

### ACTIVITY RECORD FOR BILLING

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No. : \_\_\_\_\_ Dept : \_\_\_\_\_

BAH-00654104 IP5-00173970  
Master MACHARLA BLESSON  
10-10-2022 3 Y 7 M 8 D (M)  
Dr. UJJWALA DESAI

Date of Admission: \_\_\_\_\_ Tin \_\_\_\_\_ Urge : \_\_\_\_\_ Time: \_\_\_\_\_



Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

### WARD TRANSFERS

| Date    | Time   | From | To   | Signature of Nurse |
|---------|--------|------|------|--------------------|
| 18/5/26 | 1:40pm | ER   | Ward | Abhishek           |
|         |        |      |      |                    |
|         |        |      |      |                    |
|         |        |      |      |                    |
|         |        |      |      |                    |

### Cross Consultation Visit

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







ADMISSION SHEET



Registration Details :

Admission No : IP5-00173970      Admit Date : 18-May-2026      Admit Time : 01:02 PM      UHID : BAH-00654104

Patient Details :

Patient Name : Master MACHARLA BLESSON      Age : 3 Y 7 M 8 D  
Guardian : Mr MACHARLA KALYAN RAMESH      DOB : 10-10-2022  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : H NO 5-49, Pindi Pole Khammam Telangana      Phone No : 9951466152/ 9346891476  
INDIA 507183      E-mail : KLYNJAY55@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD      Bed No : GW 121 B      Ward Name : 1F-GENERAL WARD I  
Room No : GW 121 B      Admission Type : First Visit

Contact Details :

Name : Mr MACHARLA KALYAN RAMESH      Relationship : Father  
Contact Address : H NO 5-49, Pindi Pole Khammam Telangana      Phone No : 9951466152 / 9346891476  
INDIA 507183

  
Signature

Doctor Details :

Doctor Name : Dr. UJJWALA DESAI      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : Self      Phone No :  
Co-Consultant : Dr. FAISAL B NAHDI

Payment Details :

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : BAJAJ ALLIANZ GENERAL  
INSURANCE CO LTD

BA-00654104 IP5-00173970  
 Master MACHARLA BLESSON  
 10-0-2022 3 Y 7 M 9 D (M)  
 Dr. UJJWALA DESAI



DHB

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

BirthRight™  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## DEFICIENCY CHECK LIST OF CASE SHEET

| Sl.No                     | List of Records                           | No. of Pages | Legibility | Completeness | Remarks |
|---------------------------|---|--------------|------------|--------------|---------|
| 1                         | Admission sheet                           | 1            |            |              |         |
| 2                         | Discharge Summary                         | 1            |            |              |         |
| 3                         | Nursing Initial assessment                | 1            |            |              |         |
| 4                         | Patient Transfer form                     | 1            |            |              |         |
| 5                         | In-patient Medical record                 | 1            |            |              |         |
| 6                         | Doctors progress sheets                   | 2            |            |              |         |
| 7                         | Nursing plan of care and handover sheets  | 34           |            |              |         |
| 8                         | Consultation sheet                        |              |            |              |         |
| 9                         | General consent for treatment             | 1            |            |              |         |
| 10                        | Consent for Surgery                       |              |            |              |         |
| 11                        | Consent for blood transfusion             |              |            |              |         |
| 12                        | Consent for chemotherapy                  |              |            |              |         |
| 13                        | Consent for high risk                     |              |            |              |         |
| 14                        | Consent for Restraint                     |              |            |              |         |
| 15                        | LAMA consent                              |              |            |              |         |
| 16                        | Consent for special procedure / Sedation  |              |            |              |         |
| 17                        | Consent for Formula feed                  |              |            |              |         |
| 18                        | Consent for MTP                           |              |            |              |         |
| 19                        | Consent for Radiological Investigations   |              |            |              |         |
| 20                        | Consent for HIV test                      |              |            |              |         |
| 21                        | Anaesthesia notes (Pre Anaesthesia& post) |              |            |              |         |
| 22                        | Neonatal Admission/Delivery/Physical Exam |              |            |              |         |
| 23                        | Medication Reconciliation                 | 1            |            |              |         |
| 24                        | Emergency Triage record                   | 1            |            |              |         |
| 25                        | Pre operative check list                  |              |            |              |         |
| 26                        | Surgical safety checklist                 |              |            |              |         |
| 27                        | Operation Theatre notes                   |              |            |              |         |
| 28                        | Nurses clinical Presentation              |              |            |              |         |
| 29                        | TPR & BP chart                            | 3            |            |              |         |
| 30                        | Intake and Out take chart (fluid chart)   | 2            |            |              |         |
| 31                        | Drug chart (Regular Prescription)         | 1            |            |              |         |
| 32                        | Investigation Values (result sheet)       | 1            |            |              |         |
| 33                        | Nebulization chart                        |              |            |              |         |
| 34                        | Nutritional review chart                  | 1            |            |              |         |
| 35                        | Intensive care unit (ICU Charts)          |              |            |              |         |
| 36                        | Consent for Admission in PICU / NICU      |              |            |              |         |
| 37                        | The Humpty dumpty scale                   | 1            |            |              |         |
| 38                        | Braden Q Scale                            | 1            |            |              |         |
| 39                        | Bed side check list <i>Thrombolysis</i>   | 1            |            |              |         |
| 40                        | PICU bed formula Dilution feeds           |              |            |              |         |
| 41                        | Gastro monitoring chart                   |              |            |              |         |
| 42                        | Rch ED doctors note                       | 1            |            |              |         |
| 43                        | BP Monitoring chart                       |              |            |              |         |
| 44                        | RBS monitoring chart                      |              |            |              |         |
|                           | <i>Extra</i>                              | 4            |            |              |         |
| <b>Total No. of Pages</b> |   | <b>48</b>    |            |              |         |

## ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /  
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



## PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Ujjwala Date : 18/5/26

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

Start Time of Assessment: 1 pm Weight: 11.9 kg

Allergic History: 0

Chief Complaints:  
No fever - 2 days, on 4th  
max documented 101.6°F.  
no chills, also cold.  
no cough, cold, vomiting, loose  
stools

### Pediatric Assessment Triangle

A Appearance - TICLS (N)

B C Circulation

Breathing

↑ WOB  
 ↓ WOB  
 Normal  
 Gasping / Apnea

Normal  
 Abnormal

— Pallor   
 — Cyanosis   
 — Mottling   
 — Bleeding

Initial Physiological Status:  Stable  Unstable  
 — Life Threatening   
 — Non Life Threatening

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

Significant Past History: Received 6 doses of IV ceftriaxone on

Medication History: OPD basis @ nearby hospital

Relevant Investigations: (from 15/5/26)

**Primary Assessment**

**Airway**  Open  
 Maintainable  
 Not Maintainable

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

**Breathing** Rate: 28/min SpO<sub>2</sub> on FiO<sub>2</sub>: 98% I RA  
 Rhythm: regular  
 Retractions:  Suprasternal  ICR  SCR  
 Sternal  Supraclavicular  Nasal Flaring  
 Respiratory Noises:  Stridor  Wheezing  Grunting  
 Air Entry: Bare  
 Palpation Findings (If necessary).....

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



**Circulation**

HR: 121/min CFT  Central 2 sec  Peripheral

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

BP: 90/54 mmHg

Murmurs:  Yes  No

Pulse Volume:  Central  Peripheral good

Liver Span: .....

If in Shock:  Compensated  Hypotensive

ECG: .....

Muffled Heart Sound:  Yes  No

Any Signs of Heart Failure:  Yes  No

Engorged Neck Veins:  Yes  No



**Disability**

GCS: 15/15 AVPU: .....

Any urgent interventions needed:  Yes  No

Pupils:  Responsive  Non-Responsive  
Size  Right  Left equal

If Yes: .....  
.....  
.....

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

Signs of Neurological compromise .....

**Exposure**



Temp.: 97.9°f

Any urgent interventions needed:  Yes  No

Any Rash:  Yes  No,

If Yes: .....  
.....  
.....

If yes describe the rash .....

Active bleed .....

Lacerations  Abrasions  bruises

Describe: .....

**Final Physiological Status:**  Respiratory Distress  Respiratory Failure  Respiratory Arrest  
 Shock - Compensated  Hypotensive   
 Cardiopulmonary Arrest  Hemodynamically Stable

**Secondary Assessment:** Head to toe examination with positive findings: APR @

**Labs Planned:** CBP, CRP, S.Elect  
Blood cis  
LFT  
CVE  
widal  
were Felix  
oviral panel

**Treatment Planned:** IV fluids - 1/2 maint  
inj CEFTRIAXONE  
inj AZITHROMYCIN  
fever management  
inj Pantoprazole

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

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

Assessment done by  
Name of the Doctor: Santhi S  
Signature: [Signature]  
Date & Time: 19/5/26 1PM

Sr. Doctor on Duty (If necessary)  
Name of the Sr. Doctor: .....  
Signature: .....  
Date & Time: .....



# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

BAH-00654104 IP5-00173970  
Master MACHARLA BLESSON (M)  
10-10-2022 3 Y 7 M 8 D  
Dr. UJJWALA DESAI



Patient Name: \_\_\_\_\_

UHID ID: \_\_\_\_\_

Department: \_\_\_\_\_

Consultant: \_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Relationship \_\_\_\_\_

#### Chief Presenting Complaints & Duration (Chronologically)

Fever since today

#### History of present illness :

patient was apparently alright today

To start with,

Fever - today

- Intermittent in nature
- low to mod-grade in nature
- Max temp - 102°F

Not a/c rash, chills, rigors, sore throat  
Headache & Myalgia present

a/w Cold with nasal blocking

h/o travel + w/ 2 weeks back

No vomiting, no loose stools (A)

Pres Received: 6 days of IV Ceftriaxone  
from 15/5/24 (OPHAR)



### Pediatric Multiorgan History & Physical Examination

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

h/o admission for LRTI in April 2026  
w/fe = w/ptax, wheezed & fluid

**Birth & Neonatal History:**

N

**Birth & Socio Economic History:**

About Father : \_\_\_\_\_

About Mother : \_\_\_\_\_

Any additional Information : (N)

**Developmental History :**

Achieved on par age

**Immunization History :**

Received vac<sup>m</sup> till 1 1/2 yrs of age. as per NIS  
Records not available.



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms): \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) ) 11.9kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 97.9 F Pulse Rate : 121/min B.P. 90/54/3 SpO2 98% T RA

Resp. rate and type of breathing : 28/min Regular

Rash \_\_\_\_\_ ⊖

Lymphadenopathy \_\_\_\_\_ ⊖

Oedema : \_\_\_\_\_ ⊖

Allergies (if any): \_\_\_\_\_ ⊖

#### Respiratory System :

Inspection (any s/o distress) : \_\_\_\_\_

Air entry & breath sounds : \_\_\_\_\_ SSB/L AC ⊕

Any addes sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of procordium : \_\_\_\_\_

