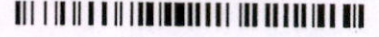


**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174562      Admit Date : 31-May-2026      Admit Time : 10:24 AM      UHID : BAH-00613102

**Patient Details :**

Patient Name : Master MAANVIK BANTARAM      Age : 1 Y 4 M 14 D  
Guardian : Mr PAVAN KUMAR BANTARAM      DOB : 17-01-2025 06:23 AM  
Gender : Male      Religion :  
Occupation :      Martial Status : Single  
Address (H) : PLOT NO -21 H.NO- 1-23-375, BOB COLONY      Phone No : 8096314083/ 9619680305  
BUDEVI NAGAR Lothukunta Hyderabad      E-mail : anusha.d055@gmail.com  
Telangana INDIA 500015

**Admission Details :**

Bed Type : PRIVATE ROOM      Bed No : PVT 320      Ward Name : 3F-ZONE B  
Room No : PVT 320      Admission Type : First Visit

**Contact Details :**

Name : Mr PAVAN KUMAR BANTARAM      Relationship : Father  
Contact Address : PLOT NO -21 H.NO- 1-23-375, BOB COLONY      Phone No : 8096314083 / 9619680305  
BUDEVI NAGAR Lothukunta Hyderabad  
Telangana INDIA 500015

*[Handwritten Signature]*  
Signature

**Doctor Details :**

Doctor Name : Dr. SRUTHI BALLA      Specialisation : PEDIATRIC NEPHROLOGY  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

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

BAH-00613102 IP5-00174562  
Master MAANVIK BANTARAM  
17-01-2026 1 Y 4 M 14 D (M)  
Dr. SRUTHI BALLA



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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### ACTIVITY RECORD FOR BILLING

Name : Maanvik Bantaram

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

Date of Admission : \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

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

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
31/05/26	11:15am	ER	320	

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	DR. Rameya B	01/6/26	9637698	
2				
3				
4				
5				
6				
7				
8				
9				
10				









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

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name:

Master Maanvik Bantaram

UHID ID:

Bah-00613102

Department:

Consultant:

BAH-00613102      IP5-00174562  
Master MAANVIK BANTARAM  
17-01-2025      1 Y 4 M 14 D      (M)  
Dr. SRUTHI BALLA  




### Pediatric Multiorgan History & Physical Examination

Name : Master Maanvik Bantaram Age/Sex \_\_\_\_\_

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

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

c/o Fever :- yesterday  
seizure activity today morning.

#### History of present illness :

As per informant, child apparently well  
then had

1) Fever :- yesterday afternoon  
(30/5/26)

High grade,  
not a/w chills

relieved with medication

2) Seizure activity :- today morning

in form of generalized tonic clonic  
activity, along with suprolling of eye balls

lasting for around 1 min  
no Bowel/Bladder Involvement  
no cyanosis noted.

H/o recent travel to tirupati (24/5/26 - 29/5/26)

k/o Antenatally detected & postnatally confirmed  
Right Hydronephrosis

Latest USG :- 8/5/26 - (R) APD - 10mm

CUF: 2-3 pus cells.

Urineds :- E. coli  $10^4$  CFU/ml.



### Pediatric Multiorgan History & Physical Examination

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

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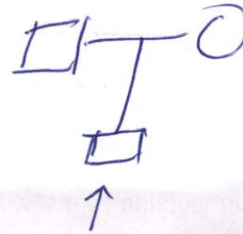
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**Birth & Neonatal History:**

Primi / 38<sup>th</sup> weeks / NVD

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**Birth & Socio Economic History:**

About Father : \_\_\_\_\_  
About Mother : \_\_\_\_\_  
Any additional Information : middle

---

**Developmental History :**

Attained appropriate for age

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---

**Immunization History :**

Immunised till date

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---



### Pediatric Multiorgan History & Physical Examination

#### Anthropometry :

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

Weight (kgs) ) 9.5kg (Centile \_\_\_\_\_)

#### On Examination :

Temperature : 100.5°F Pulse Rate : 36/min B.P. \_\_\_\_\_ SPO2 97.1% RA

Resp. rate and type of breathing : 30/min  
regular

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

Oedema : \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

#### Respiratory System :

Inspection (any s/o distress) : (N)

Air entry & breath sounds : BAR (P)

Any added sounds : \_\_\_\_\_

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

#### Cardiovascular System :

Inspection of precordium : (N)

Heart Sounds : S<sub>1</sub>, S<sub>2</sub> heard.

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

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

#### Per Abdomen :

Inspection (N)

Palpation : Soft, nontender

Auscultation : BS (P)

Spine : (N) External Genitalia : (N)

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



### Pediatric Multiorgan History & Physical Examination

#### Central Nervous System :

Level of Consciousness : AVPU/GCS score : Alert/Active

Cranial Nerves : Intact

#### Motor System:

Nutrition : Good

Tone : (P) Power SL5

Co-ordinator : \_\_\_\_\_

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

Involuntary Movements : Nil

#### Reflexes :

DTR (P) Superficials: \_\_\_\_\_

Plantars \_\_\_\_\_

#### Sensory System :

Bladder / Bowel : Regular

#### Clinical Summary & Diagnostic:

Acute Febrile Illness - 1st episode

Febrile Seizure



### Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: To prevent complications

Desired goals of the treatment : For hemodynamic stability

#### Planned Labs:

CBP	_____
CRP	_____
RP <sub>2</sub>	_____
Blood c/s	_____
CUE	_____
Urine c/s	_____

*MR Jayashri*

#### Planned Management

- 1) IV ceftriaxone
- 2) IV Fluids
- 3) Tab Frisium
- 4) Monitor Vital/Temp.

