

88

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

Date of Admission: _____

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

Consultant: _____ Dept : _____

Date of Discharge : _____ Time: _____

LBH-00062881 IP5-00174550
 Baby CHALLA MOUGNYA SREE
 21-01-2022 4 Y 4 M 9 D (F)
 Dr. Prashant Bachina



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6	6:170pm	ICU	PICU	[Signature]
1/6	5:49pm	PICU-2	1st floor	Anurag Nani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Sandeep Reddy	31/5/26	9636664	[Signature]
2	DR. Shaikh Faizan	1/6/26	9637934	[Signature]
3	DR. Sweethi	1/6/26	9637934	[Signature]
4	DR. Anishet RS	02/06/26	2405372	[Signature]
5				
6				
7				
8				
9				
10				

4/11

INVESTIGATIONS			
Date	Investigations	Order No.	Signature
30/5	RP, TNR, Ammonia	26055122	Palash
	Blood cl ABG		
30/5	ECG	027420	Palash
31/5	RP, TNR, Ammonia,	26055795	Palash
	<u>ABG</u> , RBS	26055796	
	RBS	26055206	
31/5	RBS	26055254	Palash
31/5/26	Electrolytes	26055316	Dain
	PT/APTT, <u>ABG</u>	26055344	
	ABG	26055362	
	ME	26055387	Palash
1/6	RP, Cnt mg, PO4, INR	26055415	Palash
	ABG NH3, RBS	26055416	
01/06	Protein creatinine ratio, CUE	26055599	Palash
	Leptospira IgM, Scrub typhus IgM		
	PCT, Ferritin, CDH		
1/6	2D Echo	27657	Subrata
1/6	Screening USG	27492	
1/6	Ana Titers	26055748	Subrata
2/6	QNR, RP,	28032	Palash
3/6	CBP	065215	Palash

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/5	1 no. Monitor				
	Inf 2 Pump			9635242	}
	Syr 2 Pump				}
31/5	1 No monitor			9635241	}
	INF pump				}
	INF pump			9635775	}
	S. pump				}
	S. pump			9635241	}
1/6	2 no. monitor	}			}
	Inf-pump.			9635241	}
	Inf-pump.		5:30 pm		}
	Syr. pump			9635775	}
	Syr. pump			9635241	}
2/6	infusion pump	12am		9862	}

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174550 Admit Date : 30-May-2026 Admit Time : 06:22 PM UHID : LBH-00062881

Patient Details :

Patient Name	: Baby CHALLA MOUGNYA SREE	Age	: 4 Y 4 M 9 D
Guardian	: Mr CHALLA VAMSI	DOB	: 21-01-2022
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Single
Address (H)	: H NO 33-20-892/1, SRINAGAR, 7/7 LINE Donka Road Guntur Andhra Pradesh INDIA 522002	Phone No	: 8880490762/ 9848125639
		E-mail	: anushaanu8253@gmail.com

Admission Details :

Bed Type	: PICU	Bed No	: PICU 215 / 110	Ward Name	: 2F-PICU I
Room No	: PICU 215	Admission Type	: First Visit		

Contact Details :

Name	: Mr CHALLA VAMSI	Relationship	: Father
Contact Address	: H NO 33-20-892/1, SRINAGAR, 7/7 LINE Donka Road Guntur Andhra Pradesh INDIA 522002	Phone No	: 8880490762 /


Signature

Doctor Details :

Doctor Name	: Dr. Prashant Bachina	Specialisation	: PEDIATRIC GASTROENTEROLOGY AND HEPATOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	: Dr. SHAIKH FARHAN A RASHID		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

Challa Patient Sticker
Moumya Free
BA-00062881
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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	10			
7	Nursing plan of care and handover sheets	5			
8	Consultation sheet	3			
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)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	3			
33	Nebulization chart	1			
34	Nutritional review chart				
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 (at admission)				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
45	Enba.	4			
Total No. of Pages		47			

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

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LBH-00052881 IP5-00174550
 Baby CHALLA MOUGNYA SREE
 21-01-2022 4 Y 4 M 9 D (F)
 Dr. Prashant Bachina



ADMISSION CRITERIA – PICU

Admission / Transfer from:

- Emergency
 Outpatient (OPD)
 Ward
 Operation Theater
 Others:

Tick (✓) any of the following criteria requiring admission / transfer to PICU

- All patients requiring mechanical ventilation;
- Patients with impending respiratory failure;
 - Upper airway obstruction;
 - Lower airway obstruction;
 - Alveolar disease; and
 - Unstable airway;
- All Paediatric patients after successful resuscitation;
- Comatose Patients;**
 - Meningitis, encephalitis; Hepatic encephalopathy; cerebral malaria;
 - Head injury; Poisonings; and Status epilepticus;
- All types of shock/hemodynamic instability:**
 - Septic shock;
 - Hypovolemic shock; (Bleeding emergencies such as gastrointestinal bleeding, bleeding diathesis, disseminated intravascular coagulation; Cardiogenic shock; myocarditis, cardiomyopathy, congenital heart disease; Neurogenic shock; and Multiple trauma;
- Cardiac arrhythmias after consulting with the treating consultant
- Hypertensive Emergencies;
- Severe acid base disorders;
- Severe electrolyte abnormalities;
- Diabetic ketoacidosis (Ph < 7.2, altered sensorium, hyperglycemia)
- Acute renal failure; Patients requiring acute hemodialysis, hemofiltration and peritoneal dialysis;
- Post-Operative Patients;**
 - Requiring ventilation;
 - Unstable patients; and
 - Post-operative patients after open heart surgery, neurosurgery, thoracic surgery and other patients after major general surgery with potential for respiratory/haemodynamic instability;
- Patients requiring nitric oxide therapy;
- Malignant hyperpyrexia;
- Acute hepatic failure
- Severe dehydration with mental status change;
- Asthma requiring hourly nebulization/getting tired with increasing oxygen requirement/mental status change.

“UNSTABLE” PATIENT IS DEFINED AS

- HR < 50 or > 160 per minute or more than upper normal limit according to age. BP < 90 systolic and < 50 diastolic an or requiring inotropic support. Arrhythmia or risk of sudden arrhythmia.
- Signs of peripheral poor perfusion or suspicion of any type of shock.
- Capillary refill time > 4seconds.
- Children Blood pressure (Syst.) < [70 + (2× age “Years”)].

Respiratory failure or high risk of failure or airway obstruction:

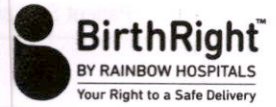
- Respiration rate < 5 per minute below the normal or > 10-15 per minute above the normal range for age.
- O2 Saturation < 90 % or need for O2 > 4 Litres per minute by normal face mask. Abnormal ABG: PH < 7.25, PaO2 < 60 torr, PaCO2 > 50 torr.
- Distress and risk of exhaustion

Change of level of consciousness: GCS < 13.