Heart Sounds : \_\_\_\_\_ SS ⊕ M<sub>6</sub>

Any murmur : \_\_\_\_\_

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

#### Per Abdomen :

Inspection \_\_\_\_\_

Palpation : \_\_\_\_\_ PA - Soft INJ

Ausculation : \_\_\_\_\_

Spine : \_\_\_\_\_ External Genitelia : \_\_\_\_\_

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



### Pediatric Multiorgan History & Physical Examination

**Central Nervous System :**

Level of Consciousness : AVPU/GCS score 15/15

Cranial Nerves : \_\_\_\_\_

\_\_\_\_\_

**Motor System:**

Nutriton : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_ (W)

Posture : \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

**Reflexes :**

**DTR**

**Superficials:**

Plantars \_\_\_\_\_ Flexor

**Sensory System :**

\_\_\_\_\_

\_\_\_\_\_ (N)

Bladder / Bowel : \_\_\_\_\_

**Clinical Summary & Diagnostic:**

\_\_\_\_\_ AFI

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Dehydrat<sup>n</sup>, Sepsis

Desired goals of the treatment : Resol<sup>n</sup>

**Planned Labs:**

- CBP
- CRP
- S-electrolyte
- Blood c/s
- LF7
- CVE
- Urda
- Weil Felix
- 5 viral panel

**Planned Management**

- Inf fluids - 1/2 maintenance
- Inf ceftriaxone
- Inf Azithromycin
- Fever Mx
- Inf Paracetamol

Signature of the Doctor: [Signature]  
Name of the Doctor: Ayushman Acharya  
Date & Time: 18/5/22, 3pm

Signature of the Consultant: [Signature]  
Name of the Consultant: Drujwa  
Date & Time: 18/5/22, 3pm  
**DR. UJJWALA DESAI**  
Registration No: 90550  
9 am



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time   | Progress Notes  | Doctor's Order         |
|---------------|---|------------------------|
|               |   |                        |
| 7/5/24<br>4pm | <p>C/S/B Resident<br/> <u>Z - AF2</u><br/>           Currently afebrile</p> |                        |
|               | No loose stools   | <u>Flow</u>            |
|               | No dysuria  |                        |
|               | Oral intake - good  | • Trace blood c/s      |
|               | Throat - (✓)  | LFT                    |
|               | Child alert   | CUE                    |
|               | Vitals stable   | Widal                  |
|               | B/L AF - (+)  | weil felix             |
|               | C/S (+) MO  | 5 viral panel          |
|               | P/A - soft, n/7   | • w/f for fever, ↑WOB, |
|               |   | • ↓inf. Cox            |
|               |   |                        |
|               |   | <u>Ayushman</u>        |
|               |   |                        |
|               |   |                        |
|               |   |                        |
|               |   |                        |
|               |   |                        |
|               |   |                        |
|               |   |                        |
|               |   |                        |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes                      | Doctor's Order     |
|-------------|-------------------------------------|--------------------|
|             |                                     |                    |
| 19/5/20     | Acute febrile illness               |                    |
|             | S virus PCR -ve                     |                    |
|             | <del>Widal</del> Widal / Weil Felix |                    |
|             | Report awaited                      |                    |
|             |                                     | Continue           |
|             |                                     | Ceftriaxone        |
|             |                                     | Azithromycin       |
|             | USG abdomen: trace                  |                    |
|             |                                     | Dro                |
|             |                                     | Dro                |
|             |                                     | Dro                |
|             |                                     | 9a                 |
|             |                                     |                    |
|             |                                     |                    |
|             |                                     |                    |
|             |                                     |                    |
|             |                                     |                    |
| 19/5        | CSIB Resident                       |                    |
| 12:30pm     |                                     |                    |
|             | Δ) Acute febrile illness.           |                    |
|             | 1 fever spike - 3pm on 18/5         | Plan               |
|             | good oral intake                    | ① 2ij ceftriaxone  |
|             | Child is hemodynamically stable     | ② Syf Azithromycin |
|             | Vitals stable                       | ③ 2ij Pantoprazole |
|             | CFT → Normal                        |                    |
|             | USG Abd - Normal                    |                    |

DR. UJJWALA DESAI  
 Registration No. 90550

Weil Felix } Negative  
 Widal }

BAH-00854104 IP5-00173970  
 Master MACHARLA BLESSON  
 10-10-2022 3 Y 7 M 9 D (M)  
 Dr. UJJWALA DESAI



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes  | Doctor's Order                              |
|----------------|---|---|
| 19/5<br>4:38pm | CS/B Resident   |   |
|                | D: AFI  | <u>Plan</u>                                 |
|                | Afebrile since morning                                    | ① Inj CEFTRIAXONE                           |
|                | oral intake - good.                                       |   |
|                | no fresh complaint  | ② supp AZITHROMYCIN                         |
|                | child is hemodynamically stable                           | ③ INJ PANTOPRAZOLE                          |
|                | Child is <sup>actively alert</sup> hemodynamically stable |   |
|                | <u>Vitals</u>   | <u>Soheli</u><br>19/5/26                    |
|                | RS: BAE ⊕, airway clear                                   |   |
|                | PIA: Soft   |   |
|                | CVS: S <sub>1</sub> S <sub>2</sub> ⊕                      | Bld clt - <del>1000</del><br>Trace          |
|                | ENT: clear  |   |
|                | LFT - ⊕, usg Abd - ⊕ study,                               |   |
|                | weil Felix } negative                                     |   |
|                | widal }   |   |
|                |   | DR. UJJWALA DESAI<br>Registration No. 00550 |

