 28/5/26

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I, Baby Ananya hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that

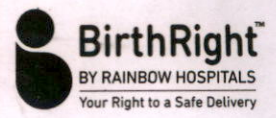
All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):
Signature: DEVI
Name: DEVI
Date & Time: 28/5/26

Doctor (Who is talking the consent)
Signature: Ashw
Name: Dr. ASHWARYA
Date & Time: 28/5/26

Witness
Signature: [Signature]
Name: Ashw
Date & Time: 28/5/26

AH-00655928 IP5-00173631
 aby ANANYA
 2-05-2024 2 Y 0 M 16 D (F)
 r. SANDEEP REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 28/5/26 Time: 2:00 PM

Blood Group of the Patient: (O +ve) Blood Group on the Blood Bag: BAH 26-00054

Blood Bank Issue No: BAH00-00054 Date of Collection: 18/4/26 Date of Expiry: 30/5/26

Date & Time of Starting Transfusion: 28/5/26 @ 2 PM Planned duration of Transfusion: 1 hour

Check for Correct Unit: Correct Patient:

Blood products cross checked by: Nurse 1: Jyothi Nurse 2: Bobbi

Before starting transfusion vitals: Temp: 36.4 HR 116 RR: 28 BP: 100/80 SpO₂ 98%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>28/5</u>	<u>15 Min</u>	<u>114</u>	<u>33.6</u>	<u>100/80</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>28/5</u>	<u>15 Min</u>	<u>114</u>	<u>36.1°C</u>	<u>100/80</u>	<u>98%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>28/5</u>	<u>30 Min</u>	<u>112</u>	<u>36.2°C</u>	<u>102/86</u>	<u>99%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>								
	<u>30 Min</u>								
	<u>1 Hr</u>								
	<u>1 Hr</u>								

Comments:

Name of the Incharge-Nurse: Jyothi

Name of the Nurse: Jyothi

Signature of the Incharge-Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 28/5/26 @ 4 PM

Date & Time: 28/5/26 @ 4 PM

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2,
 Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G

198ml

LEUCO REDUCED BLOOD CELLS I.P

Qty: 200 ml. Prepared from Whole human blood collected in 49 ml. of C.P.D.A. Solution.



Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
 VDRL - Non reactive
 MP - Negative
 NAT(HIV I & II/ HBsAG/ HCV)- Non reactive

Unit No.: **BAH26-00954**
 Blood Group: **O Rh Positive**
 Collection Date: **18/Apr/2026**
 Expiry Date: **30/May/2026**

1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set With Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if There is Any Visible Evidence. 8.) Store Between 2° C to 6° C 9) Appropriate Compatible Cross Matched Blood Without Atypical Antibodies in Recipient Should Be Used.

Issue Label / CrossMatching Report

Patient : **Baby. Ananya -**
 Patient's Blood Group : **O Rh Positive** 2026
 Hosp/Dr : **Rainbow Childrens Hospital, Sandeep Reddy** ns
 UHID No. : **BAH-00655928** Wd-Bed No. :
 Product : **LR-PRBC** Read
 Blood Group : **O Rh Positive** Issue Dt : **28/May/2026**
 Unit No. : **BAH26-00954** Colln. Dt : **18/Apr/2026**
 XMatching Report: **Compatible** Exp. Dt : **30/May/2026**
 X-matched by: **Nachiket** Issued By : **Nachiket**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
 D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road
 No.2, Banjara Hills, Hyderabad, Telangana State
 Lic.No. 46/HD/TS/2018/BB/G



CONSENT FOR BLOOD TRANSFUSION

Name: ANANYA Age: 2y Gender: Male Female
UHID.No: BA-00655928 Date: 29/05/2026

- Type of Blood Product:**
- | | | |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate | <input type="checkbox"/> Single Donor Platelet | <input type="checkbox"/> Whole Blood |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Red Blood Cell | <input type="checkbox"/> Others |

I hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immunodeficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that
Nil

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

Patient (Or Patient Relative / Guardian):

Signature: Devi
Name: Devi
Date & Time: 29/05/2026 @ 8:30AM

Doctor (Who is talking the consent)