- Persistent oliguria with acidosis.**

Signature of the Doctor: Neel A. Name of the Doctor: Dr. Nandan Date & Time: 30/05/2026
6.15 PM.

LBH-00062881 IP5-00174550
Baby CHALLA MOUGNYA SREE
21-01-2022 4 Y 4 M 9 D (F)
Dr. Prashant Bachina



DISCHARGE CRITERIA – PICU

Discharge to:

- HDU / Step down ICU Ward Outside Facility Others:

Tick (✓) any of the following criteria requiring discharge / transfer from PICU

- Stable hemodynamic parameters.
- Stable respiratory status (patient extubated with stable arterial blood gases) and airway patency at least for 24 hours with no respiratory distress needing continuous monitoring.
- Minimal oxygen requirements that do not exceed patient care unit guidelines.
- Intravenous inotropic support, vasodilators, and antiarrhythmic drugs are no longer required or, when applicable, low doses of these medications can be administered safely in otherwise stable patients in a designated patient care unit.
- Cardiac dysrhythmias are controlled.
- Neurologic stability with control of seizures.
- Removal of all hemodynamic monitoring catheters.
- Routine peritoneal or hemodialysis with resolution of critical illness not exceeding general patient care unit guidelines.
- Patients with mature artificial airways (tracheostomies) who no longer require excessive suctioning.

Signature of the Doctor:

Name of the Doctor :

Date & Time:

PEDIATRIC ED DOCTORS ASSESSMENT (IN-PATIENTS)

Admitting Doctor : Dr. Prashant Date : 30/5/26

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

Start Time of Assessment: 5:31 p.m. Weight: 14 kg

Allergic History: NI

Chief Complaints:

Cl. - fever x 3 days

- vomiting x non bilious x 2 days
Non Projectile

- Abdominal pain x 2 days

- Dull achy since 1 day

Pediatric Assessment Triangle

A Appearance - TICLS

B Breathing

C Circulation

Normal

Abnormal

- Pallor
- Cyanosis
- Mottling
- Bleeding

↑ WOB

↓ WOB

Normal

Gasping / Apnea

Initial Physiological Status: Stable Unstable

Life Threatening

Non Life Threatening

Any urgent interventions needed: Yes No

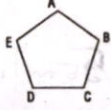
If Yes

Significant Past History:

Medication History: In: ceftriaxone, cyp: A-Zithro; sup: UDZLN, En: MAC in Pison

Relevant Investigations: 2 episodes hypoglycemia - 2 episodes 29/5/26 at admission
11.8 / 6300 / 190000
59 mg/dl today (10:10 → DMC)
PT 4.7 | INR 3.6 | APTT 4.8 | Ammonia 11.6 | LFT ⇒ SGPT 8500
SGOT 7500
ATP BSB

Primary Assessment



Airway Open

Maintainable

Not Maintainable

Any urgent interventions needed: Yes No

If Yes

Breathing

Rate: 23/min SpO₂ on FiO₂ 1.00 l-ec

Rhythm: Regular


Retractions: Suprasternal ICR SCR


Sternal Supraclavicular Nasal Flaring


Respiratory Noises: Stridor Wheezing Grunting

Air Entry: RAC ⊕

Palpation Findings (If necessary).....

Circulation  HR: 61/min CFT Central Peripheral 23 sec Any urgent interventions needed: Yes No
 BP: 105/69 (77) mmHg If Yes
 Pulse Volume: Central Good
 Peripheral
 If in Shock: Compensated
 Hypotensive
 Muffled Heart Sound: Yes No
 Engorged Neck Veins: Yes No
 Murmurs: Yes No
 Liver Span:
 ECG:
 Any Signs of Heart Failure: Yes No

Disability  GCS: 14/15 AVPU: Any urgent interventions needed: Yes No
 Pupils: Responsive Non-Responsive
 Size Right
 Left
 Active Seizures: Yes No Sugars: 138 mg/dl
 Signs of Neurological compromise No
 If Yes

Exposure  Temp.: 98.9 f Any urgent interventions needed: Yes No
 Any Rash: Yes No
 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:

Labs Planned: USA Abdomen
Rp, ENR, Ammonia
Trace → Hep A & E, Hupanel
→ Dextrose
→ C/LU/VPCR
→ ABG

Treatment Planned:
 1) IV F.DNS @ 50ml/hr 35ml/hr (80% main)
 2) Ins: piptaz 1.4 gm IV BID
 3) Fluconazole 140mg IV OD
 4) Qu: pantop 40mg IV OD
 5) Syr: lactulose PO TID
 6) monitor Hct, Rpt, v/o, G, RBS, Cerenon

Need for Oxygen: Yes No 30 l/min if yes Low Flow High Flow PPV
 Final Diagnosis with possible Differential Diagnosis (If necessary): ALF & evaluation

Assessment done by
 Name of the Doctor: Cai
 Signature: [Signature]
 Date & Time: 3/15/20