Signature of the Doctor: *JM*

Name of the Doctor: *Jayashri*

Date & Time: *31/03/26 @ 10:10 AM*

Signature of the Consultant: *Sruthi Balla*

Name of the Consultant: *DR. SRUTHI BALLA*

Date & Time: *31/03/26*

Registration No: *APMIFMR19729*



## **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

BAH-00613102 IPS-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026 7 AM	Seen by Resident: Discussed	Dr. Sahithi with Dr. Senthil B.
	AF 12 febrile seizure (1st episode) labs noted child alert, afebrile hemodynamically stable no further fever spikes and seizure episodes sensorium (D) spontaneously moving 4 limbs	Plan 1. Continue medications as charted. 2. IV fluids @ 1/2 maint 3. Neuro Consultation 4. Continue Frisium
		S Sahithi <del>NS seen</del>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>11/06/2026</del>	CSIB Resident / Dr. <sup>Suheli</sup>	wt: 9.25 kg, U/O - 452 ml (2 hrs)
	D: AFI with Febile seizure (1st episode).	2.33 ccl/kg/hr
	K/K/O - <sup>2</sup> sided Hydronephrosis	<u>Plan</u>
	Fever spikes 3.20pm to 7pm - 102.7 F to 101.4 F	① INJ CEFTRIAXONE
	no new seizure episode K/K/O seizure activity during childhood in father & uncle.	② INJ ESMOPRAZOLE
	oral intake - fair	③ TAB CLOBAZAM.
	U/O - good stool output - good. no rash.	④ GNS PARACETAMOL → <u>stop</u> .
	hemodynamically stable v/tabs	<u>Suheli</u> (Dr. Suheli)
	CVS - S, S <sub>2</sub> ⊕ BP - 87/76	No labs 9/11
	RS - BAE ⊕.	Stop IV PCM
	PIA - soft	Myltal if fever > 101
	ENT - clear	PCM oral SOS
		Tapid spongin if fever > 100.8 → <u>Suheli</u>

Dr. SRUTHI BALLA  
 Registration No: APMC/FMR/79729



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2025 2 pm	S/B Dr. Surtia Case Revised	
		Adv
	Fever spike (+)	
	Child active	- Add syp dextrochlorid (100mg) 5ml - 5ml - 5ml
	Hemodynamically stable	
		- Tapid sponging now.
		- Continue other medications
		- Continue IVF
		- Infuse sos.
		- Oral Paracetamol (sos)
		- Trace urine c/s.

Dr. SRUTHI BALLA  
 Registration No: APMC/FMR/797



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2025	E/D/B Resident	
4:20 PM	D: AFI 2 1st episode	Plan
	of seizures.	① continue
	1 fever spike @ 1:50 pm 100.4 F	<del>antibiotics</del> - Inj CEFTRIAXONE - Syrup LINEZOLID
	no fresh complaint no new seizure activity oral intake fair hemo	② IVF 20ml/hr ③ Rest as charted ④ Inform SOS
	<u>O/E</u> child is alert, active	} fever > 101 F } seizure activity
	vitals stable	
	wmc of - No growth 2 hrs	<del>Trace</del> <del>Wchh</del> <del>wmc of</del> <del>Wchh</del> NB seems

BAH-00613102 IP5-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 16 D (M)  
 Dr. SRUTHI BALLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6	<p>U/B Resident   Dr. Sruithi</p> <p>AS: AFE <math>\bar{c}</math> 1<sup>st</sup> episode of seizure.</p> <p>no fever spikes</p> <p>last episode @ 1:50pm (1/6/25) = et</p> <p>no fresh complaints</p> <p>PE</p> <p>- Child a/c, alert</p> <p>- Rg-BABEN, clear</p> <p>PLA - (N)</p>	<p>Plan</p> <p>- et i.v antibiotics - Ceftriaxone Linezolid</p> <p>- et IVF @ 20ml/hr.</p> <p>- Inform if abnormal activity fever.</p> <p>- monitor vitals</p> <p>Urine c/s</p> <p>NO growth</p> <p>Adv</p> <p>Discharge today</p> <p>Syp Linezolid x 5 days</p> <p>after 5 days restart Sporidex</p> <p>- febrile seizure prophylaxis</p> <p>Reiv after 3 months</p> <p>- maintain hydration</p>
	<p>API <math>\bar{c}</math> simple febrile seizure</p>	<p>N.B</p> <p>N.B S. S. M. (P.T.O)</p>

Dr. SRUTHI BALLA  
 Registration No: APMC/FMR/79729



BAH-00613102 IPS-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA



## RESULT SHEET

Date	31/08/26				
Time	10:53am				
Hb	12.5				
PCV	36.0				
RBC	4.68				
WBC	4620				
N/L	73.6/15.4				
Platelets	231				
CRP	5.0				
ESR					
PCT					
RBS					
Na	139				
K	4.3				
Cl	108				
Ca/Mg					
Phosphate					
Urea	26				
Creatinine	0.4				
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Gels	Bicarbonate	18			
N/L					

Date	31/5					
Time						
CUE - Alb	-					
CUE - Sugar	-					
CUE - Ketones	-					
CUE - PUS Cells	1-3					
CUE - RBC Cells	1-2					
CUE	(N)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : ..... Urine CS - No growth 24 hrs  
 .....  
 .....  
 .....