Signature: Nandan
Name: Dr. Nandan
Date & Time: 29/05/2026, 8:30AM

Witness

Signature: Sreejay
Name: Sreejay
Date & Time: 29/5/26 @ 9:30AM

BAH-00655928 IP5-00173631
 Baby ANANYA
 12-05-2024 2 Y 0 M 17 D (F)
 Dr. SANDEEP REDDY



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 29/5/26 Time: 8:30 AM
 Blood Group of the Patient: b positive Blood Group on the Blood Bag: opposite
 Blood Bank Issue No: B04-20-01228 Date of Collection: 22/3/26 Date of Expiry: 31/7/26
 Date & Time of Starting Transfusion: 29/5/26 @ 8:30 AM Planned duration of Transfusion: 4 hrs
 Check for Correct Unit: Correct Patient:
 Blood products cross checked by: Nurse 1: Sreeni Nurse 2: Deepamitha
 Before starting transfusion vitals: Temp: 99.9 HR: 168 RR: 48 BP: 120/72 SpO₂: 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
<u>29/5/26</u>	<u>15 Min</u>	<u>170</u>	<u>100.9</u>	<u>119/72</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>15 Min</u>	<u>168</u>	<u>100.5</u>	<u>117/82</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>158</u>	<u>100.8</u>	<u>120/72</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>158</u>	<u>100.9</u>	<u>119/72</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>30 Min</u>	<u>152</u>	<u>101.7</u>	<u>125/82</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>150</u>	<u>99.9</u>	<u>117/72</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>1 Hr</u>	<u>145</u>	<u>99.8</u>	<u>118/60</u>	<u>100%</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

Comments: No Reaction

Name of the Incharge-Nurse: Sreeni Name of the Nurse: Sreeni
 Signature of the Incharge-Nurse: [Signature] Signature of the Nurse: [Signature]
 Date & Time: 29/5/26 @ 2pm Date & Time: 29/5/26 @ 2pm

Issue Label / CrossMatching Report

Patient : **Baby. Ananya -**
Patient's Blood Group : **O Rh Positive** ✓
Hosp/Dr : **Rainbow Childrens Hospital, Sandeep Reddy**
UHID No.: **BAH-00655928** ✓ Wd-Bed No.:
Product : **LR-PRBC Pedia-1**
Blood Group : **O Rh Positive** ✓ Issue Dt : **29/May/2026**
Unit No.: **BAH26-01228** ✓ Colln. Dt : **22/May/2026**
XMatching Report: **Compatible** Exp. Dt : **03/Jul/2026**
X-matched by: **Nachiket** Issued By : **R.RAMESH**

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

Rainbow Hospital Blood Centre, Rainbow Childrens Hospital
D.No.8-2-120/103/1,2,3,4 & 5, 1st floor, Sy.No.129/11, 403/P, Road No.2, Banjara Hills, Hyderabad, Telangana State
Lic.No. 46/HD/TS/2018/BB/G

LR-LEUCO REDUCED BLOOD CELLS IP PEDIA-1

Qty. 120 ml. Prepared from Whole human blood collected in 63 ml. of C.P.D./SAGM Solution.




Rh Positive

HIV I & II/ HBsAG/ HCV - Non reactive
VDRL - Non reactive
MP - Negative
NAT(HIV I & II/ HBsAG/ HCV) - Non reactive
Unit No.: **BAH26-01228** ✓
Blood Group: **O Rh Positive** ✓
Collection Date: **22/May/2026**
Expiry Date: **03/Jul/2026**

- 1) Administer Without Warming. 2) Shake Gently Before Use. 3) Do Not Add Any Medication. 4) Check Blood Group on Label & Recipient's Group and Name Before Administration. 5) Use Sterile Transfusion Set with Filter. 6) Do Not Dispense Without Prescription. 7) Do Not Use if Visible Evidence. 8.) Store Between 2° C to 6° C 9) Compatible Cross Matched Blood Without Atypical Antigen Should Be Used.