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/01/22	C/S/B-Gastro Team	
5 PM	ALF - Reye Syndrome Plan	
		✓ To send.
	Issue:- 1) Coagulopathy	RP, INR, Ammonia,
	2) Transaminase.	Lactate, VBG
	3)	
	o/e - Conscious, E4 V4 M6	2) Trace Hep A & E,
	Afebrile.	✓ flu panel, Dengue ✓
	Pulse Vol. good.	3) USG Abdomen -
	HR - 63/min	
	RR - 18/min	2) by Piptoz / by fluconazole /
	SPO ₂ = 100% on Room air	by pantop.
	BP = 110/72 (84) mmHg	Rifaximin / Lotrelor /
	Chest - BAC (+), clear.	✓ NAC infusion
	P/A - liver 2cm 2 Rcm, soft	2) by Vit. K. 5mg / OD x 3 days.
	Spleen Not palpable	
	Purple - B/L NERL.	2) Monitor BP / HR / U/O / GRBS -
	GRBS = 138 mg/dl	Serum
	H/O 2 episode of Hypoglycemia.	8) IV fluids - 80% MF → DNL.
	yesterday.	2) To inform if INR > 4 (or)
		Bleeding manifestation.
		10) Trace C ₃ / C ₄ / UPC
		1) Serum monitoring - <u>with lab</u>
		GRBS monitoring - <u>with lab</u>
		(P.T.O.)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/20	S/B Gastro team	Plan:
9:50 AM	No acute liver failure	① Neuroprotective measure
	Etiology ↓ evaluation	② 3/1. NS to continue.
	• no fever	③ monitor sensorium
	• sensorium: Dull, preferring to sleep.	④ Continue DNS + 5ml Kcl. monitor GRBS - Q4H.
	• 1 episode of vomiting today morning.	⑤ strict I/O charting
	• abdominal pain ⊖	⑥ labs: S. Electrolytes TTD
	• no bleeding manifestations	Remai LFT, INR, ABG
	T/m morning: liver profile, ABG, ammonia	ammonia - BD.
	O/E: E4V5 M6.	⑦ ? Neuroconsultation
	• chest: clear	⑧ Continue NAC infusion
	P/A: soft	⑨ Trace dcpA, E Igm, Trace adenovirus PCR.
	hepatomegaly ③	⑩ ↑ lactulose dose
	1cm ↓ RCB.	Noted by Budhadev
	HR: 60/min	31/5/20
	SpO ₂ : 99%	10 AM
	BP: 124/60 mmHg	Dr. Dena
	RR: 25/min	
	I/O: 2.36 cc/kg/hr.	
	I/O: +74/min.	
	Dr. Dena	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/2026	clsib Mr. Sandeep Reddy	
10:40pm		Plan:
	A Acute liver failure	1) Repeat PT / INR ; ABG
	Coagulopathy (Improving)	evening.
		2) Trace Hep-A, Hep E
	O/E	Adeno Reports
	vitals	3) Serum Electrolytes TID
	Cvs - S ₁ S ₂ ⊕	
	PR = 61 bpm	
	R/S - B/LAE ⊕	
	S ₂ - 99% T R/A	
	Clean	INR
	BP - 130/75 (100)	Bilir
	PIA - soft	
	accepting liquids	
	Cvs - serosum improved	
	than yesterday.	
	achuity improved	

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 30/05/2026 Day of Admission : Day 2 Today's Date & Time : 31/5/2026 9:00 AM

PRISM - III Score in first 24hrs. of Admission : 3 Today's SOFA Score : 0+1+1+0+0+0 - 2

OVERVIEW	Diagnosis : Acute liver failure	Current Issues : Coagulopathy
	VITAL SIGNS Today's Wt. (kg) : 14 kg Temp.: Afebrile Blood sugar issues : 107 @ 7 AM	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : BIL RE @ CLEAR	
	CXR : .	
	SPO ₂ : 99% r room air O ₂ by NC / FM / NRB mask / Oxyhood, at 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 : 7.403 / pO ₂ - 32 / pO ₂ - 86 / EtCO ₂ : P/F ratio : O.I. : Chest Physiotherapy Plan : 1ac-1.1 ↓ Suctioning Needs : @ Any Nebbs : ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : Plan of care : To watch for RD	
CARDIOVASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR-66bpm	
	Quality of Pulses : Good cap refill Time : < 3 sec Liver Edge : cm below Rt costal margin	
	Blood Pressures : NIBP : IBP : 114/58 (60) 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 :	
CNS	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 : (L) Radial Day 2	
	Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : p. Canal - (R) Forearm Day 2	
	Day of arterial line : Day of Central line :	
	Plan of Care :	
Neuro Exam : GCS-15/15 ; Interactiveness Improved than yesterday		
Pupils : Bil puple equal RTL Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input 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 : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : DNS @ 20 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 145 K 3.7 Cl 117 Ca 8.8 Mg P 4.6 HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : c. ammonia Any organomegaly ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : ↑ → 49 Plan (G.I. & Liver) : feeds - water (80/5) (20/5) IVF - 450 ml / day infusions - 400 ml 1000 ml (83%) + feeds. Drugs - 110 ml	
	<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 : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : Inj. Pipid - day 2 Inj. Fluconazole - day 2	
NEPHROLOGY ISSUES	Sr. Creat : 0.4 Bld. Urea : 19 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care :	
	Relevant Labs (CBP etc) : 10.6 4970 1.32 L Any Coagulopathy : 23/70 N L 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : Pending Consultations : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, then details :	
	FINAL COMMENTS - True Hepatitis / Aleno Rec - continue VAC infusion	

Doctor's Name (Handover given) : Dr. Kantele

Signature : *[Signature]*

Date & Time : 21/01/2026 2:00 AM

Doctor's Name (Handover taken) : *[Signature]*

Signature : *[Signature]*

Date & Time : 21/01/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/20	Counselling notes	(Dr. Shisha)
12:20pm	child has acute liver failure.	Her INR
	was 3.9, now it is 2.3, which is	
	improving. But she is little dull, we	
	should monitor her sensorium. Ammonia	
	is 41. If her ammonia, lactate increase	
	we might need to do dialysis. We are	
	monitoring her sensorium and vitals	
	closely. We are doing her blood tests	
	twice daily, electrolytes twice daily.	
	Her heart rate is less, BP is slightly	
	high. If this continues and her	
	sensorium worsens, we might need to	
	do CT scan of brain, and might	
	need a ventilator.	
	Ch.V. S. (Father)	
	Anusha (Mother)	
		Dr. Dema.

LBH-00062881 IP5-00174550
 Baby CHALLA MOUGNYA SREE (F)
 21-01-2022 4 Y 4 M 10 D
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	C/S/B PICU Team	Doctor's Order
3/15/26	Acute liver failure		
5PM	etiology ↓ evaluation.	Plan	
	On room air	- GRBS monitoring q 4hly	
	Hemodynamically stable		
	activity improved.	- INR, PT, aPTT	
	hypertension ⊕	ABG	} @ 5PM
	on 3 1/2 NS	ABG	
	NAC		
		- Sr-electrolytes @ 9PM	
	chest - air entry R/L ⊕		
	NUBS	- Liver transplant profile (T/m)	
	PIA - soft, non-distended	ammonia	
	cvs - S ₂ ⊕	- w/lt hypertension	
	cvs - Bk pupils reactive		
		Noted by	
	HR - 60/min	Bachhales	
	RR - 22/min	3/15/26	
	SpO ₂ - 100%	@ 5:10 PM	
	BP - 130/70 mmHg		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/26 10:30 AM	c/s/o - Galbro Team	
	ITAE - ? Infective Etiology	IPlan
	Issue: ① Thrombocytopenia	1x Neuro protective measure.
	② Proteinuria (2.0g)	2x 3% NS to continue stop
	③ Transaminite (improving)	4x IV fluids - restrict to 2/3 MF - DNL + SWT KH
	④ Coagulopathy (improving)	5x I/O charting
	⑤ Hypoalbuminemia	6x Lab - INR, CBP
	⑥ low C ₃ /C ₄ ,	3-Electrolyte - BD
	o/e - On Room air.	LFT - Alternate day
	Hemodynamically stable.	GRBC - 8th day
	HR - 65-68/min, RR - 20/min	6x - 6x Ammonia/ABG - OD
	SpO ₂ - 99%	
	Chest - BAC (+), clear.	7x Monitor BP, antihypertension to review.
	P/A - soft, Nodules on	
	liver 2cm x 1cm, soft	8x Trace Hep. A / Hep. E report - NY, NY.
	No splenomegaly	9x B/Us - 24w - No growth.
	BL (+)	
	CNS - E ₄ M ₆ V ₅ - Oriented	10x NAC to continue.
	Pupils - BLENRL.	
	BP = 110/67 (< 95th centile)	11x 20% Albumin - to hold.
	Edema (+) - face / hand / leg	12x R/v. ANA - IF, ESR, Hold. Hold.
	Mudpallor.	13x Leptospira IgM (Antibody type)
	U/O = 3.8 ml/kg BW.	14x Sub IgM
	I/O = - 312 ml	15x Urine Electrolyte - Hold.
	Oral intake -	16x Repeat to see for Nat'lou.

