1:30 - 2pm

Bio

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ACTIVITY RECORD FOR BILLING

Name :_____

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D (M)
Dr. SHAIKH FARHAN A RASHID

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

Date of Admission: _____ scharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/7/26	01:30pm	PICU	108	
~~20/07/26~~				

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Ramya B.	19/7	9711340	
2				
3				
4				
5		D/C		
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
19/7/26	CBP, RP2, PCT		
	Calcium, Magnesium	26072305	Rani
	Blood cls		
	CUE, urine cls	26072306	Rani
	RBS	26072317	
19/7	USG Abdomen →	35987	
20/7/26	CBP, RBS	26072587	Rani
20/7	EEG	036113	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
19/7/26	INV. Monitor			9710589	
	INF. pump	1:30 am	12pm	9710589	Rani
	Oxygen		8am	9710589	
20/7/26	INV. Monitor			9710589	Rani
			D/C		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
19/7/26	IV placement	(1)	9710591	Arun
20/7/26	NHA	(1)	9713637	Yeelu

ANY OTHER INFORMATION

USG - (1)

EEG - (1)

Date : 21/7/26 Time : 12:30PM Prepared By : Aruna

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Aruna	GVP		

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

ADMISSION SHEET

Registration Details :

Admission No : IP5-00176596 **Admit Date** : 19-Jul-2026 **Admit Time** : 01:57 AM **UHID** : FDH-00035835

Patient Details :

Patient Name	: Master ABDUL MUQTADIR	**Age**	: 0 Y 11 M 19 D
Guardian	: Mr ABDUL AFROZ	**DOB**	: 31-07-2025 06:30 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	: Single
Address (H)	: #G-5 SAI RAKSHITHA RESIDENCY NARSINGI HEIGHTS Narsingi Hyderabad Telangana INDIA 500075	**Phone No**	: 9000780799/ 9959540654
		E-mail	: nomailis@gmail.com

Admission Details :

Bed Type : PICU **Bed No** : PICU 221 **Ward Name** : 2F-PICU II

Room No : PICU 221 **Admission Type** : First Visit

Contact Details :

Name : Mr ABDUL AFROZ **Relationship** : Father

Contact Address : #G-5 SAI RAKSHITHA RESIDENCY NARSINGI HEIGHTS Narsingi Hyderabad Telangana INDIA 500075 **Phone No** : 9000780799 / 9959540654

Signature

Doctor Details :

Doctor Name : Dr. SHAIKH FARHAN A RASHID **Specialisation** : PEDIATRIC INTENSIVE CARE

Referral Doctor : SELF **Phone No** :

Co-Consultant : Dr. KAPIL BHAGWATRAO SACHANE

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

Abdul Mustadir
RCH-00035835

Patient Sticker
Dr. Shiela Farhana A Rashid

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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	8			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
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	Anaestesia notes (Pre Anaesthesia& post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record				
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	1			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	2			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)	3			
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list	1			
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart				
42	Rch ED doctors note				
43	BP Monitoring chart				
44	RBS monitoring chart				
	Other: -	10			
	Total No. of Pages	42			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date : 21/7/26

(P.T.O)

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

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D (M)
Dr. SHAIKH FARHAN A RASHID

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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, hemofilteration 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 ionotropic support. Arrhythmia or risk of sudden arrhythmia.
- ☐ Signs of peripheral poor perfusion or suspicion of any type of shock.
- ☐ Capillary recall 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: Dr. Name of the Doctor: Dr JY071 Date & Time: 10/7/25

Patient Sticker

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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: .....