PATIENT TRANSFER FORM

Patient Name & UHID No. AH-00655928 IP5-00173631 by ANANYA -05-2024 2 Y 0 M 16 D (F) SANDEEP REDDY 		Date & Time of Admission <i>9/5/26 at 8:48pm</i>	Date & Time of Transfer Order <i>28/5/26 at 5:30pm</i>
From Unit <i>07</i>		Transfer Ordered by <i>Dr. M V Narayan</i>	Reason for Transfer <i>Post of care</i>
To Unit <i>236</i>		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>42 -</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, what?	Patient shifted with ID band: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No:	
Number of Imaging Films <i>_____</i>			

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>① X Ray</i>	
2.	<i>② ABC</i>	
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Suman S</i>	Name of Person Ordered Transfer <i>Dr. M V Narayan</i>
--	---

Patient & Clinical Records Received by : *NSIMA*

Date & Time of Patient Received : *28/5/26 @ 5:40pm*

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed Nurse not Available Available Bed not ready

CONSENT FOR ANAESTHESIA

Authorization By: Patient Patient Attendant

Operative Procedure: Debridement & skin grafting

Anaesthesiologist: Dr. Aditi N Surgeon: Dr. Naveen

Please read this before you consent for Anaesthesia

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk(s): The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart Disease Hypertension Diabetes Renal Failure Multi Organ Failure Hepatic Disorders
 Shock Obesity Chronic Obstructive Pulmonary Disease
 Others DESATURATION, BRADYCARDIA, LARYNGOSPASM.

Declaration by Patient Attendant

- I authorize and give consent for anaesthesia as considered appropriate by the anaesthesia team
 Regional Anaesthesia General Anaesthesia Monitored Anaesthesia Care
- I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, allergic reactions, headaches, variations in blood pressure, nausea and vomiting.
- I authorize the anaesthesia team to perform any additional procedures (for example, Central Venous Access, arterial line, use of suppositories and or nerve blocks for pain relief, changing from regional to general anaesthesia etc) which are considered necessary by them during the course of surgery.
- I also authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter if need arises.
- I acknowledge that the anaesthesiologist have informed me about the anaesthetic procedure, risk, benefits and alternative treatments.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Dhanraj
Name: DHANRAJ
Relationship with patient: Father
Date & Time: 29/5/26, 12:30 pm

Witness:

Signature: Devi
Name: Devi
Date & Time: 29/5/26, 12:30 pm

Doctor (who is taking consent):

Signature: Aditi Name: Dr. Aditi N Date: 21/5/26 Time: 9:31

అనస్థీషియా కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

శస్త్రచికిత్స:

అనస్థీషియా వైద్యుడు: శస్త్రచికిత్స నిపుణుడు:

అనస్థీషియా కోసం మీ అనుమతి ఇవ్వడానికి ముందు దయచేసి ఇది చదవండి

సాధారణ అనస్థీషియా అనేది శస్త్రచికిత్స ముందు రోగిని పూర్తిగా అపస్మారక స్థితిలోకి తీసుకెళ్లే ప్రక్రియ. దీనితో రోగి శస్త్రచికిత్స సమయంలో ఏదీ తెలుసుకోడు, నొప్పి అనుభవించడు. దీనిని శిరస్రావం ద్వారా ఇచ్చే మందులతో లేదా అనస్థీషియా యంత్రం నుండి పీల్చే మందులతో అందిస్తారు.

లిజనల్ అనస్థీషియా అనేది శరీరంలోని ఒక ప్రత్యేక భాగాన్ని లోకల్ అనస్థీషియా నొప్పి రాకుండా చేయడం. శస్త్రచికిత్స లేదా గాయం తరువాత దీర్ఘకాలిక నొప్పి ఉపశమనం కోసం, కాథెటర్లు ఉపయోగించి వీక్ లోకల్ అనస్థీషియా లేదా సార్వోటిక్ మందులను నిరంతరం ఆ భాగానికి అందించవచ్చు.

స్పెసిఫిక్ హై లిస్ట్:

క్రింద పేర్కొన్న వైద్య సమస్యల కారణంగా ఉండే అధిక ప్రమాదాల గురించి వైద్యులు నాకు వివరంగా చెప్పారు. నాకు ఉన్న సందేహాలను నేను అడిగాను మరియు అవి నివృత్తి చేయబడ్డాయి.