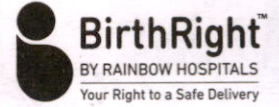
3AH-00654104 IP5-00173970  
 Master MACHARLA BLESSON  
 10-10-2022 3 Y 7 M 9 D (M)  
 Dr. UJJWALA DESAI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time    | Progress Notes             | Doctor's Order                                 |
|----------------|----------------------------|--|
| 20/5<br>8:00am | C/S/B Resident             |  |
|                | D: Acute febrile illness   |  |
|                | Afebrile > 24hrs           | Play   |
|                | child doing well           | ① 5mj CEFTRIAXONE (D)                          |
|                | taking good oral intake    | ② 84P AZITHROMYCIN (D <sub>3</sub> )           |
|                | hemodynamically stable     | ③ 1NS PANTOPRAZOLE                             |
|                | NO fresh complaint         | ④ IVF DORS @ 25ml/hr                           |
|                | O/E                        |  |
|                | child is alert, active     |  |
|                | CVS - S <sub>2</sub> (+)   |  |
|                | RS - BAE @ airway clear    | Soluh  |
|                | PIA - soft                 |  |
|                | ENT - clear                |  |
|                | Bld c/s - No growth 24hrs. |  |
|                | Discha                     | Azee 2 days more                               |
|                | Acute febrile illness      | Cefixime x 4 day                               |
|                | Atypical sepsis            | Lanw)  |
|                | culture - ve               | Bewo.  |
|                | counselled for vaccination | RIV - Saturday Doc                             |
|                | as per IAP recommendatr.   | Dryjwms  |
|                |                            | DR. UJJWALA DESAI<br>Registration No. 20956/20 |

BAH-00654104 IP5-00173970  
 Master MACHARLA BLESSON (M)  
 10-10-2022 3 Y 7 M 8 D  
 Dr. UJJWALA DESAI



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  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<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                          |
|------|---|-------------------|---------------------------|-----------|--------------------------|--|
| 1    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 2    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 3    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 4    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 5    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 6    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 7    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 8    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9    |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10   |   |                   |                           |           |                          | <input type="checkbox"/> C <input type="checkbox"/> DC |

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Savitri S

Date & Time: 18/5/26 1Pm

Nurse Name & Signature: Abhishek

Date & Time: 18/5/26 @ 2:10pm

BAH-00654104 IP5-00173970  
 Master MACHARLA BLESSON  
 10-10-2022 3 Y 7 M 8 D (M)  
 Dr. UJJWALA DESAI

RESULT SHEET

|                     |       |           |  |  |  |
|---------------------|-------|-----------|--|--|--|
| Date                | 18/5  | 1915      |  |  |  |
| Time                |       |           |  |  |  |
| Hb                  | 10.1  |           |  |  |  |
| PCV                 | 31.5  |           |  |  |  |
| RBC                 | 4.13L |           |  |  |  |
| WBC                 | 10380 |           |  |  |  |
| N/L                 | 46/48 |           |  |  |  |
| Platelets           | 9.512 |           |  |  |  |
| CRP                 | 43    |           |  |  |  |
| ESR                 |       |           |  |  |  |
| PCT                 |       |           |  |  |  |
| RBS                 |       |           |  |  |  |
| Na                  | 128   |           |  |  |  |
| K                   | 4.4   |           |  |  |  |
| Cl                  | 108   |           |  |  |  |
| Ca/Mg               |       |           |  |  |  |
| Phosphate           |       |           |  |  |  |
| Urea                |       |           |  |  |  |
| Creatinine          |       |           |  |  |  |
| ALP                 |       |           |  |  |  |
| SGPT                |       | 68        |  |  |  |
| SGOT                |       | 80        |  |  |  |
| T.Bill/Conj         |       | 0.2 < 0.1 |  |  |  |
| T.Protein           |       | 7.2       |  |  |  |
| S.Albumin           |       | 3.7       |  |  |  |
| S.Globulin          |       | 3.5       |  |  |  |
| A/G Ratio           |       | 3.5       |  |  |  |
| Uric Acid           |       |           |  |  |  |
| S.Amylase           |       |           |  |  |  |
| Sr.Lipase           |       |           |  |  |  |
| Blood Lactate       |       |           |  |  |  |
| S.Cholesterol       |       |           |  |  |  |
| PT/INR              |       |           |  |  |  |
| APTT                |       |           |  |  |  |
| CSF Protein / Sugar |       |           |  |  |  |
| Cells               |       |           |  |  |  |
| N/L                 |       |           |  |  |  |





# DRUG CHART

Date of Admission: 18/5/26 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)

|  |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|--------------|------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b> Syp PARACETAMOL            |       |              |            | Date/Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                     | Route | Frequency    | Start Date |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5ml                                      | PO    | SOS          | 18/5       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature                       |       | Valid Period | Pharm.     |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sainthi                                  |       | 4.8 hrs      | Dr. Desai  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                 |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| temp > 100°F<br>max 6 <sup>th</sup> wely |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-------|--------------|------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b> Syp MEFTAL (5ml/100mg)      |       |              |            | Date/Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                                      | Route | Frequency    | Start Date |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6ml                                       | PO    | SOS          | 18/5       |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature                        |       | Valid Period | Pharm.     |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sainthi                                   |       | 4.8 hr       | Dr. Desai  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                  |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| temp > 101°F<br>max 8 <sup>th</sup> wely. |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|-------|--------------|------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>            |       |              |            | Date/Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature  
Name

REGULAR PRESCRIPTIONS

Weight 12 kg Ward .....