13x Nephrology consultation
 12x Repeat CUE, UPCR
 (P.T.O.)
 Dr. Kump



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 10am	c/o B Dr. Farhan	<u>Plan</u>
	As:- Sepsis / anicteric hepatitis / glomerulonephritis	1) Send urine protein-creatinine ratio 2) Send leptospira Igm Send Igm
	Issues:- 1) Thrombocytopenia 2) Hypoalbuminemia 3) Hypertension 4) Nephrotic range proteinuria	3) Add doxycycline 4) Send PCT today. 5) Send ferritin, ESR LDH 6) Send cut
		Noted By Ms. Mamatha 1/6/2026 10am
	50th centile of Height BP-Centile.	Dr. Prashant
	50th	SBP DBP MAP
	50th	93 50
	90th	107 65
	95th	111 69
	99th	118 77



DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 30/5/26 Day of Admission : (3) Today's Date & Time : 1/6/26 8AM
 PRISM - III Score in first 24hrs. of Admission : (3) Today's SOFA Score : 0+2+0+0+0+0 = (2)

OVERVIEW	Diagnosis : acute liver failure etiology & evaluation	Current Issues : Transaminitis (improved) Thrombocytopenia
	VITAL SIGNS Today's Wt. (kg) : 15kg Temp.: Blood sugar issues :	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : air entry B/L ⊕	
	CXR : _____	
	SPO ₂ : 99% RA O ₂ by NC / FM / NRB mask / Oxyhood, at _____ 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 : 7.394 / 10.3 / 20.2 EtCO ₂ : lactate - 1.2 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 - 66/min
Quality of Pulses : good cap refill Time : < 3sec Liver Edge : _____ cm below Rt costal margin		
Blood Pressures : NIBP : _____ IBP : 120/70 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 : IVC collapse, good contractility		
Size of the heart and lung fields in latest CXR : NO cardiomegaly		
Arterial line in situ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Place of art, line & its condition : left radial Day-3		
CNS	Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____	
	Day of arterial line : (3) Day of Central line : _____	
	Plan of Care : _____	
	Neuro Exam : Eq vs Mc	
	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 : _____		

water

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 : / (+/-) Input : ml/k/d UO : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS + 5mKCl @ 2g</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>138</u> K <u>3.7</u> Cl <u>115</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) :
	<div style="border-left: 1px solid black; padding-left: 10px; margin-left: 20px;"> ent - 80ml LA Fusion - 40ml Drugs - 110ml <hr style="width: 50%; margin: 0 auto;"/> 1000 </div> } 83% + orally liquids
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 : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics :
NEPHROLOGY ISSUES	Sr. Creat : <u>0.9</u> Bld. Urea : <u>11</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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA CRBSI Bundle Used? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA CA - UTI Bundle Used? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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	

Doctor's Name (Handover given) : K. Sathya
 Signature :
 Date & Time : 1/26/26 8AM

Doctor's Name (Handover taken) : Dr. Pradyumn
 Signature :
 Date & Time : 1/26/26 8AM



CRBS - 116 mg/dl.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
01/06/26 3 PM	C/S/B - Gastro Team	
	TACF - 9 infective etiology	Plan
	Issue: - 1x Hypertension 2x Thrombocytopenia	1x monitor serumum 2x CRBS - 12th July - 3x CRP, INR - evening
	o/e. On Roomal. Active/oriented Hemodynamically stable.	4x CRP INR, RP, CRP T/m morning (6 AM) 5x NAC to continue.
	Chest - clear. P/A - soft, no dullness BP - > 99th centile 120/62 (79)	6x Monitor BP, antihypertensive to adjust according to nephrologist opinion - if > 118/75 mmHg.
	UPCR = 0.48 feviter = 125	7x 2D echo and cardiology consultation
		8x Review about ANA - to send now 9x Plan to reduce IV fluids, if acceptably well
	12x Neotomic enema perfect	10x stop 3/ NS. 11x Shift to ward.

LBH-00062881
 Baby CHALLA MOUGNYA SREE
 21-01-2022 4 Y 4 M 12 D (F)
 Dr. Prashant Bachina

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/26 9AM	C/S/B - Galbo Team	
	No/ever. Accepting orally Urine output - adequate Stool - passed	Plan 1x Allow orally 2x Stop IV fluids 3x Stop NIAC infusion
	o/c - on Room all Hemodynamically stable Chest - clear P/A - soft, No distension	4x Monitor BP - 4 hourly Serum - Bleeding manifestations U/O
	CNC - oriented, active	5x Monitor BP, antihypertensive if BP > 118/75 mmHg
	BP - 95 th - 99 th centile from 6PM to 6AM (NIASP)	6x Collect ANA report - Neurology consultation
	9AM - 100/70 mmHg	cause of hypertension D.K. Kulkarni

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 Baby CHALLA MOUGNYA SREE
 21-01-2022 4 Y 4 M 12 D (F)
 Dr. Prashant Bachina



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
02/06/26	c/c/B. Gastro team	
4pm	ALF - Hyperacute	Plan
	Viral Hepatitis / failure.	1x Oral fluconazole.
	— Non-Hepatotropic viral	2x R/v to stop-doxycycline
		? — stop
	o/c - Hemodynamically stable	3x Monitor BP - 4 hourly
	Chest - clear	↓ Anti-hypertensive
	BP = 96/78 mmHg	4x 800, if BP > 117/75 mmHg
		5x Trace ANCA
		6x monitor vitals
		7x Amlodipine (side) medication.
	reperi	8x CBP from 6 am
	reperi	

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 Baby CHALLA MOUGNYA SREE
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/26 10 AM	o/c/B - GastroTeam	
	Viral IAH - Hyperacute Hepatocellular injury/failure.	
	Non-Hepatotropic virus.	<u>Plan</u>
	No fever Accepting orally well.	1x Monitor vitals 2x Monitor BP, Amlodipine (201).
	o/c - vitals stable. chest - clear	if BP > 117/75
	p/A soft. edema reduced	3x Plan (D) - To Review
	BP = < 95th centile. (No recurrent antihypertensive in last 36w'i)	4x Trace ANA - Negative 5x (D)
	BP (now) - 97/68	(1) Cefixime - x 3 days (2) CRP after 2 days
	mumy	(3) R/V @ LR Nagar Rainbow Dr. Panda.