హృదయ వ్యాధి రక్తపోటు మధుమేహం మూత్రపిండాల వైఫల్యం బహుళ అవయవ వైఫల్యం

కాలేయ సమస్యలు షాక్ ఊబకాయం దీర్ఘకాల శ్వాసకోశ వ్యాధి (COPD)

ఇతరవి:

రోగి / రోగి అటెండెంట్

- అనస్థీషియా బృందం అవసరమని భావించిన విధంగా నాకు అనస్థీషియా ఇవ్వడానికి నేను అనుమతి ఇస్తున్నాను.
 లిజనల్ అనస్థీషియా జనరల్ అనస్థీషియా మానిటర్డ్ అనస్థీషియా కేర్
- అనస్థీషియా ఉపయోగంలో అప్పుడప్పుడూ జరిగే కొన్ని అరుదైన సమస్యలు ఉండవచ్చు అని నేను అర్థం చేసుకున్నాను. వీటిలో ఇంజెక్షన్ ఇచ్చిన చోట నొప్పి లేదా స్వల్ప గాయం, శాస్త్రాధిక శ్వాస ఇబ్బందులు, అలెర్జిక్ ప్రతిచర్యలు, తలనొప్పి, రక్తపోటు మార్పులు, వాంతులు మరియు అసహనం వంటి సమస్యలు ఉండవచ్చు.
- శస్త్రచికిత్స సమయంలో అవసరం అనిపిస్తే, అదనపు చర్యలు (ఉదాహరణకు సెంట్రల్ వెనెస్ యాక్సెస్, ఆర్థోలియల్ లైన్, సపోజిటరీలు, నొప్పి నివారణ కోసం నర్వ్ బ్లాకులు, లిజనల్ అనస్థీషియా నుండి జనరల్ అనస్థీషియాకు మార్పు మొదలైనవి) చేయడానికి అనస్థీషియా బృందానికి నేను అనుమతి ఇస్తున్నాను.
- శస్త్రచికిత్స సమయంలో మరియు వెంటనే అనంతరం, అవసరమైతే రక్త పదార్థాలు (Blood products) ఇవ్వడానికి నా చికిత్సలో ఉన్న వైద్యుల బృందానికి కూడా నేను అనుమతి ఇస్తున్నాను.
- అనస్థీషియా విధానం, ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయ చికిత్సల గురించి అనస్థీషియా వైద్యులు నాకు వివరించినట్లు నేను అంగీకరిస్తున్నాను.
- పై సమాచారం అంతా నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు నాకు అర్థమయ్యే భాషలో వాటికి సమాధానాలు ఇచ్చారు. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన భావాలతో, స్వయంగా ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సాక్షి:

సంతకం:

సంతకం:

పేరు:

పేరు:

రోగితో సంబంధం:


తేదీ & సమయం:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

PATIENT TRANSFER FORM

Patient Name & UHID No.		Date & Time of Admission	Date & Time of Transfer Order
		9/5/26	21/5/26 10:45 AM
		Transfer Ordered by	Reason for Transfer
		Dr. sandeep	stable
From Unit	To Unit	Information to Attendant	
PIW	2nd floor	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant	
30-40	X-ray 1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Devi If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer	
Sindhya		Dr. sandeep	
Patient & Clinical Records Received by : X-Swathi 21/5/26 EW/10/26			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



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NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 24/5/26 Time: 11am