|  |           |           |             |              |             |  |
|--|-----------|-----------|-------------|--------------|-------------|--|
| <b>DRUG :</b> <u>Sij CEFTRIAZONE</u>               |           |           |             | Date<br>Time | <u>18/5</u> | <u>11/52018</u>                          |
| Dose   | Route     | Frequency | Start Date  |              |             |  |
| <u>600mg</u>                                       | <u>IV</u> | <u>BD</u> | <u>18/5</u> | <u>6AM</u>   | <u>7</u>    | <u>Amim</u><br><u>Sum</u><br><u>3-2</u>  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |             |              |             |  |
| <u>Sahithi</u>                                     |           |           |             |              |             |  |
| Additional Instructions:                           |           |           |             |              |             |  |
| <u>@50mg/kg/dose</u>                               |           |           |             | <u>6pm</u>   | <u>3pm</u>  | <u>Pranav</u><br><u>Paw</u><br><u>AP</u> |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |             |              |             |  |
| <b>DRUG :</b> <u>Sy PIZITHROMYCIN</u>              |           |           |             | Date<br>Time | <u>18/5</u> | <u>18/5</u>                              |
| Dose   | Route     | Frequency | Start Date  |              |             |  |
| <u>3ml</u>   | <u>PO</u> | <u>OD</u> | <u>18/5</u> |              |             |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |             |              |             |  |
| <u>Sahithi</u>                                     |           |           |             | <u>6pm</u>   | <u>3pm</u>  | <u>Pranav</u><br><u>Paw</u><br><u>AP</u> |
| Additional Instructions:                           |           |           |             |              |             |  |
| <u>@10mg/kg/day.</u><br><u>5ml/200mg.</u>          |           |           |             |              |             |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |             |              |             |  |
| <b>DRUG :</b> <u>Sij ESOMEPR</u>                   |           |           |             | Date<br>Time |             |  |
| Dose   | Route     | Frequency | Start Date  |              |             |  |
|  |           |           |             |              |             |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |             |              |             |  |
|  |           |           |             |              |             |  |
| Additional Instructions:                           |           |           |             |              |             |  |
|  |           |           |             |              |             |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |             |              |             |  |
| <b>DRUG :</b> <u>Sij PANTOPRAZOLE</u>              |           |           |             | Date<br>Time | <u>18/5</u> | <u>11/52018</u>                          |
| Dose   | Route     | Frequency | Start Date  |              |             |  |
| <u>12mg</u>  | <u>IV</u> | <u>OD</u> | <u>18/5</u> |              |             |  |
| Name & Signature of the Doctor Starting the Drugs: |           |           |             |              |             |  |
| <u>Sahithi</u>                                     |           |           |             | <u>6AM</u>   | <u>3pm</u>  | <u>Pranav</u><br><u>Paw</u><br><u>AP</u> |
| Additional Instructions:                           |           |           |             |              |             |  |
| <u>@1mg/kg/dose.</u>                               |           |           |             |              |             |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |           |           |             |              |             |  |

VERIFIED

VERIFIED

VERIFIED





BAH-00654104 IP5-00173970  
 Master MACHARLA BLESSON (M)  
 10-10-2022 3 Y 7 M 9 D  
 Dr. UJJWALA DESAI

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

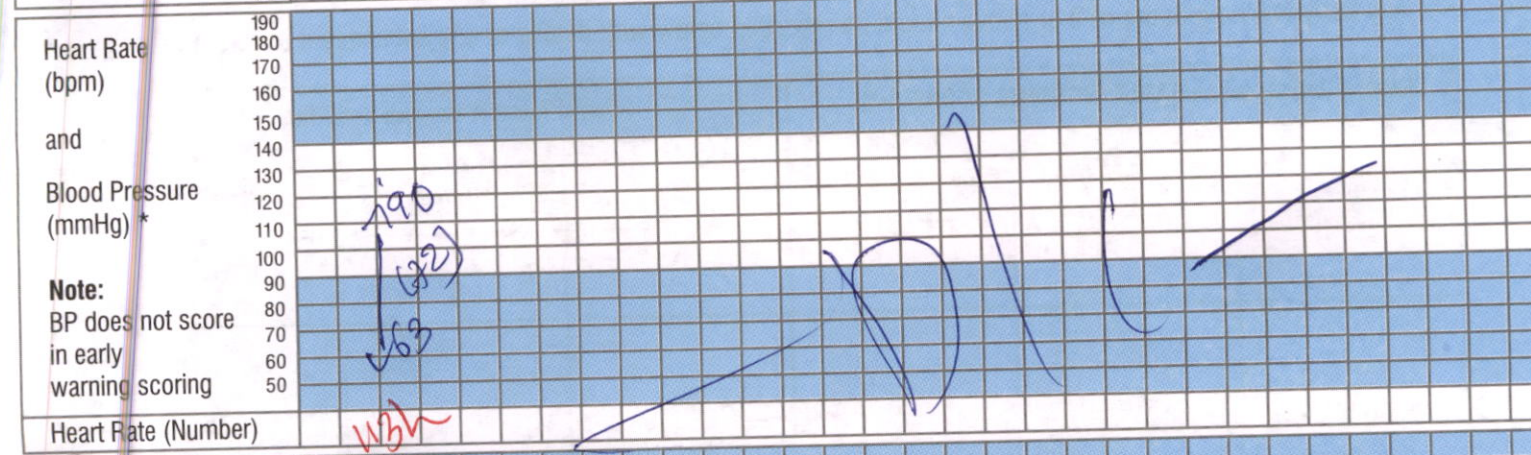
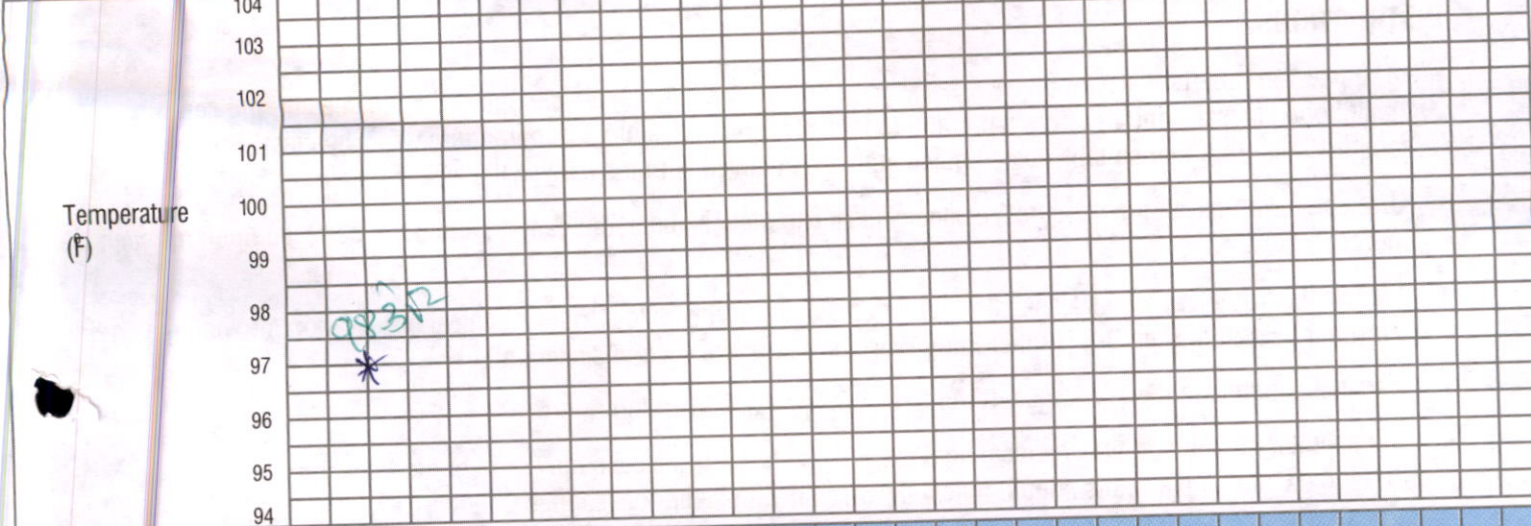
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : 9/10/22 Time: 10:30