CROSS CONSULTATION FORM

Doctor Name : Date : Time :

Diagnosis :

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:

Signature: _____

Findings and Recommendations :

keelo Anle Liver failure
Echo + structurally normal heart
normal sized cardiac chambers
detect TAs / 2s
no PDA
good biventricular function
left atrial no COA

Blebhavyah

Consultant :

Name : Signature : Date & Time :



CROSS CONSULTATION FORM

Doctor Name : Dr. Abhishek R. J. Date : 2/6/28 Time : 10:40 AM

Diagnosis :

Hospital :	Type of Referral : <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Non Urgent
Referred for : <input 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 :

- History noted.
- Neurology consultation, brought in view of hypertension with ? Bradycardia.
- PE - HRF → intact, No Autonomic instability.
- CRT → ROM full, 1/2 pupils equal & reactive.
- (N) motor examination
- no meningeal or cerebellar signs.
Imp: In view of no neurological clues from history & examination → unlikely to be a neurological cause.

Consultant :

Name : Dr. Abhishek Signature : Dr. Abhishek R. Jan Date & Time :



CROSS CONSULTATION FORM

Doctor Name : Dr. Sruthi Date : 1/06/2026 Time : 1pm

Diagnosis : Acute liver failure

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:

Signature: _____

Findings and Recommendations :

Acute liver failure

HTN (+) needing Amlodipine.

C/E - No Protein NO Microscopic Hematuria

UPCR - 2.09??

Ca_{cr} - 0.24.

Infective work up - Negative

Child pain free well.

USG - kidneys normal

Renal doppler - (N)

o/E: Mild periorbital puffiness (+)
No pteledema.

07 - 7300
PT - 9500

S. alb - 2.6

U -

Cr - 0.5

Na - 137

CRP - Neg.

Pit - 1;70,00

C_{tr} < 1.67 ↓

C_{cr} 24.7 ↓

NH₄ - 24.5 ↑

EGT - 51

Consultant :

Name : DR. SRUTHI Signature : [Signature] Date & Time : 1/06/2026

1pm

To repeat

- Spot urine protein creatine ratio, WE.
(fresh morning sample)

- To do

ANA levels, ~~ANA~~ Ferritin, LDH.
(titre)

- T. Amlodipine to
↑ 2.5mg 1 tab BD.

- Lysoze reports

- If Nephrotic range proteinuria
persisting, will need
Renal biopsy

- If BP persistently $> 115/70$
even c Amlodipine of
2.5mg 1-01.

↓

To add

T. Prozac 2.5mg $1/2 + 1/2$

- Strict 40 charting

S. S. S.



LB Nagar Labs



RESULT SHEET

Blood group - A-Positive

Date	29/5/26	30/5/26			
Time					
Hb	11.2	11.6			
PCV	30.1	31			
RBC	4.06	4.19			
WBC	7,300	6,110			
N/L	67/30	52/44			
Platelets	1,60,000	1,70,000			
CRP	7.4				
ESR					
PCT					
RBS					
Na	137				
K	4				
Cl	104				
Ca/Mg	7.7/				
Phosphate					
Urea					
Creatinine	0.5				
ALP	401	358			
SGPT	592	7,300↑			
SGOT	865	9,500↑			
T.Bill/Conj	1.1/0.3	0.9/0.2			
T.Protein	5.3	4.7			
S.Albumin	3.3	2.6			
S.Globulin	2	2.1			
A/G Ratio	1.6	1.2			
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	47/3.6	48/3.7↑			
APTT	48	36↓			
CSF Protein / Sugar C4		<1.67↓			
Cells C3		24.7 ↓			
N/L Lactate	4.8 4.8	2.2 ↓			
Ammonia	116	245↑			
GAT		51			

Date	30/5/26						
Time							
CUE - Alb	-						
CUE - Sugar	-						
CUE - Ketones	-						
CUE - PUS Cells	3-5						
CUE - RBC Cells	-						
CUE Epi cells	1-2						
Stool Pus Cell							
OVA / Cyst							
Occult Blood		ANA-IF - NR					
		S. sub Typh		} Negative			
		Leptospira Typh					
		Well Jellia					
		B/cr. 24w - No growth - 4th No growth					
		Hep A } negative.					
		Hep E }					

Culture and Sensitivities : HCV (30/5) → Non Reactive
 HBs Ag (30/5) → Non Reactive
 5 viral panel (30/5) → Flu-A, Flu-B, RSV, Covid - Negative
 Adeno -

Radiology : USG : Spot^{urine} prtn - 50.7, Creatinine - 24.2, Ratio - 2.09
 X-Ray : Spot^{urine} calcium - 4.3 / Creatinine - 17.7 / Ratio - 0.24
 ECHO : Malaria - Negative
 CT : Dengue NS, + IgM - Negative
 MRI :
 Others (ECG, Contrast Studies etc.) :

Patient Sticker

RESULT SHEET

Date	03/06/26				
Time	6AM				
Hb	11.2				
PCV	36				
RBC	4.46				
WBC	9730				
N/L	12/78				
Platelets	82000				
CRP	()				
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

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 Baby CHALLA MOUGNYA SREE
 21-01-2022 4 Y 4 M 9 D (F)
 Dr. Prashant Bachina