Weight: 10kgs Centile: < 5th

Height: 79cms Centile: < 5th

Inference: Under weight child

RDA: - Calories: 1250 kcal/d Protein: 21g/d

Diet Recommendations: Soft high protein diet

Re-Assessment: Avoid spicy, Chilled, outside foods

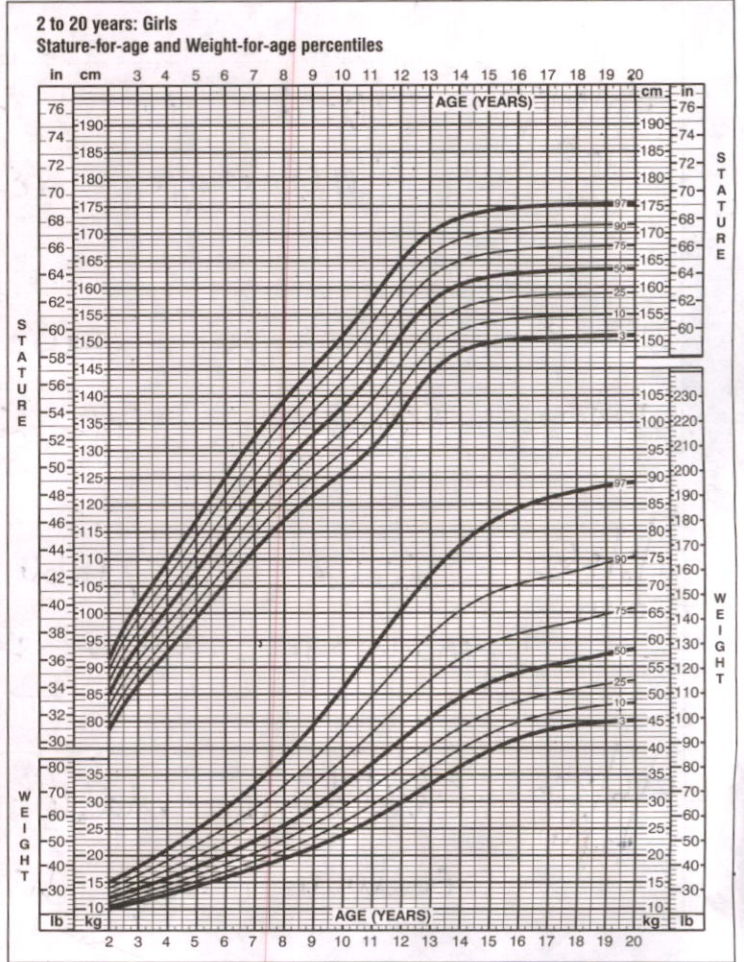
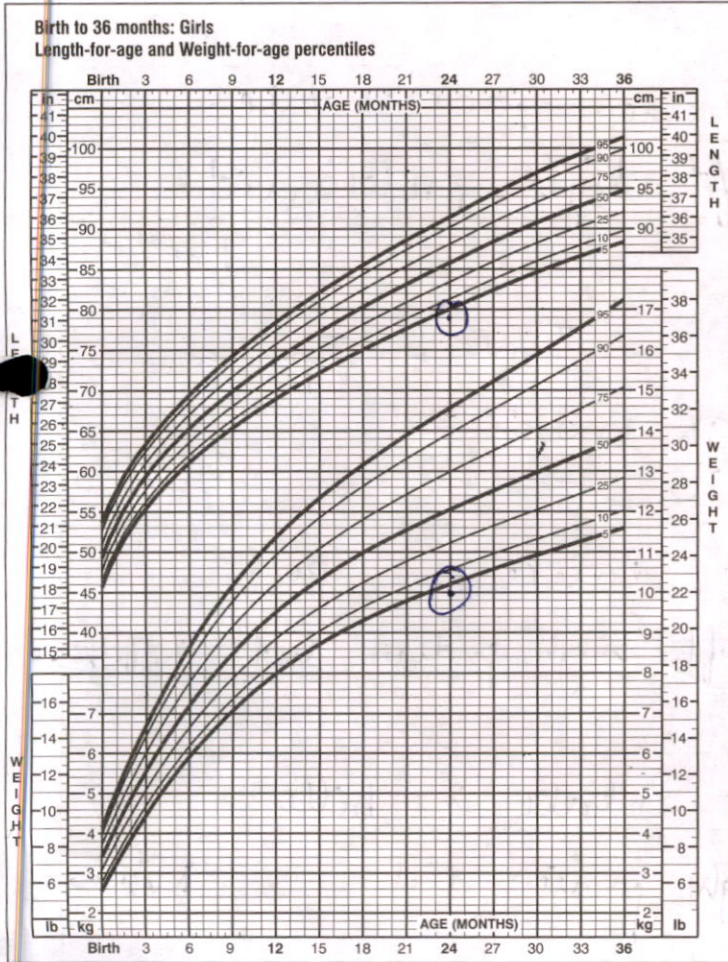
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: 60-1. scald burns

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: DILEEP

GROWTH CHART (GIRLS)



Dietician's Name: Nikitha

Dietician's Signature: Nikitha

Daily Notes:

25/5/26 11am	Child is stable. Intake is less. Encourage orally soft high protein diet	Moussa
27/5/26 8am	Child is stable. Oral intake is fair continue to soft high protein diet	Nikitha
28/5/26 10am	Child is on NPO	Nikitha
29/5/26 9am	Child is on NPO	Moussa
30/5/26 10am	Child is stable. poor Intake. Encourage soft high protein diet	Moussa
31/5/26 10am	Child is stable. Intake is Improving Encourage soft high protein diet	Saina
1/6/26 8am	Child is stable. Intake is poor encourage orally soft high protein diet	Nikitha
3/6/26 12pm	Child is stable. Intake is better continue to soft high protein diet	Nikitha