Doctor / Nurse / Family Concern? [Signature]



Resp Distress Mod/ Severe None / Mild  
 Receiving O<sub>2</sub> (l/min) 0  
 O<sub>2</sub> Saturations (%) 98  
 Conscious Level Normal Altered  
 GCS \* 15/15

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

**ACTIONS**  
 NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
- Score 2 : Shift in charge nurse to be informed and continue hourly observations
- Score 3 : Shift in charge AND ER doctor/Floor Registrar to see and half hourly to hourly Observation to continue.
- Score 4 : Shift in charge AND treating consultant(till 8 PM) or On call night duty consultant to see
- Score 5 & 6 : Shift in charge AND PICU fellow or PICU consultant to be informed.

\* NB: If GCS is below 12 or the Oxygen requirement is >3 Lit./min. , then irrespective of rest of the score, the Nurse MUST inform the PICU team.

# 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.

|          |   |
|----------|---|
| <b>I</b> | <b>IDENTITY:</b> I am (name), a nurse on ward (X). I am calling about (child X)   |
| <b>S</b> | <b>SITUATION:</b> 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>B</b> | <b>BACK GROUND:</b> 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) |
| <b>A</b> | <b>ASSESSMENT:</b> 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.   |
| <b>R</b> | <b>RECOMMENDATION:</b> 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)  |

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

|   |             |             |             |
|---|-------------|-------------|-------------|
| Date : 21.10.22   | Time: 9am   | 6pm         | 9pm         |
| Doctor / Nurse / Family Concern?                                |             |             |             |
| Temperature (F)   | 98.1 F      | 98.2 F      | 98.5 F      |
| Heart Rate (bpm) and Blood Pressure (mmHg) *                    | 88 (71/116) | 115 (88/76) | 110 (62/63) |
| Note: BP does not score in early warning scoring                |             |             |             |
| Heart Rate (Number)   | 77 bpm      | 119 bpm     |             |
| Resp. Rate (bpm) (Over 1 Minute) *                              | 26 bpm      | 28 bpm      |             |
| Resp Mod/ Severe Distress None / Mild                           |             |             |             |
| Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%) | 100%        | 99%         | 99%         |
| Conscious Level Normal Altered                                  |             |             |             |
| GCS *   | 15/15       | 15/15       | 15/15       |
| <b>TOTAL SCORE</b>  |             |             |             |
| Number of shaded boxes  |             | 1           | 1           |
| Pain Score  |             | 0           | 0           |
| Observer's Initials   |             |             |             |

**ACTIONS**

NB: Scores 3 should be recorded overleaf

- Score 1 : Continue normal observation by staff nurse
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\* 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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- Any Early Warning Score of 3 or above should be recorded below with details of any subsequent action initiated

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

- If at any time additional help is required, call help – regardless of the Early Warning Score!
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The SBAR communication tool (situation, background, assessment, recommendations) is a helpful mnemonic that can be used to describe a child's clinical condition to a colleague.

|          |  |
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| <b>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.   |
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**EARLY WARNING SCORE: CHILDREN'S UNIT**

|   |        |        |        |        |        |       |
|---|--------|--------|--------|--------|--------|-------|
| Date: 18/1/20   | Time:  |        |        |        |        |       |
| 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    | 90     | 80    |
|   | 70     | 60     | 50     | 40     | 30     | 20    |
|   | 10     |        |        |        |        |       |
| Heart Rate (Number)   | 113b/m | 102b/m | 112b/m | 108b/m | 102b/m |       |
| Resp Rate (Number)  | 25b/m  | 27b/m  | 28b/m  | 26b/m  | 29b/m  | 29b/m |
| Resp Mod/ Severe Distress None / Mild                           |        |        |        |        |        |       |
| Receiving O <sub>2</sub> (l/min) O <sub>2</sub> Saturations (%) | 100%   | 100%   | 98%    | 100%   | 97%    | 97%   |
| Conscious Level Normal / Altered                                |        |        |        |        |        |       |
| GCS *   | 15/15  | 15/15  | 15/15  | 15/15  | 15/15  | 15/15 |
| <b>TOTAL SCORE</b>  |        |        |        |        |        |       |
| Number of shaded boxes  | 1      | 1      | 1      | 1      | 1      | 1     |
| Pain Score  | 0      | 0      | 0      | 0      | 0      | 0     |
| Observer's Initials   |        |        |        |        |        |       |