*PCO-1
 Bed 8*



RESULT SHEET

Date	30/5/21	31/5/26	31/5/26	31/5/26	1/6/26	1/6/26	02/06/26
Time	7:30pm	5 AM	1pm	9pm	4am	12m	6am
Hb	10.8	10.6			10		10.8
PCV	33	33.1			31.2		33
RBC	4.25	4.21			3.95		4.2
WBC	5200	4,970 ↓			4410		5600
N/L	37/56	23-8/70			16.3/75		8/83
Platelets	1.7 lakh	1,32,000			89,000 ↓		87000
CRP							(1.5L)
ESR							
PCT	9.05						2.4 ↓
RBS							
Na	137	145 ↑	140	140	138		137
K	3.5	3.7	3.6	3.6	3.7		4.1
Cl	110	117	118	116	115		105
Ca/Mg	8.4/	8.8/			8.2/1.5		9.1
Phosphate	3.6	4.6			4.4		
Urea	16	19			11		4
Creatinine	0.4	0.4			0.4		0.4
ALP	308	284			214 ↓		241
SGPT	10,015	7065 ↓			4190 ↓		3622
SGOT	11,633	5402 ↓			1637 ↓		720
T.Bill/Conj	1.3/0.9	1.4/1 ↑			1.1/0.8 ↓		1.4/1.1
T. Protein	4.9	4.3			4.2 ↓		5.5
S. Albumin	2.6	2.3 ↓			2.1 ↓		2.9
S. Globulin	2.3	2			2.1		2.6
A/G Ratio	1.1	1.1					
Uric Acid	4.1	4.2			2.2		1.4
S. Amylase	50	47			42		
Sr. Lipase							
Blood Lactate							
S. Cholesterol	71	83			102		
PT/INR	47/3.9	31/2.5 ↓		25/1.9 ↓	23/1.8 ↓		16/1.2
APTT	47	45 ↓		49	44		43
CSF Protein / Sugar							
Cells ferritin							155
N/L LDH							471



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: Shifted to:

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	INJ. PIPERACILLIN TAZOBACTAM	1.4g/m	IV	Q8H	01/06/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. PANTOPRAZOLE	40mg	IV	Q24H	01/06/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. FLUCONAZOLE	140mg	IV	Q24H	31/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INJ. VIT K	5mg	IV	Q24H	31/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. RIFAXIMIN (200)	1/2 TAB	PO	Q12H	31/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SUP. LACTULOSE	10ml	PO	Q8H	01/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	TAB. AMLODIPINE	1Tab	PO	BD	-	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	INJ. DOXYCYCLINE	30mg	IV	BD	01/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Kaitul Kello

Date & Time : 01/06/26 5:50pm

Nurse Name & Signature:

Date & Time :



DRUG CHART

Date of Admission: 30/05/2026 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 : T. AMLODIPINE				Date Time																	
Dose	Route	Frequency	Start Date																		
Tab	PO	BD(800)	02/06																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
1 tab = 2.5mg to give if BP > 117/75mmHg																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name _____ Signature _____

LBH-00062881 IP5-00174550
 Baby CHALLA MOUGNYA SREE (F)
 21-01-2022 4 Y 4 M 9 D
 Dr. Prashant Bachina



Sheet No:

REGULAR PRESCRIPTIONS

Weight 14.14...

Ward puw

DRUG: Syz LACTULOSE

Dose	Route	Frequency	Start Dt.	Date Time
5ml	PO	QBH	3/5	6 AM X Rahul
				2 PM X
				10 PM X Rahul

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

Additional Instructions: *[Blank]*

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

Handwritten notes: Dose change @ puw dena 3/5

DRUG: Tab Rifampin

Dose	Route	Frequency	Start Dt.	Date Time
1/2 tab	PO	Q12H	3/5	10 AM X
				10 PM X Rahul

Name & Signature of the Doctor Starting the Drugs: Sai

Additional Instructions: 1 tab = 200mg
 8ml/1ml/dose

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

Handwritten notes: Stop 04/06/26

DRUG: Syz. LACTULOSE

Dose	Route	Frequency	Start Dt.	Date Time
10ml	PO	TID	3/5	6 AM X
				2 PM X Rahul
				10 PM X Rahul

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

Additional Instructions: *[Blank]*

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

Handwritten notes: Stop 01/06/26

DRUG: Tab. AMLODIPINE

Dose	Route	Frequency	Start Dt.	Date Time
1/2 tab	PO	BD	3/5	4 PM X Rahul
				4 PM X Rahul

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

Additional Instructions: 1 tab = 2.5mg
 if BP > 120/80 nulls

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

Handwritten notes: Stop change dose 01/06/26

Sm

VERIFIED

VERIFIED

VERIFIED

SHEET NO:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Tab. DOXYCYCLINE				Date/Time					
Dose	Route	Frequency	Start Dt.						
40mg	PO								
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : 2x DOXYCYCLINE				Date/Time					
Dose	Route	Frequency	Start Dt.						
40mg	IV	BD	1/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Dr. Prashant Bachina									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : INSJ. DOXYCYCLINE				Date/Time	1/6/26				
Dose	Route	Frequency	Start Dt.						
30mg	IV	BD	1/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Dr. Kunal									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : T-AMLODIPINE				Date/Time	1/6/26				
Dose	Route	Frequency	Start Dt.						
1Tab	PO	BD	01/06/26						
Name & Signature of the Doctor Starting the Drugs:									
Dr. Kunal									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									

VERIFIED BY : Name Signature

DATE: 02/06/26

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

DRUG : T. LANZOLIN				Date Time	2/6	3/6															
Dose	Route	Frequency	Start Dt.																		
1tab	PO	OD	02/06																		
Name & Signature of the Doctor Starting the Drugs: Dr. Kury				6AM PM Day Chand																	
Additional Instructions: (1tab-15mg)																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. FLUCONAZOLE				Date Time	2/6																
Dose	Route	Frequency	Start Dt.																		
1tab	PO	OD	02/06																		
Name & Signature of the Doctor Starting the Drugs: Dr. Kury				6pm pm Am																	
Additional Instructions: (1tab-100mg)																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED BY : N
Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
		Neotomic enema	10	PR	(Signature)	
		Neotomic enema	10	PR	(Signature) (Hold)	

VERIFIED BY Signature

I.V. FLUIDS CHART

Weight: 14kg Ward: Pw



Position of I.V. Fluid
 (Concentration ml./hr = Mcg/kg/min. etc)

Route Flow Rate ml/hr Doctor Sign Nurse Sign Date of Stopping Doctor Sign Nurse Sign

		Position of I.V. Fluid (Concentration ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
30/5/26	7pm	DNS	iv	35ml/hr		Moumita	30/5/26		Moumita
30/5/26	7pm	N-Acetylcysteine 7ml + 17ml NS	iv	1ml/hr		Moumita	31/5		Rahul
30/5/26	7pm	3% NaCl	IV	15 ml/hr	Prashant	Moumita	31/5		Rahul
30/5/26	7pm	DNS	IV	20 ml/hr	Prashant	Moumita	31/5		Rahul
31/5/26	6AM	DNS	IV	20 ml/hr	Nalini	Moumita Rahul	31/5		Rahul
31/5/26	6AM	3% NaCl	IV	15ml/hr	Nalini	Moumita Rahul	1/6		Rahul
31/5/26	6AM	N-ACETYLCYSTEINE 7ml + 17ml NS (100mg/kg/day)	IV	1ml/hr	Nalini	Moumita Rahul	1/6		Rahul
31/5/26	6AM	ABP-FLUSH 0.1ml HEPARIN + 50ml NS	Arterial line	1ml/hr	Nalini	Moumita Rahul	1/6		Rahul
31/5	11:30 AM	DNS + 5ml Kcl	IV	20 ml/hr		Moumita Rahul	1/6		Rahul