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D (M)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 1:30 Am	C/S/B PICU fellow	Plan
	fever x 1 day	1.) To start inj ceftriaxone, inj levetiracetam
	c̄ Ab normal body movement (lasting for around 20 mins)	2.) Send CBP, RP_2, Ca/Mg^{2+}, Urine R/M, Urine C/S, Blood C/S
	↓ went to local hospital (Given Midaz spray)	
	↓ seizure aborted	
	↓ then taken to Ankura hospital	3.) Neurology consultation
	↓ patient had episode of Sz in ER.	4.) w/f any sensorium worsening ↓ if there plan for CT scan Brain
	↓ so loaded c̄ levetiracetam (20 mg/kg)	
	↓ in continuation Sz actively inj Phenytoin 20 mg/kg.	5.) USG Abdomen - Tomorrow morning
	↓ After that patient had 1 more Sz — 10 mg/kg (Mini load) of Phenytoin given	
		Trotti
	On receiving in PICU.	
	HR - 111/min	
	SpO_2 - 100% on 2 L/min	
	RR - 16/min	
	BP - 100/64 mmHg.	
	GCS - pupil - 2mm equal Reacting to light	
	$E_2 V_2 M_4$	
	Resp - B/L AE (+) chest clear	
	P/A mild distension	
	Past H/O significant - Had Reflux & on UTI H/T since 3 months	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/o B Neuroteam	
19/2/26 2am	~~GTCS~~ + AFI → febrile status	
	focal nonmotor	epilepticus
	impaired conscious	
	O/E	
	$E_2 V_2 M_5$	plan
	B/L pupils sum RTL	
	Doll's eye (+)	(1) continue levipil
	cough (+)	maintenance
	Localizing pain	
	crying loud to pain	(2) If drop in GCS /
	tone ↓ | ↓	focal deficits
	↓ ↓	↓
	(post midaz)	CT brain (SOS)
	Good antigravity movements	
		(3) EEG T/m
	No meningeal signs.	
		(4) B/up
		inj. Valproate
		Dr. Harsh
		N.B R01

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00035835 IP5-00176596
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/25 2.20pm	counseling Notes	counseling Room-2 Dr Manisha Dr. Jyoti
	patient attendees have been counselled about the current condition of the patient.	
	i.e	
1.)	Along with fever, patient can have for seizure for brief duration but having seizure for long duration is the concern.	
2.)	If there is any focal deficit or if its Generalised, then will do CT for Brain	
3.)	If the patient had seizure for this long, patient can have seizure again.	
4.)	If seizure will reoccur then we will start another Medications	
5.)	we are running same test to identify the cause of fever & seizure.	
		Dr. H'
	Summaiya Tanveer. (Mother) Abdul Hadi (Father)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Docu. No. : RCHBH /FRM / CLINICAL / 088

FDH-00035835 IP5-00176596
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31-07-2025 0 Y 11 M 19 D (M)
Dr. SHAIKH FARHAN A RASHID

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/07/26 Day of Admission : 1st (D1) Today's Date & Time : 19/7/26

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

OVERVIEW

Diagnosis : febrile status epilepticus

Current Issues : fever spikes

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

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
B/L AE (+) crepts

CXR : .....

SPO_2 : 99-100% on Room Air O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

Ventilatory Settings : Leak around ETT : – Delivered Vt : –

ABG : ..... $EtCO_2$: ..... P/F ratio : ..... O.I. : .....

Chest Physiotherapy Plan : NIL Suctioning Needs : NIL

Any Nebs : ..... **ICD ?** ☐ Yes ☑ No, if Yes, details : .....

Plan of care : .....

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : S1 S2 (+) NO Murmurs

Quality of Pulses : Good cap refill Time : <3sec Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : ..... IBP : ..... CVP : .....

Infusion of : ☐ Dopamine – mcg / kg / min - ☐ Dobutamine – mcg / kg / min

☐ Epinephrine – mcg / kg / min - ☐ Nor Epinephrine ..... mcg / kg / min

☐ Milrinone – mcg / kg / min

Any Other Infusions : .....

Last 2D Echo Findings : .....

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☐ Yes ☑ No Place of art, line & its condition : .....

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : .....

Day of arterial line : – Day of Central line : –

Plan of Care : .....

CNS

Neuro Exam : E4V5M6

Pupils : 2mm equal, Reacy to light **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : – Types of Paralysis : –

Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....