**ACTIONS**

NB: Scores 3 should be recorded overleaf

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|---|------|---------------------|--------------------------------|------|------|
| Date  | Time | Early Warning Score | Date                           | Time | Name |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |
|   |      |                     |                                |      |      |

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| <b>B</b> | <b>BACK GROUND :</b> 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) |
| <b>A</b> | <b>ASSESSMENT :</b> 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.   |
| <b>R</b> | <b>RECOMMENDATION :</b> 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)   |

Pati



# 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 Thrombophlebitis Score | Sign. Nurse |  |
|-----------------------------|----------|-----------------|-----------------------------|------|-----|--------|-----------|-------|----------|-------|--------------------------------|-------------|--|
|                             |          |                 | Mouth                       | I.V  | N.G | NG     | Diarrhoea | Vomit | Drainage | Urine |                                |             |  |
|                             | 08:00 am |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 09:00 am |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 10:00 am |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 11:00 am |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 12:00 pm |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 01:00 pm |                 |                             |      |     |        |           |       |          |       |                                |             |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b>       |      |     |        |           |       |          |       |                                |             |  |
|                             | 02:00 pm |                 |                             |      |     |        |           |       |          |       |                                |             |  |
|                             | 03:00 pm |                 |                             | 25ml |     |        |           |       |          |       |                                |             |  |
|                             | 04:00 pm |                 |                             | 25ml |     |        |           |       |          |       |                                |             |  |
|                             | 05:00 pm | DNS             | puhan                       | 25ml |     |        |           |       |          | 0     |                                | Praveen     |  |
|                             | 06:00 pm |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Praveen     |  |
|                             | 07:00 pm |                 |                             | 25ml |     |        |           |       |          | 0     |                                |             |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b>       |      |     |        |           |       |          |       |                                |             |  |
|                             | 08:00 pm |                 | rice                        | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 09:00 pm |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 10:00 pm | DNS             | milk                        | 25ml |     | N/A    | NP        | N/A   |          | 0     |                                | Sona        |  |
|                             | 11:00 pm |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 12:00 am |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 01:00 am |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b>       |      |     |        |           |       |          |       |                                |             |  |
|                             | 02:00 am |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 03:00 am |                 |                             | 25ml |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 04:00 am | DNS             |                             |      |     | N/A    | NP        | N/A   |          | 0     |                                | Sona        |  |
|                             | 05:00 am |                 |                             |      |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 06:00 am |                 | medicine                    |      |     |        |           |       |          | 0     |                                | Sona        |  |
|                             | 07:00 am |                 |                             |      |     |        |           |       |          | 0     |                                | Sona        |  |
| <b>Total Intake :</b>       |          |                 | <b>Total Output :</b>       |      |     |        |           |       |          |       |                                |             |  |
| <b>Total 24 hrs. Intake</b> |          |                 | <b>Total 24 hrs. Output</b> |      |     |        |           |       |          |       |                                |             |  |

BAH-00654104 IP5-00173970  
 Master MACHARLA BLESSON  
 10-10-2022 3 Y 7 M 9 D (M)  
 Dr. UJJWALA DESAI

# 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.
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 |                                |             |  |
| 19/10/22              | 08:00 am |                 |        | 25ml |     |                       |           |       |          | ✓     | 0                              | Y. Soman    |  |
|                       | 09:00 am |                 |        | 25ml |     |                       |           |       |          | ✓     | 0                              |             |  |
|                       | 10:00 am | DNS             |        | -    |     |                       |           |       |          | ✓     | 0                              |             |  |
|                       | 11:00 am |                 |        | 25ml |     |                       |           |       |          | ✓     | 0                              |             |  |
|                       | 12:00 pm |                 |        | 25ml |     |                       |           |       |          | ✓     | 0                              |             |  |
|                       | 01:00 pm |                 | nil    |      | -   |                       |           |       |          | ✓     | 0                              |             |  |
| <b>Total Intake :</b> |          |                 |        |      |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 19/10/22              | 02:00 pm |                 |        | 25ml | NA  | /                     | /         | /     | /        | /     | 0                              | A. P. P.    |  |
|                       | 03:00 pm |                 |        | 25ml |     |                       |           |       |          |       | 0                              |             |  |
|                       | 04:00 pm | ONS             |        | 25ml |     |                       |           |       |          |       | 0                              |             |  |
|                       | 05:00 pm |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 06:00 pm |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 07:00 pm |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
| <b>Total Intake :</b> |          |                 |        |      |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 20/10/22              | 08:00 pm |                 |        | -    | /   | /                     | /         | /     | /        | /     | 0                              | A. P. P.    |  |
|                       | 09:00 pm |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 10:00 pm | DNS             |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 11:00 pm |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 12:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 01:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
| <b>Total Intake :</b> |          |                 |        |      |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |
| 20/10/22              | 02:00 am |                 |        | -    | /   | /                     | /         | /     | /        | /     | 0                              | A. P. P.    |  |
|                       | 03:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 04:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 05:00 am | DNS             |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 06:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
|                       | 07:00 am |                 |        | -    |     |                       |           |       |          |       | 0                              |             |  |
| <b>Total Intake :</b> |          |                 |        |      |     | <b>Total Output :</b> |           |       |          |       |                                |             |  |