Signature

VERIFIED BY: Name

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)

LEH-00062881 IP5-00174550
 Baby CHALLA MOUGNYA SREE (F)
 21-01-2022 4 Y 4 M 12 D
 Dr. Prashant Bachina

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

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

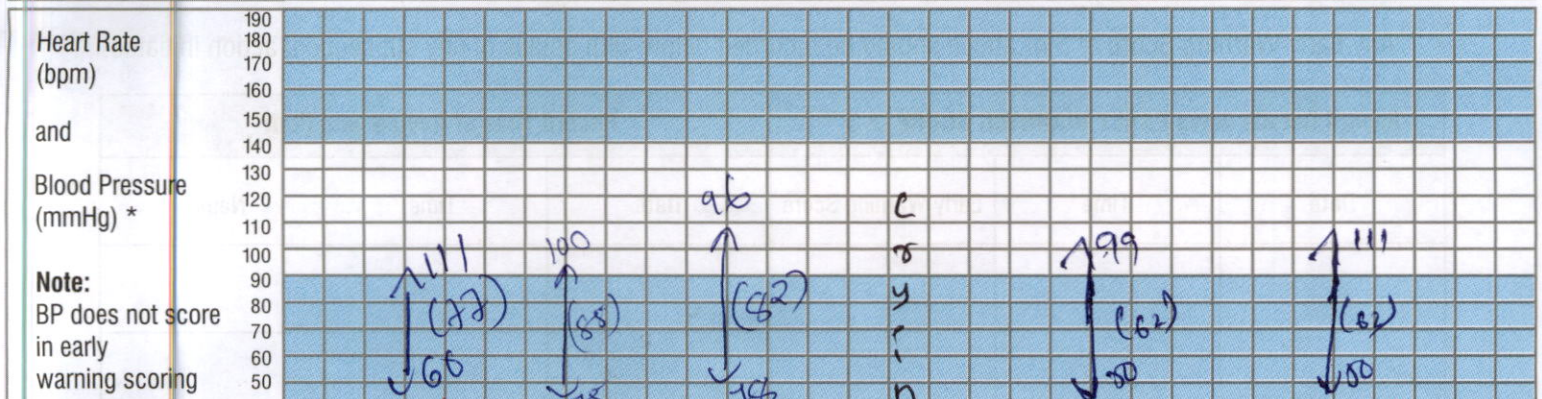
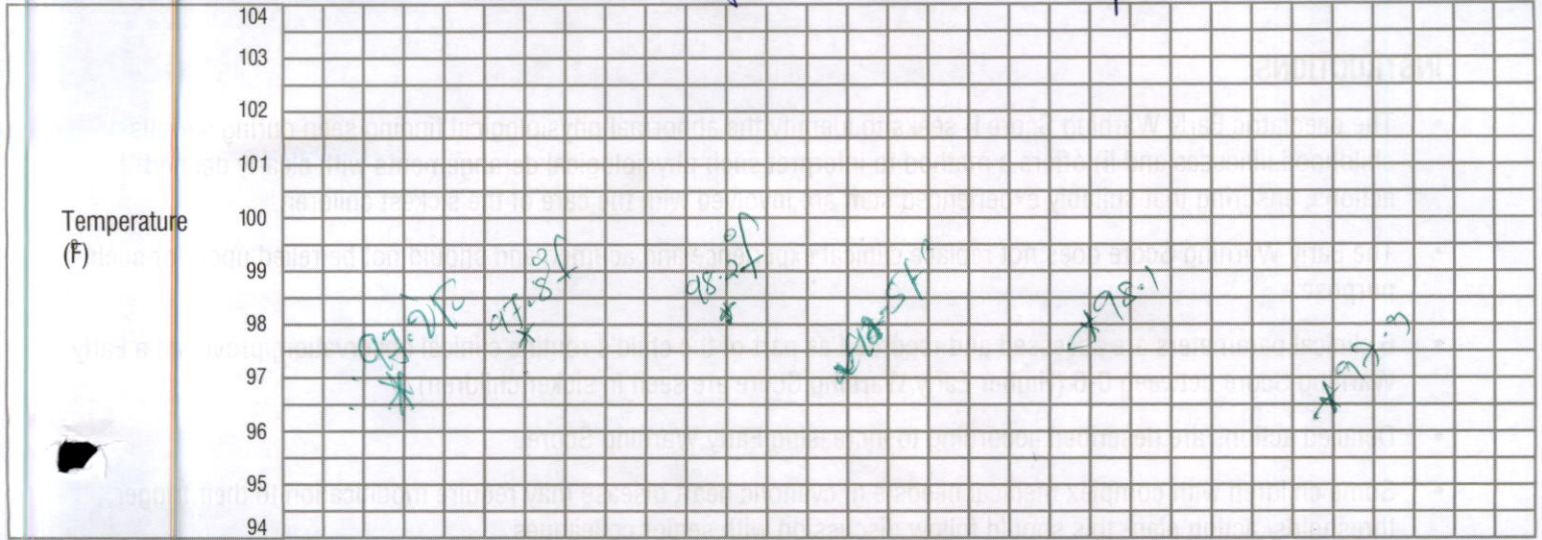
Pratiksha
Rainbow's Children's Hospital
 It takes a lot to treat the little.