Plan of Care : W/f seizure, Altered sensorium

Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☑ NPO ☐ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ GT Feeds

I / O / Balance : ..... / (+/-) ..... Input : ..... ml/k/d UO : ..... ml/kg/hr Stools : Loose

NG output : ..... PO intake : .....

Feed Formula : ..... Feed Schedule : .....

IV Fluids - Type of IVF : NS @ 25 ml / hr (..... times maintenance)

TPN : ☐ Yes ☑ No - If yes, details : .....

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

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

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

Latest LFT : .....

Abd Exam : Soft, Non distended

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : INJ CEFTRIAXONE-D,

Describe c/s Reports : Blood c/s (19/07/26)

Other Labs (Latex, Serology, etc) : Urine c/s (19/7/26)

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : 0.2 Bld. Urea : 19 Other Relevant Labs : .....

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

Diuretics : ☐ Yes ☑ No - If yes, details : .....

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

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : 11.9 / 99.60 / 80/1.0 / 3,88,000

Any Coagulopathy : .....

Relevant Transfusion History : -NO-

Plan of Care : .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☑ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☑ NA

CA - UTI Bundle Used ? : ☐ Yes ☐ No ☑ NA

Patient Managed as per Relevant Protocols : ☑ Yes ☐ No ☐ NA

If yes, then details : .....

dd

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Blood c/s, Urine Complete examination, Urine c/s.

Pending Consultations : ☐ Yes ☑ No

If yes, then details : .....

.....

FINAL COMMENTS

1.) Plan to EEG.

2.) Trace Urine c/s, Blood c/s, CUE.

Doctor's Name (Handover given) : Jyoti

Signature : DUTY071

Date & Time : 19/7/26 8:00 Am

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : 19/7/26 8 AM

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 12 pm	c/c/B Dr. Sandeep.	
	Ass - Febrile status epilepticus.	
	Issues -	plan
	· Fever spikes (+) -101.2°F.	1. Cont. Ab's ceftriaxone.
	· Irritability.	2. USG Abdomen & KUB.
	No further seizures	3. Trace CUE, Urine c/s, Blood c/s
	On room air.	4. Stop iv fluids.
	vitals - T - 101.2°F	
	HR - 131/min.	
	SpO_2 - 98% @ RA.	
	RR - 30/min.	
	O/E -	
	RS - BAE (+), chest clear	
	CVS - S_1S_2 (+)	
	PA - soft; no distension	
	pupils - 2mm, equal, reactive to light	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7	USG Abdomen	
	Liver / (N)	
	Spleen /	
	GB - P/D. Pancreas - (N).	
	RK - 77 X 34 mm	
	LK - 75 X 33 mm	
	Duplex moiety in both kidneys with mild dilatation of lower moiety calyces bilaterally	
	AP dia of renal pelvis on rt 7-5 mm	
	lt 8·4 mm	
	UB - Distended well, (N)	
	Both ureters not dilated.	

Docu. No. : RCHBH /FRM / CLINICAL / 088

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D (M)
Dr. SHAIKH FARHAN A RASHID

Bed (10)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/2025 12:40pm	Counselling Note Room 2 Dr Sandeep	
	Parents have been counselled that child had high grade fever because of which child had seizures. Child's condition is looking like febrile seizure. We have sent tests to look for cause of fever. We will do EEG for moment. Once fever subsides we can plan further	
	Dr. [signature]	

FDH-00035835 IP5-00116596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D
Dr. SHAIKH FARHAN A RASHID

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/7/26 4pm	4s/B Dr. Sandeep	Plan
	As:- atypical febrile seizures /	1) w/f fever spikes
	R/L hydronephrosis c	2) w/f seizures
	[redacted]	3) Back up for seizures + Inj. lacosamide
	R/L duplex moiety.	4) EEG to do
	on room air	5) Trace urine dc, blood cs
	Hemodynamically stable	6) allow orally on demand.
	other systemic exam^n (N)	7) keep ambu-mask bedside
	fever spikes (+)	noted by [redacted]
		Dr. [redacted]

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DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission : 19/7/26 Day of Admission : D2 Today's Date & Time : 20/7/26 8 am

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

OVERVIEW

Diagnosis : Atypical Febrile seizures c B/L HDN c B/L duplex moeity

Current Issues : Fever spikes (3) — max 101.2°F

VITAL SIGNS Today's Wt. (kg) : 9.5 kg Temp.: 98.6°F Blood sugar issues : 100 mg/dl

RESPIRATORY SYSTEM

Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) :
B/L AE ⊕ clear

CXR : .....