**Total 24 hrs. Intake** [ ]

**Total 24 hrs. Output** [ ]



1213

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 18/5/26 Time: 2:30pm

Weight: 11.97 Kgs Centile: < 5th

Height: 92 cms Centile: < 5th

Inference: Underweight Child

RDA: — Calories: 1300kcal/d Protein: 22g/d

Diet Recommendations: Soft diet

Re-Assessment: Avoid spicy, chilled and outside foods

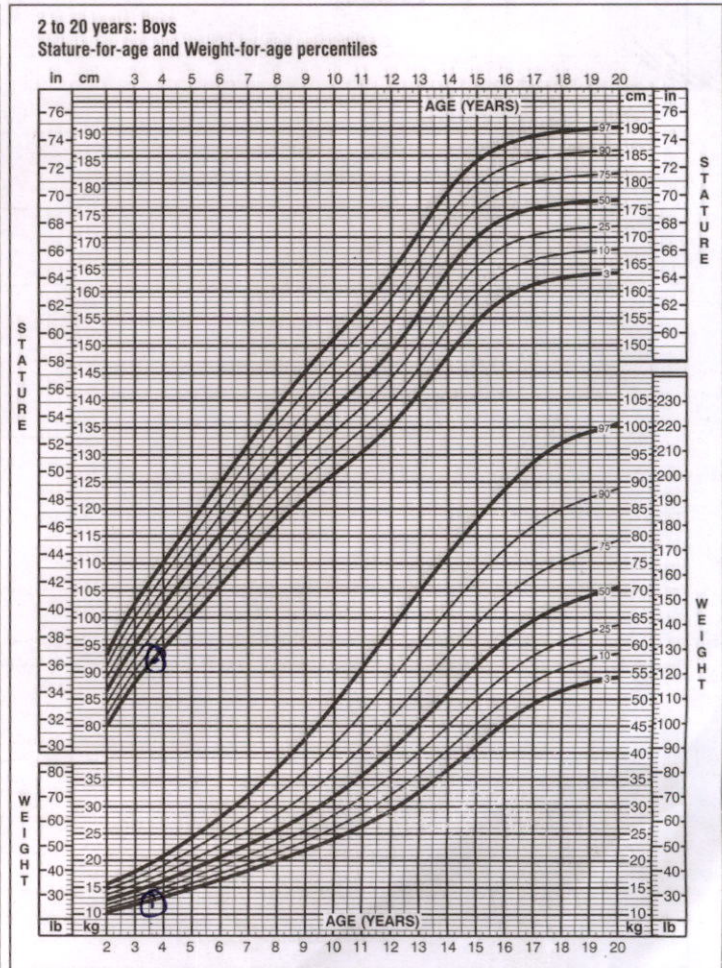
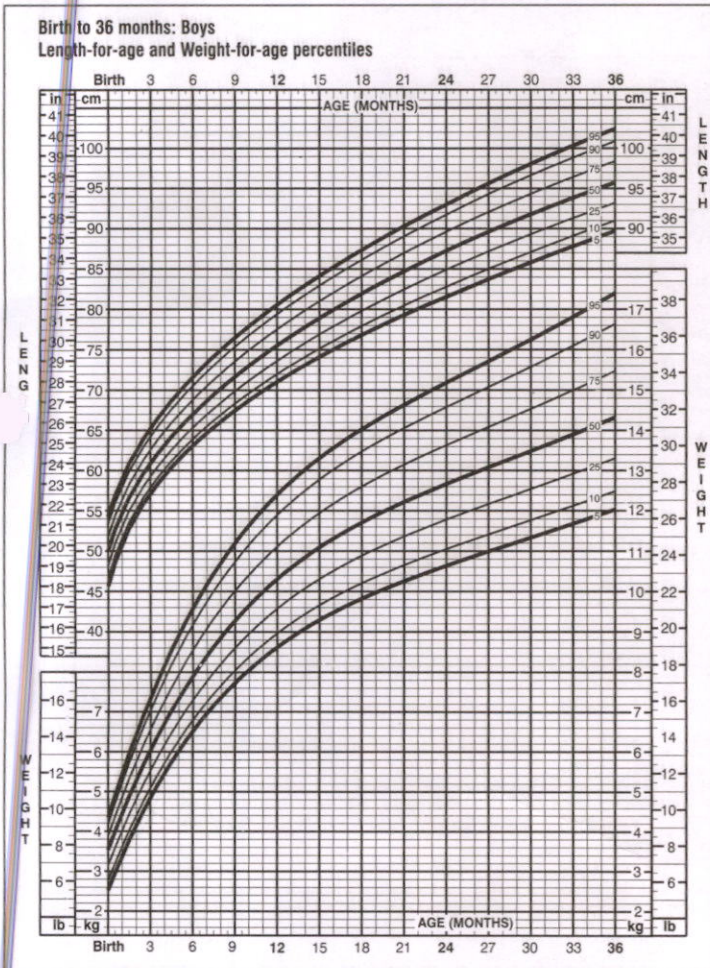
Food Allergies: NO Veg/Non-veg Non-veg

Diagnosis: AFI

Nutritional Intervention -  Oral  Enteral  Parenteral

Patient's Signature: Suvanna

## GROWTH CHART (BOYS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

Daily Notes:

19/5/26  
11AM

Child is stable Oral Intake is optimal

Continue to Soft diet.

- Monitor

20/5/26  
8am

Child is stable. Intake is Good.

Continue to soft diet

Monitor