Radiology :    USG : .....  
                   X-Ray : .....  
                   ECHO : .....  
                   CT : .....  
                   MRI : .....  
                   Others (ECG, Contrast Studies etc.) : .....

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 Master MAANVIK BANTARAM  
 17-01-2026 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA



## 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: ..... ER ..... Shifted to: ..... Ward : (320) .....

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	SPORIDEX DROPS	0.9ml	PO	OD	30/05/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	Tab. CLOBAZAM 5mg	1/2 tab	PO	BD	31/5/26 morning	<input checked="" 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: ..... Jayasri (Jr) .....

Date & Time: ..... 31/05/26 @ 10:00 AM .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time: ..... 31/5/26 2 PM .....

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 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA



# DRUG CHART

Date of Admission: 31/05/26 Drug Allergies:  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

## SOS / PRN (As Required Medication)

<b>DRUG : Syrup PARACETAMOL</b>				Date Time	31/5 1:50 PM
Dose	Route	Frequency	Start Date		
3ml	PO	6th hrs	31/5		
Doctor's Signature		Valid Period	Pharm.		
Jayalaxmi		2 days	per		
Additional Instructions: (5ml/240mg) If T > 100°F					
<b>DRUG : Syrup MEFTAL</b>				Date Time	31/5 7:43 PM
Dose	Route	Frequency	Start Date		
5ml	PO	SOS	31/5		
Doctor's Signature		Valid Period	Pharm.		
Sarithi		48 hrs.	per		
Additional Instructions: max 4x daily temp > 102 5ml/100mg					
<b>DRUG : Inj PARACETAMOL</b>				Date Time	
Dose	Route	Frequency	Start Date		
150mg IV		6h SOS	31/5		
Doctor's Signature		Valid Period	Pharm.		
Ajitha			per		
Additional Instructions: T > 102°F					

Signature

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 9.5kg. Ward. ....

VERIFIED

VERIFIED

VERIFIED

DRUG : Inj CEFTRIAXONE				Date	31/5	1/6														
				Time	10am	11am														
Dose	Route	Frequency	Start Date																	
500mg	IV	12th hly	31/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Jayashri</p> <p><i>[Handwritten notes: 10am, 11am, 12am, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Inj ESOMEPRAZOLE				Date	31/5	1/6	2/6													
				Time	6am	11am														
Dose	Route	Frequency	Start Date																	
10mg	IV	OD	31/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Jayashri</p> <p><i>[Handwritten notes: 6am, 11am, 12am, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Tab- CLOBAZAM				Date	31/5	1/6	2/6													
				Time	6am	11am	2/6													
Dose	Route	Frequency	Start Date																	
	PO	12th hly	31/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Jayashri</p> <p><i>[Handwritten notes: 6am, 11am, 12am, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:				<p>1 tab = 5mg</p> <p>→ Dilute 1/2 tab in 5ml of water and give 5ml.</p>																
Daily Doctor's Endorsement by a Sign																				

DRUG : Inj PARACETAMOL				Date	31/5	1/6														
				Time	7am	11am														
Dose	Route	Frequency	Start Date																	
140mg	IV	TID	31/5																	
Name & Signature of the Doctor Starting the Drugs:				<p>Sarithi</p> <p><i>[Handwritten notes: 7am, 11am, 12am, 1pm, 2pm, 3pm, 4pm, 5pm, 6pm, 7pm, 8pm, 9pm, 10pm, 11pm, 12am]</i></p>																
Additional Instructions:				<p>HOLD</p> <p><i>[Handwritten signature: Sarithi]</i></p>																
Daily Doctor's Endorsement by a Sign																				

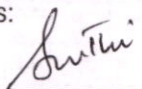
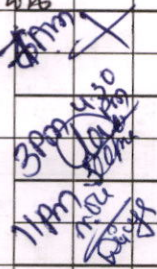




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 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 15 D (M)  
 Dr. SRUTHI BALLA



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG :</b> SYR LINEZOLID				Date Time	16																
Dose	Route	Frequency	Start Dt.																		
5ml	PO	TID	1/6/2024																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					
<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
<b>Daily Doctor's Endorsement by a Sign</b>																					

VERIFIED

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

Patient Sticker



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

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

Signature  
Name

BAH-00613102 IP5-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. BRUTHI BALLA



# EMERGENCY ROOM TRIAGE FORM

Patient's Name : Maanvik Bantaram Age : 2y 4m Gender:  Male  Female  
 Date : 31/5/26 Time of Arrival : 9:30 AM Triage Completion Time : 9:32 AM  
 Allergies:  No  Yes  Food  Medications  Other (Specify): UN  Not known any drug Allergies  
 Source of Information :  Parents  Others (Specify) UN  
 Mode of Arrival :  Ambulatory  Wheelchair  Stretcher  Ambulance

INITIAL PHYSIOLOGICAL CATEGORIZATION		INITIAL PHYSIOLOGICAL STATUS	
Appearance	Work of Breathing	<input type="checkbox"/> Stable	
<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Unstable:	
<input type="checkbox"/> Sick Looking	<input type="checkbox"/> Increased	<input type="checkbox"/> Not - Life - Threatening	
Circulation / Colour	<input type="checkbox"/> Decreased	<input type="checkbox"/> Life - Threatening	
<input type="checkbox"/> Normal	<input type="checkbox"/> Gasping / Apnea		
<input type="checkbox"/> Abnormal			
<input type="checkbox"/> Bleeding			

al Vital Signs: Temp: 100.5 F PR: 136 bpm BP: 95/62 RR: 30 bpm SpO<sub>2</sub>: 97% RA  
 Chief Complaints: Fever x yesterday, 1st episode of seizure yesterday night

Triage Classification	CTAS
<input type="checkbox"/> Level 1: Resuscitation	<input type="checkbox"/> Immediate
<input type="checkbox"/> Level 2: EMERGENT: Life or limb threatening	<input type="checkbox"/> < 15 min
<input type="checkbox"/> Level 3: URGENT: Significant illness / injury with potential to become life or limb threatening	<input checked="" type="checkbox"/> 30 min
<input type="checkbox"/> Level 4: LESS URGENT: Significant illness but not life threatening	<input type="checkbox"/> 60 min
<input type="checkbox"/> Level 5: NON - URGENT: May receive care when convenient	<input type="checkbox"/> 120 min

**NOTE:** All immunocompromised children and preterm babies to be considered Level 2.  
 All Children less than 2 years age with high fever to be considered Level 3.

[Signature]  
 Signature of Parent / Guardian

## Communicable Disease Triage Screening

**PART A. The following questions should be asked to all patients at the initial screening:**

- Have you had fever (elevated temperature) in the past 2 weeks?  Yes  No
- Have you had cough or a rash in the past 2 weeks?  Yes  No
- Have you had shortness of breath or difficulty breathing in the past 2 weeks?  Yes  No

**PART B. For patients reporting fever and respiratory/rash symptoms:**  Not applicable

- Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks?  Yes  No  
 If yes, State Location: .....
- Are your parents / close contacts at home healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?  Yes  No

**PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:**

- Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough
- Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

**PART D. ACTION / INTERVENTION:** (for positive suspected communicable disease triage screening)

- Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.
- The patient should be given a surgical mask immediately, if not already wearing one.
- Both patient and triage staff should perform hand hygiene.
- The staff should use PPE (as appropriate).

Name of Triage Nurse : Ramadevi

Signature of Triage Nurse : Ramadevi

Date & Time : 31/5/26 @ 9:32 AM

## 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



## NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date: 21/01/25 Time of arrival: 9:33 AM  
 Chief Complaints: do fever x yesterday and 2 episodes of seizures activity RBS: NA  
 Height: NA Weight: 9.5 kg BMI: NA Head Circumference (<2 years): NA  
 Allergies:  Yes  No  Medications  Blood Transfusion  Food  Other: NA  
 If yes, identify: NA  
 Pain Screening:  Yes  No If Yes, Pain Score: 2/10 Pain Tool Used:  N Pass  FLACC  Wong Baker  
 Character: NA  Location: NA  Frequency: NA  Duration: NA

<p><b>RISK FOR FALL:</b></p> <p><input type="checkbox"/> If patient is &lt; 6 years tick below fall risk intervention directly</p> <p><input checked="" type="checkbox"/> If Patient is &gt; 6 years Assess the below parameters</p> <p>History of Falling: within past 3 months <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Ambulatory Aids:</b></p> <ul style="list-style-type: none"> <li>Wheelchair <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Uses furniture for support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Gait/Transferring:</b></p> <ul style="list-style-type: none"> <li>Bedrest / immobile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Weak <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> <li>Impaired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</li> </ul> <p><b>Mental Status:</b> Forgets limitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>IF YES FOR ANY CATEGORY = RISK FOR FALLING</b></p> <p><b>Fall Risk Intervention:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Escort while ambulating</li> <li><input checked="" type="checkbox"/> Assist Patient</li> <li><input checked="" type="checkbox"/> Educate patient and family on fall precautions/prevention</li> </ul>	<p><b>Functional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mobility Problem</li> <li><input type="checkbox"/> Walking Problem</li> <li><input type="checkbox"/> Developmental Delay</li> <li><input type="checkbox"/> Musculoskeletal Congenital Abnormality</li> </ul> <p><b>Inform consultant for positive criteria</b></p> <p>.....</p> <p>.....</p> <p><b>Nutritional Screening:</b> <input checked="" type="checkbox"/> No Abnormalities Detected</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Underweight</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Feeding Problem</li> <li><input type="checkbox"/> Special diet</li> <li><input type="checkbox"/> Special feeding method</li> </ul> <p><b>Inform consultant for positive criteria</b></p>
---	---

**Psychological Screening:**  No Significant Findings  
 Unusual concerns about patient's Psychological Status:  Yes  No  
 If Yes Consultant Notified: NA (Date/Time): NA  
 Social History: Lives With parents  
 Siblings in household  Yes  No (if yes How Many?) NA  
 Cultural & Spiritual Needs:  Yes  No if Yes specify NA Inform consultant for positive criteria.  
 Time of Initial assessment completed by ER Nurse: 9:34 AM