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

EARLY WARNING SCORE: CHILDREN'S UNIT

Date : 26/1/22 Time: _____

Doctor / Nurse / Family Concern? 6am 9:30am 1pm 6pm 10pm 2am



Heart Rate (Number) 118bpm 100bpm 102bpm 101bpm 111bpm

Resp. Rate (bpm) (Over 1 Minute) * 98bpm 98bpm 98bpm 99bpm 98bpm

Resp Mod/ Severe Distress None / Mild

Receiving O₂ (l/min) O₂ Saturations (%) 98% 98% 98% 99% 100%

Conscious Level Normal Altered

GCS * 15/15 15/15 15/15 13/15 13/15

TOTAL SCORE
 Number of shaded boxes 1 1 1 0 0
 Pain Score 0 0 0 0 0
 Observer's Initials

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

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

CHILDREN'S OBSERVATION and EARLY WARNING SCORING TOOL

INSTRUCTIONS:

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LBH-00062861 IP5-00174550
 Baby CHALLA MOUGNYA SREE (F)
 21-01-2022 4 Y 4 M 12 D
 Dr. Prashant Bachina



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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm			20ml						0		
	09:00 pm			20ml						0		Drug
	10:00 pm			20ml						0		
	11:00 pm			20ml						0		
	12:00 am			20ml						0		Drug
	01:00 am			20ml						0		
Total Intake :						Total Output :						
	02:00 am			20ml						0		
	03:00 am			20ml						0		Drug
	04:00 am			20ml						0		
	05:00 am			20ml						0		
	06:00 am			20ml						0		Drug
	07:00 am			20ml						0		
Total Intake :						Total Output :						
Total 24 hrs. Intake						Total 24 hrs. Output						

LBH-00062881 IP5-00174550
 Baby CHALLA MOUGNYA SREE (F)
 21-01-2022 4 Y 4 M 12 D
 Dr. Prashant Bachina

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			
02/06/24	08:00 am	NO ORS	Idli			/	/	/	/	/	/	/	/
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
2/6/26	02:00 pm				/	/	/	/	/	/	/	/	/
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
2/6	08:00 pm				/	/	/	/	/	/	/	/	/
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
3/6	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

110



NUTRITIONAL HEALTH ASSESSMENT - GIRLS

Date: 2/6/26 Time: 9 AM

Weight: 14 kgs Centile: 10th

Height: 99 cm Centile: 25th

Inference: underweight child

RDA: - Calories: 1350 kcal/d Protein: 23 g/d

Diet Recommendations: soft diet

Re-Assessment: Avoid spicy, chilled & outside foods

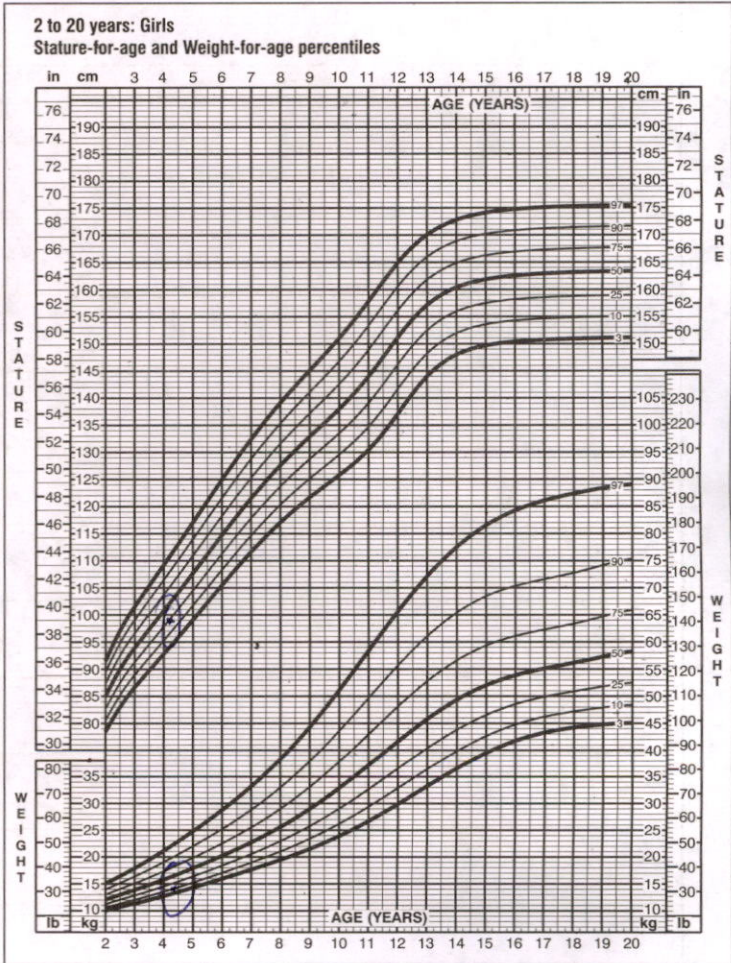
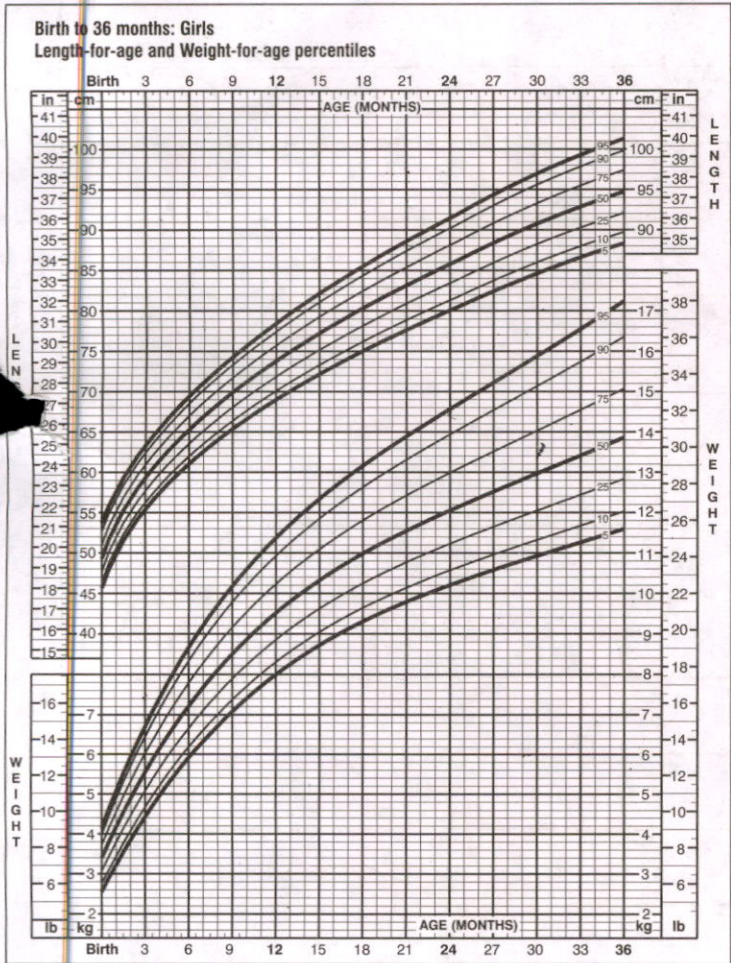
Food Allergies: NO Veg/Non-veg: Non-veg

Diagnosis: ALF & evaluation

Nutritional Intervention - Oral Enteral Parenteral

Patient's Signature: [Signature]

GROWTH CHART (GIRLS)



Dietician's Name: Mounica

Dietician's Signature: Mounica