SPO_2 : 99 % on RA O_2 by NC / FM / NRB mask / Oxyhood, at ..... L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : ..... **Nitric Oxide :** ☐ Yes ☑ No - If Yes, details : .....

Ventilatory Settings : Leak around ETT : — Delivered Vt : .....

ABG : — $EtCO_2$: — P/F ratio : — O.I. : —

Chest Physiotherapy Plan : — Nil — Suctioning Needs : —

Any Nebs : — **ICD ?** ☐ Yes ☑ No, if Yes, details : .....

Plan of care : —

CARDIO VASCULAR SYSTEM

Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : HR :- 129/min.

Quality of Pulses : Good cap refill Time : <3 sec Liver Edge : ..... cm below Rt costal margin

Blood Pressures : NIBP : 103/69 mmHg IBP : ..... CVP : .....

Infusion of : ☐ Dopamine — mcg / kg / min - ☐ Dobutamine — mcg / kg / min

☐ Epinephrine — mcg / kg / min - ☐ Nor Epinephrine — mcg / kg / min

☐ Milrinone — mcg / kg / min

Any Other Infusions : —

Last 2D Echo Findings : .....

Size of the heart and lung fields in latest CXR : .....

Arterial line in situ : ☐ Yes ☑ No Place of art. line & its condition : .....

Central line in situ : ☐ Yes ☑ No Place of central line & its condition : .....

Day of arterial line : ..... Day of Central line : .....

Plan of Care : .....

CNS

Neuro Exam : 15/15

Pupils : 2mm B/L equal reactive **Sedation Used ?** ☐ Yes ☑ No **Any paralysis ?** ☐ Yes ☑ No

Types of Sedation : — Types of Paralysis : —

Relevant CT Scan, MRI EEG, Neurosonogram etc. : .....

Plan of Care : .....

Ramsay Sedation Score : .....

FLUIDS STATUS NUTRITION AND G.I

☐ NPO ☑ PO feeds ☐ NG Feeds ☐ NJ Feeds ☐ 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 : ..... @ ..... ml / hr (..... times maintenance)

TPN : ☐ Yes ☐ No - If yes, details : .....

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

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

Labs : Na 135 K 4.4 Cl 104 Ca 9.6 Mg 2.0 P ..... HCO3 ..... Sr. Amylase : ..... Sr. Lipase : .....

Latest LFT : .....

Abd Exam : .....

Any organomegaly ? ☐ Yes ☑ No - If yes, describe : .....

Plan (G.I. & Liver) : .....

.....

.....

INFECTION

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

Cultures Sent ? ☑ Yes ☐ No - If yes, details : .....

Describe c/s Reports : ..... On Inj Ceftriaxone (D2)

Other Labs (Latex, Serology, etc) : .....

Ongoing Antibiotics : .....

.....

NEPHROLOGY ISSUES

Sr. Creat : 0.2 Bld. Urea : 19 Other Relevant Labs : .....

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

Diuretics : ☐ Yes ☑ No - If yes, details : .....

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

Ralevant Radiology (USC, MCUG radioisotope scan etc) : .....

Plan of Care : .....

.....

HEMATOLOGY

Relevant Labs (CBP etc) : CBP :- 11.9 / 80 / 10 | 9,960 | 3 Blasts

Any Coagulopathy : .....

Relevant Transfusion History : .....

Plan of Care : .....

.....