**Nursing Notes (Including Labs / Medications / Other Care):**

Time	Nursing Notes
6:30 AM	Syp - crain DS given at home.
	→ Assen care patient general condition.
	→ mounted the vitals & recorded
	→ no placements done
	→ samples collected and send to lab
	→ patient shifted to Roomy - 320

Samples collected by: MR. Idris

Time: 10:20

Samples sent by: MR. Idris

Time: 10:20

**Medication given in ER:**

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
3/5 9:45 AM	Syrup IBUGESTIC	PO	5ml	Fayok	[Signature]

Condition of patient at time of shift - out :	Details of Shift - out
HR: <u>105/4</u> BP: <u>95/60</u> CFT: <u>2.2</u>	Shift - out from ER to: <u>320</u>
RR: <u>26/4</u> SPO <sub>2</sub> : <u>99%</u>	Time of Shift - out: <u>11:10 AM</u>
GCS: <u>15/15</u> Temperature: <u>38.1 F</u>	Handover given to: <u>Fauzan</u>
Pain Score: <u>0/10</u>	(Nurse's Name)
Repeat RBS (if applicable): <u>NA</u>	

Tick as applicable:  MLC  LAMA  BROUGHT DEAD

Procedures done with details (if any):

→ No placements → (P) hand 22-4

Name of the Nurse: [Signature]

Signature of the Nurse: [Signature]

Date & Time: 3/5/2024 11:10 AM



# CROSS CONSULTATION FORM

Doctor Name : Dr. Ranjya B Date : 1/6/25 Time : 10 AM

Diagnosis : .....

Hospital : .....

**Type of Referral :**  
 Emergency  
 Urgent  
 Non Urgent

Referred for :  Opinion  Co-Management  Transfer of care

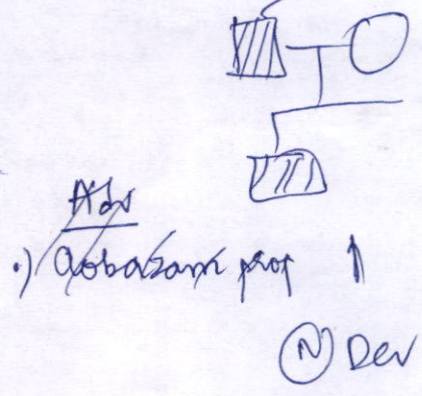
**Reason for Referral :** If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

**Findings and Recommendations :**

*History quoted. Dyson/male.*  
*fever triggered seizure.*  
 - H/o Developmentally @ child  
 - H/o 1 episode of febrile seizure in father in child hood; father feb 52

O/E HC - 45cm  
 EOM full  
 gait @



**Consultant :**

Name : ..... Signature : [Signature] Date & Time : .....

Simple febrile ST

(N) SW

Adv

(1) Tab COBAZAM 5mg

$\frac{1}{2}$  ~~x~~  $\frac{1}{2}$  x 2 days during fever

(2) Start Iron

(3) MIDACIP nasal spray (1.25mg/puff)  
(puff) in any nostril for ST  $\rightarrow$  5 min

BSM

# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



BAH-00613102 IP5-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA



*Telegu*

Patient / Learner Literacy:  Read  Write  Speak      Willingness to Learn:  Yes  No      Healthcare Literacy:  Yes  No

- |                            |  |  |
|----------------------------|--|--|
| 1. Diagnosis               | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet  |
| 2. Treatment and Care Plan | 6. Discharge Medication  | 10. Fall Risk Education  |
| 3. Pain Management         | 7. Infection Control Measures  | 11. Safe use of Medical Equipment / Implantable Devices Safety |
| 4. Informed Consent        | 8. Diagnostic Test / Procedures                                      | 12. Patient's / Family Rights                                  |
|                            |  | 13. Risk / Safety  |
|                            |  | 14. Activity / Exercise  |
|                            |  | 15. Social & Rehabilitation Needs                              |
|                            |  | 16. Special Discharge / Follow-up Education / Coping Skills    |
|                            |  | 17. Others .....   |

### Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
3/15	10 AM	7	Infection Control means	M	1	0	1	1	NA	Ablisla
3/15/26	12 pm	9	soft diet	M/F	1	0	1	1		Rain

### Part - III: CODES

**Who was taught:** PT: Patient      F: Father      M: Mother      S: Spouse      Sn: Son      D: Daughter      C: Caregiver      O: Other (Specify) .....

**Learning Barriers:**

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify) .....
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

**Teaching Tools Used:** A: Audio      D: Demonstration      V: Video      O: Oral      P: Printed

**Mechanism/s to overcome barrier/s:**

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify .....
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

**Understanding:** 1. Verbalizes Understanding      2. Demonstrates Understanding      3. Needs Review

Patient Sticker

BAH-00813102 IP5-00174562  
 Master MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA



Diagnos

# MULTI-DISCIPLINARY PLAN OF CARE FORM



Date Time	Discipline		Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
31/5 10:30am	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Fever seizure activity	For Hemodynamic stability	IVF medication	Jayash	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
31/5 11AM	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	→ fever → seizure activity	→ hemodynamic stability	→ IVF → medication	Arjun	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
31/5/26 12pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: Dr. Srikar	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Sp. E febrile seizures	Sp. dice	RFA E-1200cauld for 20gm/d	Leish	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

BAH-00613102 IP5-00174562  
 Maklar MAANVIK BANTARAM  
 17-01-2025 1 Y 4 M 14 D (M)  
 Dr. SRUTHI BALLA

U. : RCH/ FRM / CLINICAL / 125

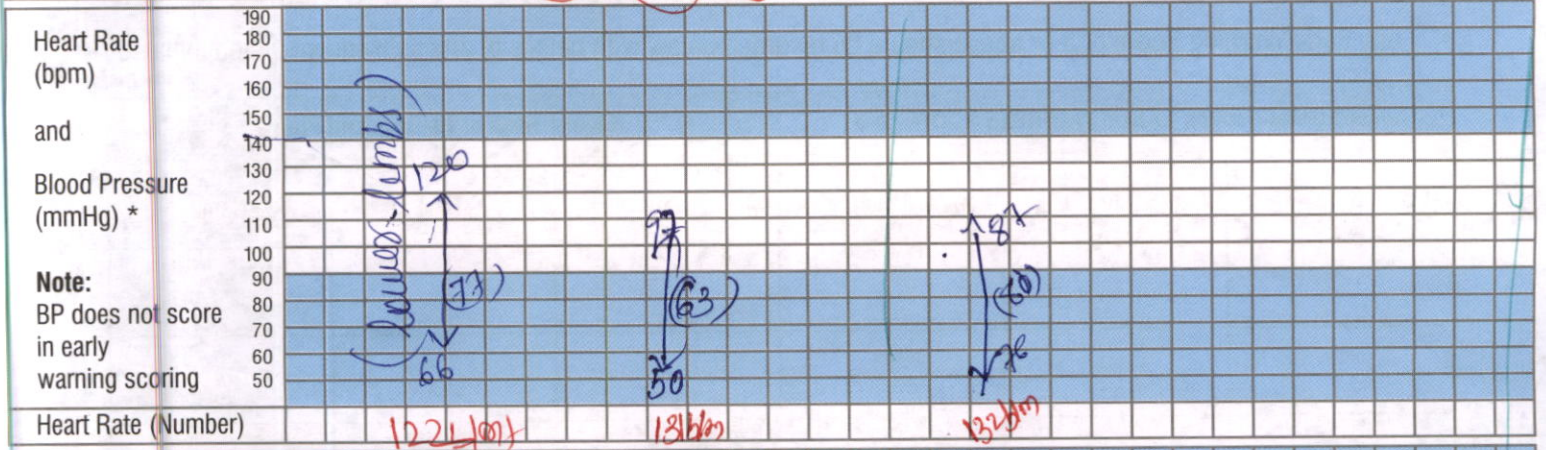
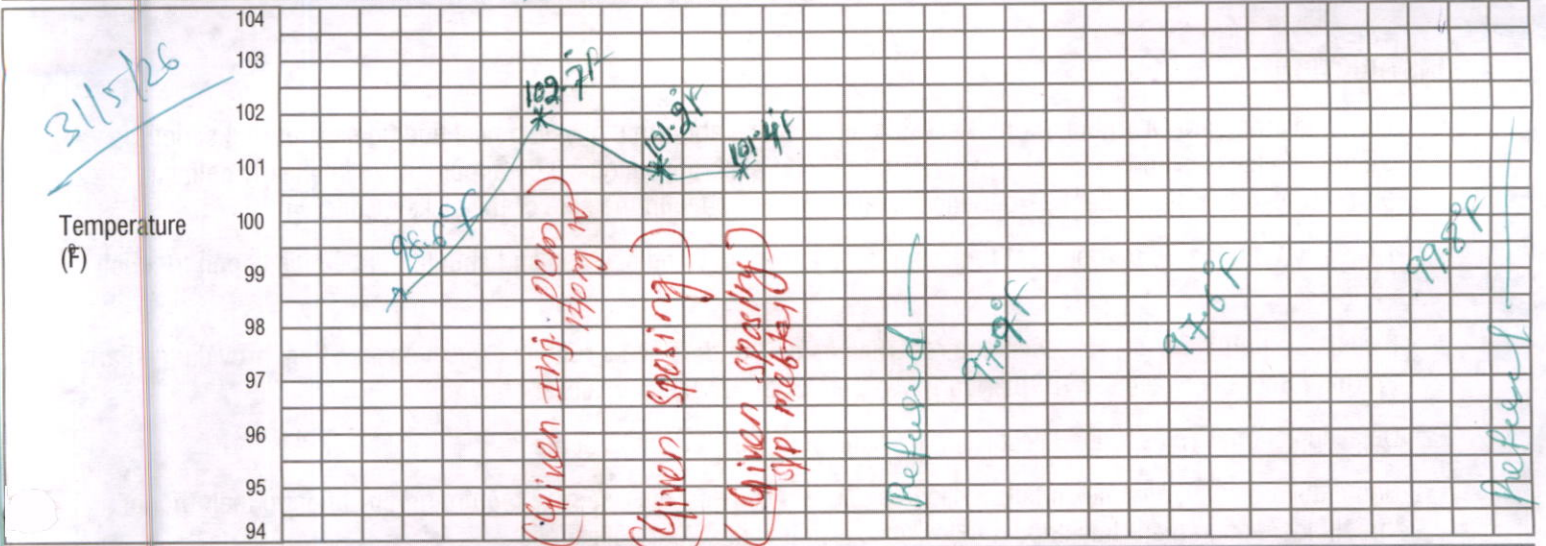
**PRESCHOOL (1-5 years)**  
**Children's Observation & Early Warning Scoring Chart**



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

Date : ..... Time: 19:30 20:30 21:00 21:30 22:00 22:30 23:00 23:30

Doctor / Nurse / Family Concern? .....