CARE PROTOCOLS

VAP Bundle Used ? : ☐ Yes ☐ No ☑ NA

CRBSI Bundle Used ? : ☐ Yes ☐ No ☑ NA

CA - UTI Bundle Used ? : ☐ Yes ☐ No ☑ NA

Patient Managed as per Relevant Protocols : ☐ Yes ☐ No ☐ NA

If yes, then details : .....

.....

Pending Lab Results : ☑ Yes ☐ No

If yes, then details : Trace CBP

.....

Pending Consultations : ☐ Yes ☐ No

If yes, then details : .....

.....

FINAL COMMENTS

- EEG Today
- Trace CBP, Blood c/s, Urine c/s.

Doctor's Name (Handover given) : Jayashi

Signature : JM

Date & Time : 22/07/26 8 AM

Doctor's Name (Handover taken) : .....

Signature : .....

Date & Time : @ 8 AM 22/07/26

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR (M)
31-07-2025 0 Y 11 M 19 D
Dr. SHAIKH FARHAN A RASHID

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr FARHAN	
20/07/26 10:30a	C/o: Atypical febrile	PLAN
	seizure c ↓ HDN.	i) shift forward
	c b/l Duplex moiety	2) EEG today.
		Dr. Farand 20/07/26 @ 10:30 am
	issues: 3 few spikes	
	i) last 24 hours	
	i) No c/o seizure	
	i) Neuro consultation	
	today	
		DR. SHAIKH FARHAN A RASHID Registration No: 66229 [signature]
	vitals stable	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/07/26 1:20pm	S/B PICU fellow	
	Δ: Atypical febrile seizure	
	✓ No seizure	
	✓ No fever (+)	P/T:
		1) W/f seizure
	T - 97°F	2) EEG report to trace
	P - 106/m	
	R - 32/m	3) W/f fever
	BP - 100/60mmHg	4) Shift to ward
	SPO_2 - 98% RA	N.B. Tamal 20/7/26 @ 1:30pm
	[signature] Divam 20/07/26	

Docu. No. : RCHBH /FRM / CLINICAL / 088

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4:30pm 20/07/2026	S/B Pedtrans	
	Atypical febrile seizure	Adv ① continue Levipil IV today
	- No fever spikes since morning	
	- No fever 10AM	② plan to change Levipil to oral tomorrow
	- No abnormal movements	
	- Hemodynamically stable	③ continue cefotaxime
	Chest B/L AE= equal	④ watch for fever spikes
	P/A soft BS+ NABS	
	CNS No focal deficit	[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B PICU fellow	
21/07/26		
8:00	A: Atypical febrile seizure	
	No fever Yesterday	PLAN
	No seizure Episodes	1) Serum Mg Ca only
	Hemodynamically stable	2) SOS PCM (D)
	Vitals stable	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/O Dr FARHAN	
21/07/26 12:55pm	Atypical FI in a MCD HONible Duplex moiety	PLAN
		1> Discharge
		2> If fever > 99.5°F in future to give CROCIN (5ml=2mDL) 2.5ml re check fever in 45mm. If fever persist Inj Neffkof-P 2.5ml.
	Instruction	
		3> TAB FRISIUM (1tab=2.5mg) 1/2 tab - 1/2 tab x 3 day of the fever Episode
	4> Syp LEVERA (1ml=100mg) 1.8ml PO BD	5> Nidocip nasal spray 1 puff in both nostril if seizure happen in future
		6> FU with Dr Satyaprasad for HONE & duplex moiety

Dr. Farhan 21/07/26

Docu. No. : RCHBH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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CROSS CONSULTATION FORM

Doctor Name : Dr. Ramya. B Date : 19/7/26. Time : 10am

Diagnosis : Complex febrile seizure

Hospital : RCH

Referred for : ☑ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☑ Emergency
☐ Urgent
☐ Non Urgent

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

Neurology consultation for febrile seizure

Signature: [signature]

Findings and Recommendations :

History noted.
- Neurological issues:-
Atypical febrile seizures → ?focal non motor impaired consciousness in status.
(N) Neurodevelopment.

O/E: - All CN intact.
- ?Neck rigidity - terminal - to marked after irritability ↓/child is sleeping.
- (N) power & reflexes.

[illegible]

Consultant :

Name : Dr. Ramya Band Signature : [signature] Date & Time : 19/7/26 @10am

Imp:- AFI with atypical febrile seizures (unknown onset - focal non motor status).

Adv:
- continue levetiracetam
- Backup:- Inj lacosamide
- EEG.

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RESULT SHEET

Date	19/7/26					
Time	1 Am					
Hb	11.9					
PCV	34.7					
RBC	4.46					
WBC	9,960					
N/L 80/10	388000					
Platelets						
CRP						
ESR						
PCT	0.405					
RBS						
Na	135					
K	4.4					
Cl	104					
Ca/Mg	9.6/2.0					
Phosphate						
Urea	19					
Creatinine	0.2					
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
~~N/L~~ Bicarb	17					

Date	19/7/26.					
Time	9 AM					
CUE - Alb	–					
CUE - Sugar	–					
CUE - Ketones	–					
CUE - PUS Cells	2-3					
CUE - RBC Cells	0					
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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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 CEFTRIAXONE	450 mg	IV	BD	6:00am	☐ C ☐ DC
2	INJ ESMEPRAZOLE	10mg	IV	OD	6:00am	☐ C ☐ DC
3	INJ LEVETIRACETAM	180mg	IV	BD	6am	☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : .....

Date & Time : 20/01/26

Nurse Name & Signature: .....

Date & Time : 20/01/26

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DRUG CHART

Date of Admission: 19/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : INJ PCM

Dose	Route	Frequency	Start Date
100 mg	I/V	I/V	19/7/26

Doctor's Signature: [signature] | Valid Period | Pharm.

Additional Instructions: if fever >100.4°F

Date / Time: 19/7 — 2am Raj Subedi — 6pm Aftab Haider

DRUG : SYP MEFTAL

Dose	Route	Frequency	Start Date
5ml	PO	PO	19/7/26

Doctor's Signature: [signature] | Valid Period | Pharm.

Additional Instructions: if temperature >101°F.

Date / Time: 19/7 — 10am Abdul Khaliq

DRUG :

Dose	Route	Frequency	Start Date

Doctor's Signature | Valid Period | Pharm.

Additional Instructions:

Date / Time

VERIFIED BY : Name ..... Sign .....

PDH-00033855

Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 19 D (M)
Dr. SHAIKH FARHAN A RASHID

REGULAR PRESCRIPTIONS Weight. 47 Kgs Ward. PCW

DRUG : INJ CEFTRIAXONE

Dose	Route	Frequency	Start Date
450mg	I/V	BD	19/7/26

Name & Signature of the Doctor Starting the Drugs: M JOSHI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/7 6AM 6PM

DRUG : INJ ESOMEPRAZOLE

Dose	Route	Frequency	Start Date
10mg	I/V	OD	19/7/26

Name & Signature of the Doctor Starting the Drugs: M JOSHI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/7 6AM

Change to Oral

DRUG : INJ LEVETIRACETAM

Dose	Route	Frequency	Start Date
100mg	I/V	BD	19/7/26

Name & Signature of the Doctor Starting the Drugs: M JOSHI

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/7 6AM 6PM

Stop
Dr. Divakar
19/7/26

DRUG : INJ LEVETIRACETAM

Dose	Route	Frequency	Start Date
180mg	iv	BD	19/7

Name & Signature of the Doctor Starting the Drugs: Sudhakar.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 19/7 6AM 6PM

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. LANZOL JR				Date ▸ / Time ▾	20/7
Dose	Route	Frequency	Start Dt.		
2/3rd TAB	PO	OD	20/7		
Name & Signature of the Doctor Starting the Drugs: [signature]				6am	8am Ow.
Additional Instructions: 1 TAB = 15mg					
Daily Doctor's Endorsement by a Sign					

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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Dr. SHAIKH FARHAN A RASHID

Weight. ..... Ward. .....