Resp. Rate (bpm) over 1 Minute \*

Resp Rate (Number)

30 bpm, 40 bpm, 30 bpm

Resp Distress | Mod/ Severe | None / Mild

Receiving O<sub>2</sub> (l/min) | O<sub>2</sub> Saturations (%)

98%, 99%, 100%

Conscious Level | Normal | Altered

GCS \*

14/15, 14/15, 15/15

**TOTAL SCORE**

Number of shaded boxes: 0, 0, 0

Pain Score: 0, 0, 0

Observer's Initials: SR, SR, SR

**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:

- 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 : 11/01/25	Time: 11am	1:30 PM	3PM	3:30 PM	6PM	8AM	6PM	
Doctor / Nurse / Family Concern?								
Temperature (F)	104							
	103							
	102							
	101							
	100							
	99							
	98	98.6F	100.4F (Crown as per)	98.5F	97.9F	97.9F	97.8F	
	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								
Heart Rate (Number)		100bpm		Refused		110bpm		
Resp. Rate (bpm) over 1 Minute *	70							
	60							
	50							
	40							
	30							
	20							
	10							
	Resp Rate (Number)		24bpm				26bpm	
	Resp Distress	Mod/ Severe						
		None / Mild						
Receiving O <sub>2</sub> (l/min)								
O <sub>2</sub> Saturations (%)						99.		
Conscious Level	Normal							
	Altered							
GCS *		15/15				15/15		
<b>TOTAL SCORE</b>								
Number of shaded boxes		0				0		
Pain Score		0				0		
Observer's Initials		SR				SR		

**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.

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

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

# 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.

*31/5/26*

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	H <sub>2</sub> O									0		} South drain
	01:00 pm										0		
<b>Total Intake :</b>						<b>Total Output :</b> m-0 u-1							
	02:00 pm										0		} sum
	03:00 pm	H <sub>2</sub> O								152ml	0		
	04:00 pm										0		
	05:00 pm	H <sub>2</sub> O									0		
	06:00 pm										0		
	07:00 pm	H <sub>2</sub> O									0		
<b>Total Intake :</b>						<b>Total Output :</b> m-0 u-152ml							
	08:00 pm										0		} Delay
	09:00 pm	food									0		
	10:00 pm										0		
	11:00 pm	food									0		
	12:00 am										0		
	01:00 am	H <sub>2</sub> O									0		
<b>Total Intake :</b>						<b>Total Output :</b> m-1 u-passed							
	02:00 am										0		} Delay
	03:00 am	H <sub>2</sub> O									0		
	04:00 am	No IVF									0		
	05:00 am										0		
	06:00 am										0		
	07:00 am										0		
<b>Total Intake :</b>						<b>Total Output :</b> m-0 u-passed							
<b>Total 24 hrs. Intake</b>													
<b>Total 24 hrs. Output</b>		m-1 u-452ml											

# FLUID CHART



Sheet No. : .....

1/6/26

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6	08:00 am										0	Seema
	09:00 am					✓			✓	0		
	10:00 am	MND	H2O							0		
	11:00 am	DNS							✓	0		
	12:00 pm					✓				0		
	01:00 pm										0	
<b>Total Intake :</b>						<b>Total Output : M-20 U-2</b>						
	02:00 pm										0	Seema
	03:00 pm	H2O							✓	0		
	04:00 pm									0		
	05:00 pm	H2O								0		
	06:00 pm					✓			✓	0		
	07:00 pm	H2O		Refused						0		
<b>Total Intake :</b>						<b>Total Output : M-1 U-2</b>						
	08:00 pm										0	Priya
	09:00 pm		H2O						✓	0		
	10:00 pm	DNS		20ml		✓				0		
	11:00 pm		H2O	20ml					✓	0		
	12:00 am			20ml						0		
	01:00 am									0		
<b>Total Intake :</b>						<b>Total Output : M-1 U-2</b>						
	02:00 am										0	Priya
	03:00 am								✓	0		
	04:00 am						Refused			0		
	05:00 am						Refused		✓	0		
	06:00 am									0		
	07:00 am	DNS		20ml						0		
<b>Total Intake :</b>						<b>Total Output : M-0 U-2</b>						
<b>Total 24 hrs. Intake</b>			60ml			<b>Total 24 hrs. Output</b>			M-4 U-8			



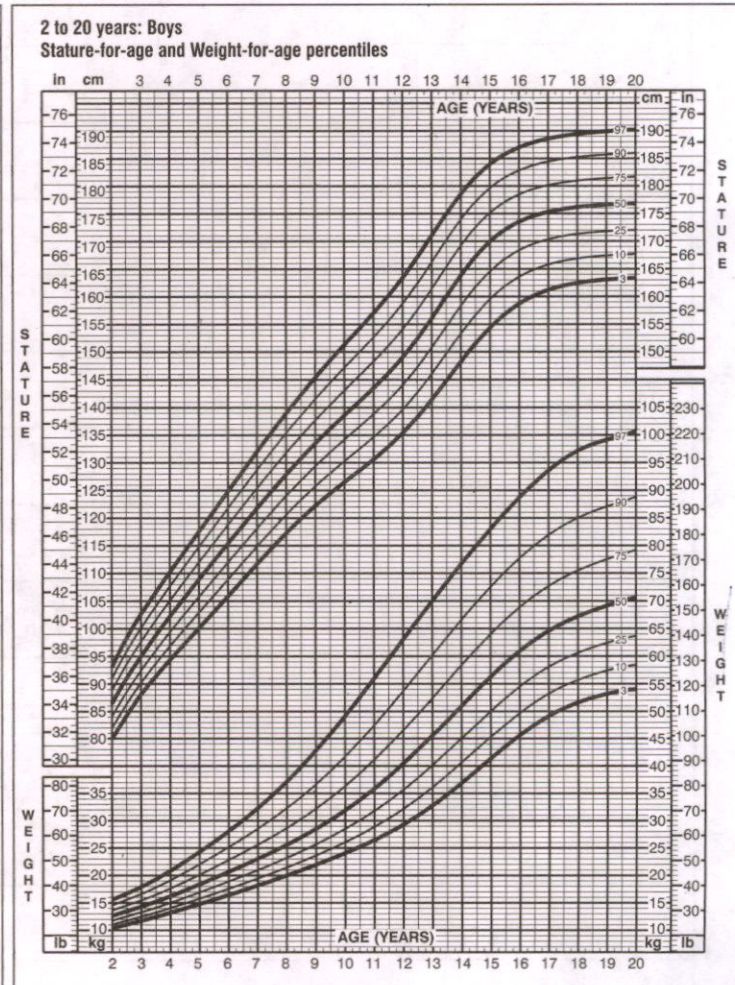
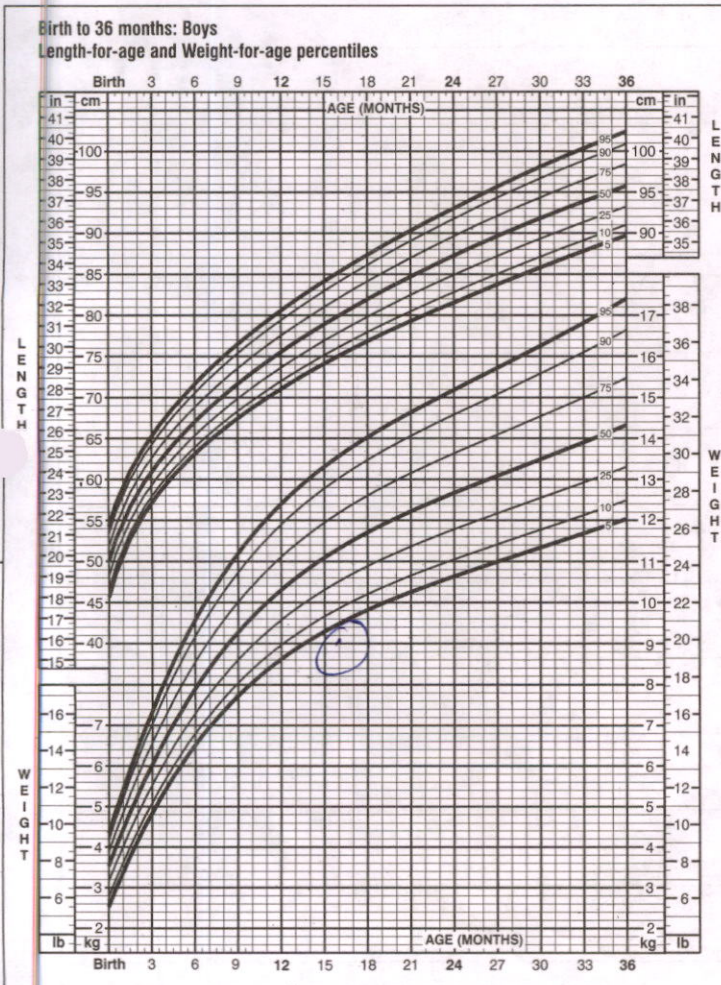
320

# NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 31/5/26 Time: 12:30pm

Weight: 9.5kg Centile: <5th  
 Height: 50cm Centile: <5th  
 Inference: underweight child  
 RDA: ..... Calories: 1200kcal/d Protein: 20g/d  
 Diet Recommendations: soft diet  
 Re-Assessment: avoid spic, chilled & outside foods  
 Food Allergies: NO Veg/Non-veg veg  
 Diagnosis: 1st episode of febrile seizure  
 Nutritional Intervention -  Oral  Enteral  Parenteral  
 Patient's Signature: D. Anika

## GROWTH CHART (BOYS)



Dietician's Name: Saina

Dietician's Signature: Saina