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/07	11:20a	SUPPEDICLOR	Stat	PO		

VERIFIED BY : Name Signature

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I.V. FLUIDS CHART

Weight. 9.1Kg Ward. PW

Date	Time	Composition 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
19/8/25	2AM	INJ DNS	I/V	25ml/hr	[illegible]	[illegible]	19/8	[illegible]	[illegible]

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

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Doc. No. : RCH / FRM / CLINICAL / 124

INFANT (<1 year)

Children's Observation & Early Warning Scoring Chart

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EARLY WARNING SCORE: CHILDREN'S UNIT

Date: 30/07/25 Time: 2 PM | 6 PM | 10pm | 2Am | 6Am

Doctor/Nurse/Family Concern?

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

- 2 PM: 98.6°F
- 6 PM: 98.4°F
- 10pm: 98.6°F
- 2Am: 98°F
- 6Am: 98.9°F

Heart Rate (bpm) and Blood Pressure (mmHg) *: 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50

Note: BP does not score in early warning scoring

- 2 PM: 140/69, 60
- 6 PM: 110/61, 70
- 10pm: 102, 75, 62
- 2Am: 90, 70, 60
- 6Am: 93, 63, 52

Heart Rate (Number): 140bm | 120bm | 98bpm | 121bpm | 114bpm

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

Resp Rate (Number): 28bpm | 28bpm | 28bpm | 27bpm | 26bpm

Resp Distress: Mod/ Severe | None / Mild

Receiving O_2(l/min)
O_2Saturations (%): 99% | 99% | 98% | 100% | 100%

Conscious Level: Normal | Altered

GCS *: 15/15 | 15/15 | 15/15 | 15/15 | 15/15

TOTAL SCORE
Number of shaded boxes: 1 | 1 | 1 | 0 | 0
Pain Score: 0 | 0 | 0 | 0 | 0
Observer's Initials: SJ | SD | M | M | A

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 incharge and PICU /NICU fellow or PICU/NICU 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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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)

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 20 D (M)
Dr. SHAIKH FARHAN A RASHID

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

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Your Right to a Safe Delivery

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
20/07/25	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
20/7	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
21/7	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	

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FLUID CHART

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		**Total 24 hrs. Output**	

FDH-00035835 IP5-00176596
Master ABDUL MUQTADIR
31-07-2025 0 Y 11 M 20 D (M)
Dr. SHAIKH FARHAN A RASHID

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NUTRITIONAL HEALTH ASSESSMENT - BOYS

Date: 20/7/26 Time: 2pm

Weight: 9.5 kgs Centile: >25th

Height: 73 cms Centile: >25th

Inference: well child

RDA: — Calories: 98 kcal/kg/d Protein: 1.8 g/kg/d

Diet Recommendations: Lactogen stage II (1:30ml) dilution

Re-Assesment: Stage III weaning foods + ICC advised

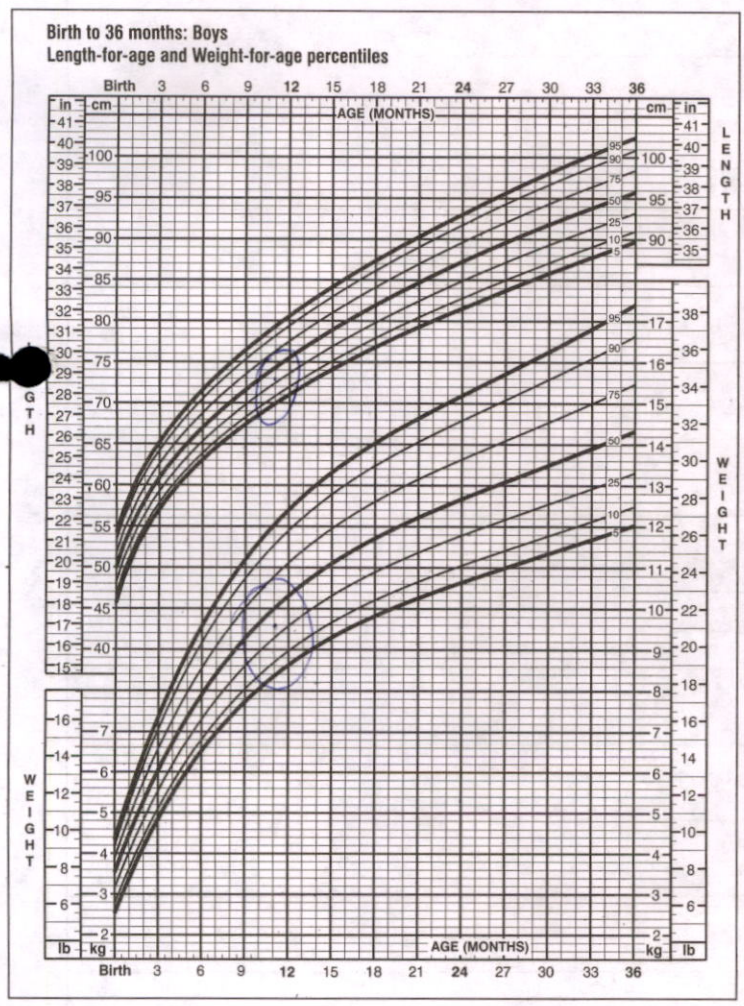
Food Allergies: NO Veg/Non-veg Non-veg

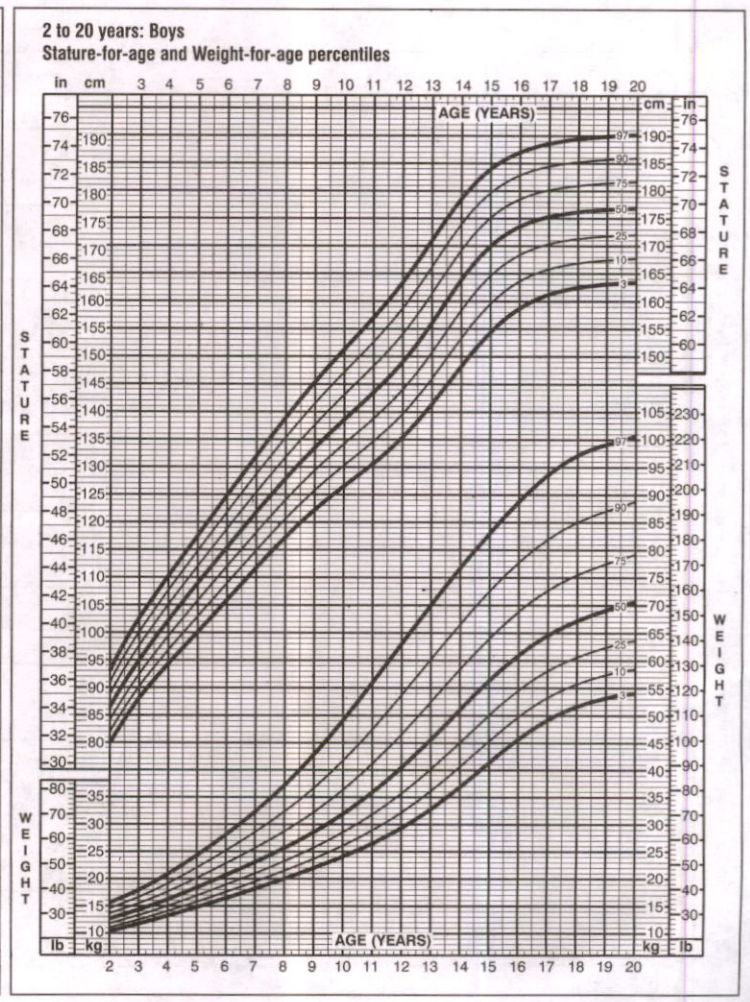
Diagnosis: Atypical febrile seizures

Nutritional Intervention - ☑ Oral ☐ Enteral ☐ Parenteral

Patient's Signature:

GROWTH CHART (BOYS)





Dietician's Name Nikitha

Dietician's Signature Nikitha

Daily Notes: